National Park Service (NPS site name) (street, city state, zip code) (telephone number)



Application for Special Use Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. A nonrefundable processing fee of \$xxx.xx must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured.

Enter either a social se	ecurity number OR a ta	ax ID number: we do no	t require both.				
Applicant Name:		Company/Organization Name:					
Social Security #:	-	Γax ID #					
Street/Address:		Street/Address:					
City/State/Zip Code:	(City/State/Zip Code:					
Telephone #:	(Contact name:	2:				
Cell phone #:	-	Telephone #:					
Fax #:	ſ	Fax#:					
Email:	ŀ	Email:					
Description of Propose	ed Activity (attach diag	gram, attach additional	pages if necessary):				
Requested Location(s):							
DATE(S)							
Set up begins: (date and time)	Activity begins: (date and time)	Activity ends: (date and time)	Removal completed (date and time)				
Maximum Number of Participants (Please provide best estimate) Maximum Number of vehicles: (attach parking plan)							

Cars	Vans/lt.trucks	Utl.vans/trucks	Buses/oversized
vehicles			
Support equipme	ent (list all equipment; a	ttach additional pages if n	ecessary)
ist support pers	onnel including address	es and telephones; attach	additional pages if
necessary			
	ge of activity on-site (ir elated to the permitted	clude cell phone number) activity:	and authorized to
s this an exercis	e of First Amendment R	ights?	YN
Have you visited	the requested area?		□Y □N
Have you obtain	ed a permit from the Na	tional Park Service in the	past?
(If yes, provide	a list of permit dates an	d locations on a separate	page.)
Do you plan to a	dvertise or issue a pres	s release before the event	?
Will you distribut	e printed material?		YN
Is there any reas	on to believe there will	be attempts to disrupt, pr	otest or
prevent your e	vent? (If yes, please ex	olain on a separate page.)	YN
Do you intend to	solicit donations or offe	er items for sale?	
(These ac	ctivities may require an	additional permit.)	YN
evaluating you	r permit request inclusions in the request inclusions in the request in the reque	onal pages with inform uding: staging, sound sys control, emergency medica	tems, parking plan,
		ifies that all the information of the statements here.	
Signature		Date	

Note: This is an application only, and does not serve as permission to conduct any special activity in the park. The information provided will be used to determine whether a permit will be issued. Send the completed application along with the application fee in

Park address found or	the first page of this	application.				
If your request is approved, a permit containing applicable terms and conditions we sent you. The permit must be signed by the responsible person and returned to the for final approval by the Park Superintendent before the permitted activity may begin						
Credit Card Authori Act. Name as it appea		d information is protected under the Privacy learly):				
(Circle One): VISA	MasterCard	Discover				
No	Exp/ (Month/Year)	Security Code				
		Total Amount Authorized: \$XXX.00				

the form of a credit card payment, cashier's check, money order or personal check

at the

made payable to **National Park Service** to

Notice to Customers Making Payment by Personal Check: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

NOTICES

Privacy Act Statement: The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service (31 U.S.C. 7701). Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Paperwork Reduction Act Statement: We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to provide the park managers the information needed to decide whether or not to allow the requested use. All applicable parts of the form must be completed in order for your request to be considered. You are not required to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any other aspect of this form to the Information Collection Clearance Officer, National Park Service, 1849 C Street NW. (1237), Washington, D.C. 20240

make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any mater within its jurisdiction.	