# APPLICATION
# for
# Special Use Permit for Non-Profit Use

## U.S. DEPARTMENT OF THE INTERIOR
### National Park Service

**240 West 5th Avenue, Room 114**
**Anchorage, Alaska 99501**
**Ph: (907) 644-3362 or 644-3533 Fax: (907) 644-3813 or (907) 644-3814**
**Website:** www.nps.gov/akso/concessions/home.htm
**Email: brenda_coleman@nps.gov**

| Application Processing Time | FOR OFFICE USE ONLY |
|---|---|
| Please submit the application well in advance of your proposed start date. The processing time depends in part on the number of park units for which you are seeking authorization and the depth of review required. The approval process may take up to three (3) months but is generally completed within 30 days. | SUP# _____<br>Received: _____<br>Previous Year's Act Rpt Rec'd?_____ |

**PLEASE TYPE OR PRINT IN INK.**
**ANSWER ALL QUESTIONS COMPLETELY OR MARK "N/A" IF NOT APPLICABLE**

**You may apply for a one or two-year SUP. The term of a SUP may not exceed 2 years.**

**1) This request is for a: ☐ 2-Year CUA ☐ 1-Year CUA**

## Permits can be issued for up to two (2) years.

**Please check the year(s) for which you would like your permit. ☐ 2011 ☐ 2012**
***(Please check one or both)***

**These documents must be submitted along with your application.**

- A copy of the IRS determination letter officially recognizing the organization's tax-exempt status.
- A Statement attesting that no taxable income will be derived from activities in the NPS boundaries (attached). This Statement must be signed by an authorized individual such the President or officer of the organization.
- Certificate of Insurance that names the US Government as an Additional Insured.

1. **Name of Organization:** _____

**Parent Organization:** _____

2. **Federal Tax ID (EIN):** _____

3. **Contact Information**

***(WINTER/ Year-Round)***

| **Address** | | | |
|---|---|---|---|
| **City** | **State** | **Zip** | **Country** |
| **Ph (day)** | **Ph (eve)** | **Fax** | |
| **Email:** | | | |
| **Website:** | | | |

***(SUMMER)*** **Check here _X__if same as Winter**

| **Address** | | | |
|---|---|---|---|
| **City** | **State** | **Zip** | **Country** |
| **Ph (day)** | **Ph (eve)** | **Fax** | |
| **Email** | **Web** | | |

**Nature of Organization:**

Please select your Organization's exempt status

☐ 501(c)(3)
☐ 501(c)(8)
☐ 501(c)(19)
☐ 501(c)(5)
☐ Other (please specify) _____

Type of Organization (check one)

☐ Religious ☐ Educational ☐ Scientific ☐ Philanthropic ☐ Labor
☐ Agricultural ☐ Veterans ☐ Fraternal ☐ **Other:** _____

4. **Briefly describe the purpose for which your organization was granted non-profit status.**

_____

_____

5. **Briefly describe how your group's activity in the park unit(s) relates to the purpose for which your non-profit status was granted by the IRS.**

_____

_____

_____

6. **What is the organization's fiscal year accounting period _____ thru _____?**

**7. Please provide names and titles of all employees/trip leaders of the organization participating:**

| Name | Title / Position |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**8. Is anyone in the organization being compensated in any form for providing the service you propose?**
**Yes ___ No__ If Yes, please give details (name(s) and how being compensated):**

_____

_____

## 9. Park & Activity Selections

(Use additional paper as needed) There is no set limit on the number of parks in which you can operate.

| **PARK NAME:** | |
|---|---|
| **List Activities/Services to be Provided by Permitee**<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____<br>6. _____<br>7. _____ | **Please specify the locations within this park unit where you will provide the Services you listed on the left.**<br>1. _____<br>2. _____<br>3. _____<br>4. _____<br>5. _____<br>6. _____<br>7. _____ |

1. **What is the Estimated Number of Leader per trip for this park unit?_____**
2. **What is the Estimated Group Size per trip for this park unit? _____**
3. **Have you obtained all required State and/or Federal permits, licenses, etc associated with the service you will provide in the park unit? _____ (e.g. fishing license).**
4. **What is the estimated date you want to start your operation in the park unit? _____**

| PARK NAME: | |
|---|---|
| **List Activities/Services to be Provided by Permitee**<br><br>8. _____<br>9. _____<br>10. _____<br>11. _____<br>12. _____<br>13. _____<br>14. _____ | **Please specify the locations within this park unit where you will provide the Services you listed on the left.**<br><br>8. _____<br>9. _____<br>10. _____<br>11. _____<br>12. _____<br>13. _____<br>14. _____ |

5. **What is the Estimated Number of Leader per trip for this park unit?_____**
6. **What is the Estimated Group Size per trip for this park unit? _____**
7. **Have you obtained all required State and/or Federal permits, licenses, etc associated with the service you will provide in the park unit? _____ (e.g. fishing license).**
8. **What is the estimated date you want to start your operation in the park unit? _____**

## 10) Please List any Watercraft to be used under the permit

| **Watercraft Type** *(e.g. kayaks, inflatable raft, canoe, etc.)* | **Capacity (# passengers)** | **DMV Registration # or US Coast Guard Doc Number(this column applies to motorized boats)** | **Registration Expires On?** | **Color** | **Length (feet)** | **Is It Motorized?** |
|---|---|---|---|---|---|---|
| | | AK-_____<br>-or-<br>USCG#_____<br>N/A_____ | | | | |
| | | AK-_____<br>-or-<br>USCG#_____<br>N/A_____ | | | | |
| | | AK-_____<br>-or-<br>USCG#_____<br>N/A_____ | | | | |

## 11) Please List any Vehicles to be used under the Permit.

| MAKE OF VEHICLE | MODEL | YEAR | COLOR | MAX # PASSENGERS |
|---|---|---|---|---|
| | | | | |
| | | | | |

**Note:** the following questions relate to violations. Failure to accurately and completely disclose violations may be grounds to deny issuance of the SUP. A record of conviction and/or pending charges for violations is not an absolute bar to being issued a SUP. Such information will be considered only if there is a substantial relationship between the circumstances of the conviction and/or pending charge and the service for which you are applying.

**12) Within the past 5 years, have you, the company (business entity) or any individual serving as an officer, principal, partner or employee with this business entity or any previous business entity, been convicted of or forfeited collateral for any violations of state, federal, or local law or regulation?**

☐ **Yes** ☐ **No**

Date of Violation: _____ Was this a conviction? _____

Was Collateral forfeited? _____, Name of Business or person(s)_____

Place of Violation? _____

Court Name _____

Give Details _____

(Results) Action Taken by Court_____

**13) Is the company (current entity) or previous business entity, or any owners of this business entity or previous business entity now under charges for any violation of state, Federal, or local law or regulation?**

☐ **Yes** ☐ **No** ***(This not include minor traffic violations)***

Date of Violation: _____

Place of Violation? _____

Who is the Charge against?_____

Who made the Charge(s) _____

Give Details of charge(s) _____

Current Status: _____

**14) *Within the past 5 years, have any of your current or proposed employees been convicted of or forfeited collateral for any state, federal, or local law or regulation; OR are they now under charges for any violation of state, federal or local law or regulation?**

**Yes**☐ **No**☐ ***(*Employees identified below may be precluded from working for the operator)***

Date of Violation: _____, Place of Violation: _____

Was this a conviction? _____ Was Collateral forfeited? _____

Name of Employees or Proposed Employees Involved_____

Place of Violation? _____, Court Name _____

Give Details _____

Current Status _____

**15) Signature**: False, fictitious or fraudulent statements of representations made in this application may be grounds for denial or revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All Information provided will be considered in reviewing this application.

*By my signature, I hereby attest that all my statements and answers on this form and any attachments are true, complete, and accurate to the best of my knowledge.*

**Signature:**_____ **Printed Name** _____

**Title:** _____ **Date:** _____

# STATEMENT REGARDING TAXABLE INCOME

A non-profit organization is an organization that has been determined by the Internal Revenue Service to be exempt from Federal income taxation as a nonprofit or not-for-profit organization under the terms of the Internal Revenue Code.)

**TO:** **National Park Service, Alaska Region**

**FROM**: _____

Name of Parent Organization

Tax Identification Number: _____ or other form of Tax ID_____

Address_____

Address, City, Zip

Phone Number: _____

The above named organization requests authorization to conduct trips/activities in the park units specified on the attached application for: ☐ **2011** ☐ **2012** ***(please check one or both)***

By signing below, the above named organization certifies that no taxable income will be derived from the organization's activities conducted in any Alaska National Park unit under the Special Use Permit.

Authorized Agents signing on behalf of the Organization must attach a copy of their authorization to sign on behalf of the organization.

_____ _____

Signature of Owner or Chief Officer - or - Authorized Agent

_____

Printed Name

_____ _____

Title Date

**General Documentation Requirements**

Please attach documents that show the following:

- Formative papers. Formative papers describe the organization's primary purpose. These papers include articles of incorporation, constitution, trust indenture, charter endorsed by appropriate civil authorities enabling legislation, or other organizing instrument.
- Evidence of nonprofit status. Evidence of the organization's nonprofit status may be a copy of the tax exemption letter from the Internal Revenue Service (IRS). This letter shows the organization's exemption from the payment of federal income tax and cites the section of the Internal Revenue Code under which the organization is exempt - e.g., 26 U.S.C. 501(c)(3).

# Activity Codes & Definitions

| | Code | FOOT TRAVEL |
|---|---|---|
| **Backpacking / Camping Overnight** | **BP** | Hiking, carrying backpacks and necessary supplies with the intent of establishing temporary overnight camps. |
| **Bear Viewing** | **BV** | Hiking for the purpose of viewing bears in Katmai, Alagnak, Aniakchak, and/or Lake Clark park units. Does not apply to other parks. |
| **Camping (Groups)** | **GC** | Use of improved campground facilities by commercial groups (Day Use). If you will be camping overnight, choose the "Backpacking" service code. |
| **Hiking / Walking Tours** | **HK** | Use of established / developed trails for walking and sightseeing. |
| **Mountaineering** | **MT** | Sport that involves rock or ice climbing or glacier travel each requiring the basic use of climbing ropes, cords, ice climbing boots, poles, ice axes, or crampons, etc. |
| **Photography** | **PH** | Use this only if Photography will be your primary activity. An example would be a photography business taking visitors in for nature picture taking. Others whose primary activity is for example, Hiking but may also take pictures along the hike; do not need to specify Photography on your application. |
| | **Code** | **TRANSPORTATION / VEHICLE USE** |
| **Bicycle Tours** | **CY** | Use of bicycles on designated routes to tour the park. |
| **Horse Packing** | **HP** | Overnight camping trips using horses as mode of transportation and/or to carry packs. |
| **Horse Rides** | **HR** | Day trips using western-style riding on horseback. |
| **Wagon Rides** | **WR** | Trail rides via wheeled covered wagons pulled by horses. |
| | **Code** | **WATER-RELATED ACTIVITIES** |
| **Boating Trips** | **BT** | Motorized or non-motorized vessel |
| **Kayak Tours** | **KT** | Day tours on a Kayak (decked boat paddled from a seated position using two-bladed paddle. |
| | **Code** | **WINTER ACTIVITY (Backcountry)** |
| **Skiing** | **SK** | Gliding over the snow using skis strapped to the feet with ski bindings |
| **Dog Sledding** | **DS** | Day tours using a regular or dog drawn sled for transportation. |
| **Snowshoeing** | **SN** | Using a racket-shaped frame containing interlaced strips, as of leather, which is attached to the foot to facilitate walking on deep snow. |

| PARK NAME | CODES |
|---|---|
| **Alagnak Wild River** | **(ALAG)** |
| **Aniakchak National Monument & Preserve** | **(ANIA)** |
| **Bering Land Bridge National Preserve** | **(BELA)** |
| **Cape Krusenstern National Monument** | **(CAKR)** |
| **Denali National Park & Preserve** | **(DENA)** |
| **Gates of the Arctic National Park & Preserve** | **(GAAR)** |
| **Glacier Bay National Park & Preserve** | **(GLBA)** |
| **Katmai National Park & Preserve** | **(KATM)** |
| **Kenai Fjords National Park** | **(KEFJ)** |
| **Klondike Gold Rush National Historical Park** | **(KLGO)** |
| **Kobuk Valley National Park** | **(KOVA)** |
| **Lake Clark National Park & Preserve** | **(LACL)** |
| **Noatak National Preserve** | **(NOAT)** |
| **Sitka National Historical Park** | **(SITK)** |
| **Wrangell-St. Elias National Park & Preserve** | **(WRST)** |
| **Yukon-Charley Rivers National Preserve** | **(YUCH)** |

## Mail Completed Application to:

National Park Service,
Concessions Office
240 West 5th Avenue #114
Anchorage, AK 99501

**Faxed Applications**: Applications may be sent via fax to 907-644-3813. If you fax your application please follow-up by calling to verify receipt (907-644-3362).

**Application Fee**: **Do Not Send Payment.** The Application and Administrative Fees are generally waived unless you are notified otherwise.

**Due Date:** Please submit Application at least 30 days in advance of your desired start date to allow for sufficient processing time. Applications received in less time may not get approved before your desired start date.

Revised Jan 2010