APPLICATION FOR SPECIAL USE PERMIT



Cumberland Island National Seashore

101 Wheeler Street St. Marys, GA 31558 912-882-4336 ext 228 Fax: (912) 882-5688 Email:cindy_brewer@nps.gov



Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. A nonrefundable processing fee of \$100.00 will be invoiced for payment unless the requested use is an exercise of a First Amendment right. All payments will be processed through Pay.gov. 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 will not be processed until the application fee has been received. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

Applicant Name				Company/Organization Name					
Social Security Number*				Tax Identification Number*					
Street Address				Street Address					
City	State	Zip Code	Country	City	Sta	ite	Zip Code	Countr	
Telephone Number	Contact Name								
Cell Phone Number	Telephone Number								
Fax Number				Fax Number					
Email Address	Email Address								

Requested Location:											
Set-Up Begins	Activity Begins		Activity E	inds	Rem	Removal Completed					
Date	Date	, 0	Date		Date	.					
Time AM PM	Time	☐ AM ☐ PM	Time	☐ AM ☐ PM	1 Time	☐ AM ☐ PM					
Date	Date		Date		Date						
Time AM PM	Time	☐ AM ☐ PM	Time	☐ AM ☐ PN		☐ AM☐ PM					
Include mode of transportation to		the island (NPS concess	ions must be used if 1	not utilizing	personal cra	ft(s) and all					
Transportation Too Island:	docking/boating rules must be followed). Transportation From Island Mode of Transportation On Island										
Transportation 100 Island: Transportation From Island Mode of Transportation On											
Maximum Number of	Maximum Number of Vehicles in Need of Parking (attach parking plan)										
Participants (Best Estimate)	Cars Vans/Light Trucks Utility Vans/Trucks Buses/Oversized Vehicles										
Support equipment (list all equi	ipment; atta	ach additional pages if	necessary)								
List support personnel including addresses and telephones; attach additional pages if necessary											
Name Address Cell Phone Number											
Individual in charge of activity or permitted activity:	nsite who is	authorized to make dec	cisions related to the		Cell Phone N	umber					
Is this an exercise of First Amend	lment Right	rs?		'		☐ Yes ☐ No					
Have you visited the requested ar	ea?					☐ Yes ☐ No					
Have you obtained a permit from	the Nation					☐ Yes ☐ No					
(If yes, provide a list of permit dates and locations on a separate page.)											
Do you plan to advertise or issue		☐ Yes ☐ No									
Will you distribute printed material?											
Is there any reason to believe there will be attempts to disrupt, protest or prevent your event? (If yes, please explain on a separate page.)											
Do you intend to solicit donation			ctivities may require	an addition	al permit.)	☐ Yes ☐ No					
You are encouraged to attach a		,	• •								
sound systems, parking plan, secu up, etc.	urity plans,	sanitary facilities, crow	d control, emergenc	y medical pl	an, use of any	building, site clean-					
The applicant by his or her signatulinformation or statements have be		that all the information g	given is complete and	correct, and	that no false (or misleading					
Printed Name	on gwen.		Title								
Signature				Date							

NOTICES

IMPORTANT NOTICE TO APPLICANT

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 to Special Use Permits at the park address found on the first page of this application. An invoice for the application fee will be emailed to the address provided in the application via Pay.gov.

If your request is approved, a permit containing applicable terms and conditions will be sent you for review and signature(s). The permit must be signed by the responsible person, each page initialed, and returned to the park for final approval by the Park Superintendent before the permitted activity may begin.

Privacy Act Statement

General: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 21, 1984, for individuals completing this application.

Authority: The authority to collect information on the attached form is derived from Title 31, United States Code, Section 7701.

Purposes and Uses: The information being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Information from the application may be transferred to appropriate Federal, State, and local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

Effects of Nondisclosure: It is in your best interest to answer all of the questions. The U.S. Criminal Code, Title 18 U.S.C. 1001, provides that knowingly falsifying or concealing a material fact is a felony that may result in fines of up to \$10,000 or 5 years in prison, or both. Deliberately and materially making false or fraudulent statements on this form will be grounds for not granting you a Special Use Permit

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b): Your Social Security Number (SSN) is needed to identify records unique to you. 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). Although disclosure of your SSN is not mandatory, failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting and verifying your SSN is Executive Order 9397. The information gathered through the use of the SSN will be used only as necessary for processing this application and will be carried out in accordance with established regulations and published notices of system of records.

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 aspects of this form, to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192. Please do not send your form to this address.