(NPS Form 10-930) (OMB No. 1024-0026) (NEW 10/00) (Expires 12/31/2010)

National Park Service Grand Canyon National Park P.O. Box 129 Grand Canyon, AZ 86023 (928)638-7707 Application for Special Use Permit



Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. Allow AT LEAST 4 business days for processing (2 business days for First Amendment requests). A non-refundable processing fee should accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition 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 as also insured.

| Applicant Name: | | Organization Name: | | | | |
|--|-----------------------------------|---------------------------------|--|--|--|--|
| Social Security #: | | Tax ID# | | | | |
| Street/Address: | | Street/Address: | | | | |
| City/State/Zip Code: | | City/State/Zip Code: | | | | |
| Telephone #: | | Telephone #: | | | | |
| Cell phone #: | | Cell phone #: | | | | |
| Fax #: | | Fax#: | | | | |
| E-mail: | | E-mail: | | | | |
| Description of Proposed Activity (attach diagram, attach additional pages if necessary): | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| Requested Location: | | | | | | |
| Date(s): | | | | | | |
| Event set up will begin: (date and time) | Event will begin: (date and time) | Event will end: (date and time) | Removal will be done: (date and time) | | | |
| | | | | | | |
| Maximum Number of Participants (Ple | | lease provide best estimate) | | | | |
| Maximum Number of Ve | hicles | | (attach parking plan) | | | |
| Support Equipment (list all equipment; attach additional pages if necessary) | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

| List support personnel (contractors, etc. including addresses and telephones attach additional pages if | | | | | |
|---|-------------|----------------|--|--|--|
| necessary) | | | | | |
| | | | | | |
| Individual in charge of event on site (include address, telephone and cell phone nu | mbers): | | | | |
| Is this an exercise of First Amendment Rights? | Y | □N | | | |
| Are you familiar with/ have you visited the requested area? | ∐Y □x | ∐N □N | | | |
| Have your obtained a permit from the National Park Service in the past? (If yes, provide a list of permit dates and locations on a separate page.) | Y | | | | |
| Do you plan to advertise or issue a press release before the event? | $\prod Y$ | \square N | | | |
| Will you distribute printed material? | \square Y | \square N | | | |
| 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 donations or offer items for sale? | ШY | ∐N | | | |
| (These activities may require an additional permit.) | $\square Y$ | \square N | | | |
| The applicant by his or her signature certifies that all the information given is comthat no false or misleading information or false statements have been given. | plete and | d correct, and | | | |
| Signature Date | | | | | |
| ************************ | ***** | **** | | | |
| Information provided will be used to determine whether a permit will be issued. | | | | | |

Completed applications must be accompanied by an application fee. The permit fees are detailed on the last page of this application. Fees may be aid by cashiers check or money order made payable to **National Park Service**, or by credit card. For credit card payment, please complete the credit card information section on the last page of this application. Application and administrative charges are non-refundable. The completed application information should be mailed to "Concessions Management Specialist: SUP" at the Park address found on the first page of this application.

Note that this is an application only, and does not serve as permission to conduct any use of the park. If your request is approved, a permit containing applicable terms and conditions will be sent to the person designated on the application. The permit must be signed by the responsible person and returned to the park prior to the event for final approval by the Park Superintendent.

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information 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 National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240

Special Park Uses Fee Schedule:

All applications received on or before December 31, 2009 will be on the 2009 schedule.

All applications received on or after January 1, 2010 will be required to pay the 2010 fees.

| Permit Type | 2009 | 2010 |
|--------------------|-------|-------|
| Special Event | \$150 | \$175 |
| Wedding Permit | \$150 | \$175 |
| Shoshone Point | \$225 | \$250 |
| Shrine of the Ages | \$175 | \$175 |

There are no fees for First Amendment Permits.

Grand Canyon National Park Credit Card Information Form

| Card Holder: | |
|---------------------------------|--|
| Credit Card Number: | |
| Security Code: | |
| Expiration Date: | |
| Billing Address of Credit Card: | |
| | |
| | |
| Phone Number: | |
| E-mail Address: | |
| Amount to Collect: | |
| Special Event | |
| Wedding Permit | |
| Shoshone Point | |
| Shrine of the Ages | |