(NPS Form 10-930) (OMB No. 1024-0026) (NEW 10/00) (Expires 3/31/2010)

Applicant

National Park Service Mount Rainier National Park 55210 238th Avenue East Ashford, WA 98304 (360) 569-2211



Application for Special Use Permit/Wedding

Please supply the information requested below. Attach additional sheets, if necessary, to provide required information. Allow AT LEAST ten (10) business days for processing. 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.

Organization Name:

Name:		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):		
Requested Location:					
Date(s):					
Event set up will begin:	Event will begin:	Event will end:	Removal will be done:		
(date and time)	(date and time)	(date and time)	(date and time)		
Maximum Number of Participants		(Please provide best estimate)			
Maximum Number of Vehicles(attach park		attach parking plan)			
Support Equipment (list all equipment; attach additional pages if necessary)					

List support personnel (contractors, etc. including addresses	and telephones attach addi	tional pages if
necessary)		
Individual in charge of event on site (include address, telepho	one and call phone number	<u> </u>
individual in charge of event on site (include address, teleping	one and cen phone numbers	5).
Is this an exercise of First Amendment Rights?	$\prod Y$	$\prod N$
Are you familiar with/ have you visited the requested area?	$\overline{\square}$ Y	□N
Have your obtained a permit from the National Park Service	in the past? $\overline{\square}$ Y	$\overline{\square}$ N
(If yes, provide a list of permit dates and locations on a sepa	1 0	
Do you plan to advertise or issue a press release before the ev	/ent?	∐N
Will you distribute printed material?	Y	∐N
Is there any reason to believe there will be attempts to disrup		□N1
protest or prevent your event?(If yes, please explain on a sep. Do you intend to solicit donations or offer items for sale?	arate page.)	\square N
(These activities may require an additional permit.)	\Box Y	\Box N
(These activities may require an additional permit.)	1	
The applicant by his or her signature certifies that all the infor-	mation given is complete and	d correct, and that no
false or misleading information or false statements have been g		,
Signature	Date	
*****************	*****	
Information provided will be used to determine whether a	permit will be issued. Co	mpleted application
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Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order for the amount of \$60.00 payable to National Park Service. The check or money order must record the applicant's Social Security number (SSN) or Tax Identification number (TIN) in accordance with the Debt Collection Improvement Act of 1996. Bonds, insurance, and other fees may be required. Credit cards not accepted for application charges. Park entrance fee payable at gate; valid for succeeding visits up to seven (7) days. Application and administrative charges are non-refundable.

This completed application should be mailed to the attention of <u>Special Park Use Coordinator</u> 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