



**APPLICATION FOR SPECIAL USE PERMIT**

**GOLDEN GATE NATIONAL RECREATION AREA**

201 Fort Mason, San Francisco CA 94123

Permit Office Phone: 415-561-4300 Fax: 415-561-4305

<https://www.nps.gov/goga/planyourvisit/specialparkuses.htm>



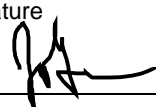
Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$45.00 USD must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time 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 an additional insured.

**\* Enter either a Social Security Number OR a tax ID number; we do not require both.**

Applicant Name Joseph Gibson				Company/Organization Name Patriot Prayer			
Social Security Number* (b) (6)				Tax Identification Number*			
Street Address (b) (6)				Street Address			
City (b) (6)	State CA	Zip Code (b) (6)	Country USA	City	State	Zip Code	Country
Telephone Number				Contact Name			
Cell Phone Number (b) (6)				Telephone Number			
Fax Number				Fax Number			
Email Address (b) (6)				Email Address			

Description of Proposed Activity (attach diagram and/or additional pages, if necessary)

Free Speech Rally. Live music, sound system, and a generator. No fee's, no selling, no donations. Open to the public.

Requested Location     West Bluff Picnic Area			
Set-Up Begins	Activity Begins	Activity Ends	Removal Completed
Date 8/26/2017 Time 11 am <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Date 8/26/2017 Time 2 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Date 8/26/2017 Time 5 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Date 8/26/2017 Time 6 pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Maximum Number of Participants (Best Estimate) 300	Maximum Number of Vehicles (attach parking plan) Cars                          Vans/Light Trucks     Utility Vans/Trucks     Buses/Oversized Vehicles		
Support equipment (list all equipment; attach additional pages if necessary)  sound system, generator			
List support personnel including addresses and telephones; attach additional pages if necessary			
Name	Address	Cell Phone Number	
Individual in charge of activity onsite who is authorized to make decisions related to the permitted activity: Joseph Gibson			Cell Phone Number <span style="background-color: black; color: red;">(b) (6)</span>
Is this an exercise of First Amendment Rights?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Have you visited the requested area?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Have you 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.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you plan to advertise or issue a press release before the event?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Will you distribute printed material?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intend to solicit donations or offer items for sale? (These activities may require an additional permit.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>You are encouraged to attach additional pages with information useful in evaluating your permit request including:</b> staging, sound systems, parking plan, security plans, sanitary facilities, crowd control, emergency medical plan, use of any building, site clean-up, etc.			
<i>The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or statements have been given.</i>			
Printed Name Joseph Gibson		Title	
Signature 		Date 6/22/2017	

## 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 along with the application fee in the form of a **credit card payment** to Golden Gate National Recreation Area at the park address found on the first page of this application. If you cannot pay by credit card, contact the park **prior** to submitting an application.

If your request is approved, a permit containing applicable terms and conditions will be sent you. The permit must be signed by the responsible person 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.

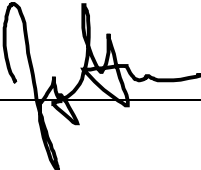
### Paperwork Reduction Act Statement

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.

**Credit Card Authorization**  
All credit card information is protected under the Privacy Act of 1974

<b>Applicant Name</b> Joseph Gibson		<b>Cardholder Name (as it appears on card)</b> <input checked="" type="checkbox"/> Same as "Applicant"	
<b>Company Name (if applicable)</b>		<b>Telephone Number</b>	<b>Cell Phone Number</b> (b) (6)
<b>Email Address</b> (b) (6)		<b>Federal Taxpayer Identification or Social Security Number</b> (b) (6)	
<b>Credit Card Billing Address</b> (b) (6)			
<b>City</b> (b) (6)	<b>State</b> (b) (6)	<b>Zip Code</b> (b) (6)	<b>Country</b> america
<b>Amount to be Billed to Card</b> NON-REFUNDABLE Application Cost \$45.00 USD TOTAL to be charged: \$			
<b>Type of Credit Card</b> <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input checked="" type="checkbox"/> Visa		<b>Credit Card Number</b> (b) (6)	<b>Security Code</b> (b) (6)
<b>Expiration date:</b> (b) (6)			
<b>I hereby authorize my card to be charged the amount indicated above in connection with the issuance of the requested Special Use Permit:</b>			
<b>Cardholder Authorized Signature</b> 			<b>Date</b> 6/22/2017

INTERNAL AGENCY USE ONLY

<b>Project Number/BILL</b>	<b>Date Processed</b>
<b>Permit Number</b>	<b>Prepared By</b>
<b>Organization Name</b>	