

UNITED STATES DEPARTMENT OF THE INTERIOR
National Park Service

Great Smoky Mountains National Park
Park Contact: Concessions Office
Phone Number: 865-436-1209

COMMERCIAL USE AUTHORIZATION

UNDER THE AUTHORITY OF P.L. 105-391 Section 418, (54 U.S.C. 101925)

1. Authorized Activity:
Guided Hiking, Backpacking, Fishing

Permit Number: CUA-GRSM-5300-1818
Park Alpha-Number

2. Authorization Holder Information:
Business Name: Trout Zone Anglers
Contact Name: David R. Knapp
Address: 155 Alisha Ln,
Crossville, TN 38571
Phone and Fax: (931) 261-1884 /

Auth Date/Time: 1/1/2018
Expiration Date/Time: 12/31/2019

Name of Area: Great Smoky Mountains National Park
(If applicable)

3. The holder is hereby authorized to use the following described land or facilities in the above named area (area must be restored to its original condition at the end of the authorization):
Great Smoky Mountains National Park: Parkwide

4. Summary of authorized activity: (see attached sheets for additional information and conditions)
The holder is authorized to conduct scheduled commercial backcountry hiking, overnight backpacking, or fishing guide services in Great Smoky Mountains National Park.

Out-of-Park: The commercial services described above must originate and terminate outside of the boundaries of the park area. This permit does not authorize the holder to advertise, solicit business, collect fees, or sell any goods or services within the boundaries of the park area.

In-Park: The commercial service described above must originate and be provided solely within the boundaries of the park area

5. NEPA/NHPA Compliance:

Categorical Exclusion EA/FONSI EIS Other Approved Plans PEPC NUMBER: 73933

6. Reasonable fee: (Cost recovery required at a minimum)

Application Fee: Required Amount \$ _____ Received _____
Administrative Fee: Required Not Required Amount _____
Management Fee: Required Not Required Amount _____
Market Price: Required Not Required Amount Determined by Annual Gross Receipts _____
Other Fee (Facility Use Fee, Gate Access or Other): Required Not Required Amount _____

7. Insurance:

Liability: Required Not Required Coverage Amount See Conditions _____
Auto: Required Not Required Coverage Amount See Conditions _____
Boat: Required Not Required Coverage Amount _____
Airplane: Required Not Required Coverage Amount _____

ISSUANCE of this authorization is subject to the conditions below. The undersigned hereby accepts this authorization subject to the terms, covenants, obligations, and reservations, expressed or implied herein.

8. SIGNATURES

Authorization Holder: David R. Knapp Owner, Trout Zone Anglers 12-12-17
Signature Title Date

Authorizing NPS Official: Dawn O'Sickey Chief of Administration 1/3/18
Signature Title Date

Authorizing NPS Official:
(additional if required) _____ _____ _____
Signature Title Date