

**SPECIAL USE APPLICATION
FOR
TEMPORARY PERMIT FOR OUTFITTING AND GUIDING**

Authority: Federal Lands Recreation Enhancement Act (Public Law 108-447) (16 U.S.C. 6802(h))
(Ref. FSH 2709.11 section 41.53 and 37.21b and FSH 2709.14, Chapter 50)

1. APPLICANT INFORMATION

Applicant Name: Cricket Butler

Business Name: Whitefish Bike Retreat

Applicant's Complete Address: 855 Beaver Lake Road, Whitefish MT 59937

Telephone Number: (b) (6) _____ Fax number: NA

E-mail Address; cricket@whitefishbikeretreat.com

Website: www.whitefishbikeretreat.com

As an applicant, are you (must check one):

<input type="checkbox"/>	Individual	If yes, are you a citizen of the United States?
<input type="checkbox"/>	Corporation	If yes, provide a copy of your state certificate of good standing.
<input checked="" type="checkbox"/>	Limited Liability Corporation	If yes, provide a copy of your state certificate of good standing.
<input type="checkbox"/>	Partnership or Association	If yes, provide a copy of your partnership or association agreement.
<input type="checkbox"/>	State Government or Agency	(Includes State universities.)
<input type="checkbox"/>	Local Government or Agency	(Includes high schools.)
<input type="checkbox"/>	Nonprofit	Please attach a copy of your IRS Form 990.

Under the Regulatory Flexibility Act, a small entity is a firm that is "independently owned and operated" and "not dominant in its field of operation." The United States Small Business Administration has developed size standards to identify what is considered a small business. Under these standards, a business with annual receipts of less than \$6.5 million constitutes a small business for recreation industries. Additionally, a small organization is any nonprofit enterprise that is independently owned and operated and not dominant in its field. A small government jurisdiction is a government of a city, county, town, township, village, school district, or special district with a population of less than 50,000.

Under these criteria, are you a small entity? YES

2. DESCRIPTION OF PROPOSED ACTIVITY

Please include:

- The number of service days requested (or quota equivalent).
- The anticipated number of trips and party size.
- Trip Itinerary with:
 - Starting and ending dates of the proposed operations.
 - Location of routes and starting and ending points for the proposed operations (include a map showing these locations).
 - Services that will be offered to clients (identify any services that will be provided by a party other than the holder).
 - A description of your client base or audience.
 - A list of government facilities you propose to use, e.g., a boat launch, parking lot, or trailhead.

- A list of temporary improvements or signs that you propose to use.
- A statement of whether the proposed operations involve motorized equipment.
- A statement of whether the proposed operations involve transportation livestock, and if so, whether grazing is requested.
- A statement of whether an assigned site is requested.
- A description of cleanup and restoration during and after the proposed operations.

- 1-50 Service Days Requested
- 1-25 estimated trips with 1-12 guests
- Operating May-October dependent on seasonal weather conditions
- Bike shuttles to Reid Divide and Bill Creek and Ashley Mountain Trails – drop off and pick up locations shown on map
- Bike shuttles
- Client base is mostly our guests or day user visitors from out of town - some local – shuttles will be scheduled upon request as custom not scheduled.
- Reid Divide and Bill Creek and Ashley Mountain trail heads and exit areas

3. ADVERTISING. Provide a current brochure and current advertising materials or website address. www.whitefishbikereterat.com – no specific materials at this time

4. CLIENT CHARGES. Provide a description of client charges and fees and what they cover. Attach a current rate sheet.
 Depends on locations for shuttles - ranging from (b) (4) for shuttles

5. GUIDE IDENTIFICATION

- Attach a list of all guides who would be working under the permit.
- Describe your requirements for employment and staff training programs.
- Attach copies of current CPR and First Aid certifications, Wilderness First Responder cards, and other applicable certifications for guides. Please do not send copies of social security cards or passports. Send driver's licenses only if driving is part of the outfitting and guiding service.
- If the state in which your activity would occur requires licensing for outfitters and guides, include a copy of relevant licenses.

- No Guiding for 2020 season – may apply for guiding for 2021.

6. OPERATING PLAN. Attach an operating plan that addresses client and visitor safety, evacuation and emergency procedures, and resource protection with respect to your proposed operations and location.

We will only drive the bike shuttles on existing roads and drop off on established trails.

7. LIABILITY INSURANCE. The holder will be required to obtain liability insurance in an amount satisfactory to the authorized officer (see FSM 2713.1). The insurance policy must name the United States as an additional insured. A copy of the certificate of insurance must be provided to the authorized officer prior to issuance of a permit.

See Attached documents

8. CLIENT'S ACKNOWLEDGMENT OF RISK FORM. If you plan to use an acknowledgment of risk form, attach a copy.

Guests All sign a WBR Waiver

9. EXPERIENCE. List all permits for outfitting and guiding on National Forest System lands that you have held in the past 3 years. If you received a performance evaluation from the Forest Service, attach a copy. If you are relying on outfitting and guiding experience with other federal or state agencies, list any permits that you have held with those agencies in the past 3 years and provide a copy of any performance evaluations received. List all citations or violations received in association with outfitting and guiding activities.

- SRUL with DNRC for our connector trail to our property to the Whitefish Trail.
 - SRUL with DNRC for a Fat Bike Course
 - Montana Department Of Public Health and Human Services – Public Accommodations
 - Montana Department Of Public Health and Human Services – Campground
 - Montana Department Of Public Health and Human Services – Retail Food Small
 - Off-Premises Beer/Wine Combination Seasonal License – State Of Montana Department Of Revenue
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10. SIGNATURE.

I hereby certify that I am of legal age and am authorized to do business in the State or Commonwealth of ___Montana___. I have personally examined the information contained in this application and certify that this information is correct to the best of my knowledge. I hereby acknowledge that this is an application only, and that the use and occupancy of National Forest System lands is not authorized until a special use permit is signed and issued by an authorized officer.

Signature: Cricket Butler Date:3/10/20

Print Name: _____Cricket Butler_____

18 U.S.C. § 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction. Anyone who knowingly or willfully makes or uses any false statements or representations shall be fined not more than \$10,000 or imprisoned not more than five years, or both.