



National Park Service, Alaska Region

Concession Franchise Fee Payments

* Select Business:

* Business Name:

* Address:

* City: * Country:

* State/Province: * Zip/Postal Code:

* Phone: * Email Address:

* Park Unit:

* Contract Number:

* Date of Notification:

* Fee for Dates: From: To:

* Gross Receipts:

Authorized Deductions:

Gross Receipts Subject to Fees:

* Franchise Fee Percentage:

Total Amount Calculated:

Minimum Payment Due:

Amount Due Based On Gross Receipts:

OR

* Total Number of Passengers:

* Franchise Fee Structure:

Authorized Deductions:

Total Amount Calculated:

Minimum Payment Due:

Amount Due Based On Passenger:

Total Amount Due:

* Name of Concessionaire Authorizing Official: