|  |  |
| --- | --- |
|  | Kitasoo/Xai’xais Tourism Proposal |

|  |  |
| --- | --- |
| Contact Information | |
| Company Name:  Applicant Name:  Website: | Telephone:  Email: |
| Activities | |

Please Note: Kitasoo/Xai’xais Nation is embarking on a territory-wide tourism management strategy in response (in part) to the significant increasing tourism activity over the past years. Many parts of the territory are overcrowded and may be reaching tourism carrying capacity. Until this strategy is complete, we are not entertaining any new or additional tourism activity and associated protocol agreements, or tenure/permit referrals (under our government to government engagement frameworks), except for some limited opportunities in specific locations (eg. anchorage only).

**Description of Current and/or Proposed Operations**

**Activities** (check all that apply)

|  |  |
| --- | --- |
| * Anchorage | * Boat transport |
| * Wildlife viewing | * Shore excursions |
| * Nature discovery | * Hiking |
| * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Kayaking |

**Mode of Transportation** (vessel name, length, type, and guest capacity)

**Proposed Dates** (months of operations and minimum/maximum number of nights in the territory)

**Proposed Locations** (please be specific)

|  |
| --- |
| Expected beneﬁts and impacts |

**Benefits** (eg. employment, training, skills, capacity, etc.)

*The proposed activities would benefit the Kitasoo/Xai’xais Nation and/or territory in the following ways:*

**Impacts** (eg. ecological, economic, social, cultural etc.)

*The proposed activities would pose the following impacts to the Kitasoo/Xai’xais Nation and/or territory:*

*Measures that would be taken to minimize these impacts are:*

|  |
| --- |
| Reporting |

* I am willing to share with Kitasoo/Xai’xais requested information, observations, data and reports gathered from activities in the territory.

|  |
| --- |
| **Applicant Signature** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date (mm/dd/yyyy)