

TODS/LOGO SIGNING APPLICATION

rev 6/1/05

West Virginia Division of Highways
Traffic Engineering Division, Room A-550
1900 Kanawha Boulevard, East. Building 5
Charleston, West Virginia 25305
(304) 558-3063; (304) 558-1209 (FAX)

Official Name of Business, Corporation or Individual _____
Doing Business As (if applicable) _____ FEIN _____
Owner or Official _____ Title _____
Business Phone _____ Business Fax (_____) _____
Business Office Address _____
City, State, Zip _____

BUSINESS LOCATION DATA

1. Travel distance from nearest intersection or exit ramp terminal: _____ miles
(To nearest tenth mile) Direction: N S E W
(Circle One)
2. Is the advertised activity or the "on-premise" signing visible from the main traveled way, the interchange exit ramp, or either ramp terminal? Yes _____ No _____
3. Clearly identify the interchange (i.e. route and exit number) and route number, and/or intersecting roadway. _____

MINIMUM REQUIRED SERVICES (Check Primary Service Only)

4. FUEL

_____ Fuel
_____ Oil
_____ Air & Water
_____ Continuous Operation
16 Hours/Day
7 Days a Week
Public Telephone
_____ On premise
_____ Nearby
_____ Public Restrooms
M _____ F _____

6. LODGING

_____ Approved State License
_____ Number of Units, Each
_____ Include a Bathroom &
a Sleeping Room
_____ Adequate Vehicle Parking
_____ Public Telephone
_____ On premise
_____ Nearby

7. TOURIST ACTIVITY

_____ 66% Tourist Oriented
_____ Minimum Hours of
Operation
_____ Necessary Licensing
_____ Adequate Parking
_____ Seasonal Operation
_____ Public Restrooms
M _____ F _____
_____ Public Telephones
_____ On premise
_____ Nearby

5. CAMPING

_____ Approved State License
_____ Number of Spaces
_____ Drinking Water
_____ Flush Toilets
_____ Sanitary Disposal System
_____ Seasonal Operation
Public Telephone
_____ On premise
_____ Nearby

7. FOOD

_____ Approved State License
_____ Three meals a day
_____ Hours of Operation _____ AM _____ PM
_____ Public Telephone
_____ On Premise
_____ Nearby
_____ Seating Capacity
_____ Public Restrooms
_____ M _____ F

OPERATION DETAILS

9. Business Hours: Spring _____ Fall _____
Summer _____ Winter _____
10. Days of Operation: Sun _____ Mon _____ Tue _____ Wed _____ Thr _____ Fri _____ Sat _____
11. Months of Operation: All _____ Seasonal _____
12. If operated on a seasonal basis, closed for off-season - from _____ To _____
13. Is business currently in operation? _____ Yes _____ No; if no, anticipated date of operation _____

APPLICATION'S CERTIFICATION

I certify that the above and foregoing statements are true and correct and that I will inform the West Virginia Division of Highways of any changes to the above indicated information that may affect the availability of the services provided. I further certify that I will not discriminate or deny such services of public accommodations based upon race, religion, color or national origina which is prohibited by law and that I have read and understood the West Virginia Division of Highway's publication titled "LOGO and TODS/LOGO SIGNING PROGRAMS ON THE INTERSTATE AND EXPRESSWAY HIGHWAY SYSTEM."

Applicant's Signature

Date

Notice: Falsification of the foregoing statements will result in the denial or revocation of this applications and the removal of any Business Sign Panel in addition to other penalties provided by law.

DIVISION OF HIGHWAYS USE ONLY

Date Received _____ Route No. _____ County No. _____ District No. _____

Reviewed by: Name _____
Title _____
Date _____

Recommendation:
Approval _____ Denial _____
Comments (Required if denial is indicated)

Comments: _____

APPROVED _____ Denied _____

DIRECTOR – TRAFFIC ENGINEERING DIVISION

DATE