

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 Type name here
Doing Business As (if applicable) Enter Name here or Insert Space FEIN Enter FEIN #
Owner or Official Enter Owners Name Here Title Enter Owners Title Here
Business Phone Enter Business Number Here Business Fax (###) ###-####
Business Office Address Enter Business Address Here
City, State, Zip Enter City, State, Zip Here

BUSINESS LOCATION DATA

- Travel distance from nearest intersection or exit ramp terminal: enter miles here miles
(To nearest tenth mile) Direction: (N) S E W
(Circle One)
- 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 _____
- Clearly identify the interchange (i.e. route and exit number) and route number, and/or intersecting roadway. Enter intersection description here

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 _____

5. CAMPING

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

6. LODGING

_____ Approved State License
_____ Number of Units, Each
_____ Include a Bathroom &
a Sleeping Room
_____ Adequate Vehicle Parking
_____ 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

8. **Business Hours:** Spring _____ Fall _____
Summer _____ Winter _____
9. **Days of Operation:** Sun ____ Mon ____ Tue ____ Wed ____ Thr ____ Fri ____ Sat ____
10. **Months of Operation:** All ____ Seasonal ____
11. **If operated on a seasonal basis, closed for off-season - from _____ To _____**
12. **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 origin 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 _____	Recommendation:
	Title _____	Approval _____ Denial _____
	Date _____	Comments (Required if denial is indicated)

Comments: _____

APPROVED _____ Denied _____

DIRECTOR – TRAFFIC ENGINEERING DIVISION _____
DATE