

**LOGO SIGNING PROGRAM APPLICATION
OHIO DEPARTMENT OF TRANSPORTATION**

Type of Service: Gas Food Lodging Camping Attraction (complete next line)

For Attraction, describe: _____

Name of Business: _____ Telephone: _____

Name of Applicant: _____

Business Street Address: _____ City: _____ State: _____ Zip: _____

Route: _____ Intersected Route: _____ Exit Number: _____ County: _____

Business Location from Interchange (e.g. east 1/2 mile): _____

Minimum Requirements (mark to indicate compliance):

GAS:	<input type="checkbox"/> fuel (gas/diesel/alt fuel) <input type="checkbox"/> restrooms <input type="checkbox"/> drinking water <input type="checkbox"/> continuous operation for at least 16 hours per day, 7 days per week, all weeks of the year
FOOD:	<input type="checkbox"/> seating for minimum of 24 persons <input type="checkbox"/> open a minimum of 12 hours per day <input type="checkbox"/> possess required permits <input type="checkbox"/> open a minimum of 360 days per year <input type="checkbox"/> closed one day per week (indicate which day closed):
LODGING:	<input type="checkbox"/> minimum of 8 sleeping units with bath <input type="checkbox"/> possess required permits <input type="checkbox"/> continuous operation 24 hours per day, 7 days per week, all weeks of the year
CAMPING:	<input type="checkbox"/> possess required permits <input type="checkbox"/> all weather access road <input type="checkbox"/> open 24 hours per day <input type="checkbox"/> minimum of 50 campsites for tent, tent-trailer, pickup camper, travel trailer or motor coach <input type="checkbox"/> not reservation only <input type="checkbox"/> approved sanitary facilities <input type="checkbox"/> drinking water <input type="checkbox"/> shower with hot and cold water <input type="checkbox"/> daily janitorial service for toilets and shower facilities <input type="checkbox"/> refuse and sewage disposal
ATTRAC- TION:	<input type="checkbox"/> adequate parking <input type="checkbox"/> restroom <input type="checkbox"/> drinking water <input type="checkbox"/> open a minimum of 40 hours per week <input type="checkbox"/> open a minimum of five days per week <input type="checkbox"/> open Saturday or Sunday <input type="checkbox"/> if not-for-profit attraction, open a minimum of 15 hours per week <input type="checkbox"/> if shopping center, have a minimum of 400,000 sq ft of gross usable floor space under roof

CERTIFICATION NOTICE: I certify that the above statements are true and correct and will inform the Ohio Department of Transportation of any changes to the above indicated information that may affect the availability of the services provided. I understand that the Ohio Department of Transportation may make inquiries or inspections to assure that the minimum requirements are being met.

Signed (applicant): _____ Date: _____

Completed forms should be signed and dated and mailed to the appropriate district office.

FOR ODOT USE ONLY:

Date received: _____ application incomplete (date returned): _____

Disposition: approved, logo panels installed (date): _____ approved, deferred

not approved (reason): _____