

**INSTRUCTIONS:** COMPLETE REQUEST AND CERTIFICATION PORTION OF FORM AND SEND TO OREGON TRAVEL EXPERIENCE NOT MORE THAN 60 DAYS BUT AT LEAST 30 DAYS IN ADVANCE OF DATE(S) REQUESTED. **(PLEASE PRINT)**

### REQUEST AND CERTIFICATION

|  |   |                               |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
|--|---|-------------------------------|-------------|-------------------------------|---------------|------|----------|--|------|------|-------------|-------------------------------|---------------|------|----------|--|------|------|-------------|-------------------------------|---------------|------|----------|--|------|------|
| NAME OF ORGANIZATION MAKING REQUEST  |   | DATE mm/dd/yyyy               |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| CONTACT NAME   |   | CONTACT E-MAIL (please print) |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| ADDRESS  |   | TELEPHONE                     |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| CITY, STATE, ZIP   |   | FAX                           |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| <b>REST AREA LOCATION REQUESTED</b><br>Write your option here, see <b>KEY</b> on back as reference<br><br><br>(Example: Santiam, Northbound, Office) | <b>DATES OF REQUEST</b> - Permits issued for a single location in 24 hour increments (12:00 a.m. to 11:59 p.m.) up to <b>3 consecutive days per permit</b> with a maximum of 3 permits per month per direction. <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 30%;">DAY 1 _____</td> <td style="width: 30%;">HRS IN ATTENDANCE: FROM _____</td> <td style="width: 15%;">□ AM TO _____</td> <td style="width: 15%;">□ AM</td> </tr> <tr> <td style="text-align: center;">MM/DD/YY</td> <td></td> <td style="text-align: center;">□ PM</td> <td style="text-align: center;">□ PM</td> </tr> <tr> <td>DAY 2 _____</td> <td>HRS IN ATTENDANCE: FROM _____</td> <td>□ AM TO _____</td> <td>□ AM</td> </tr> <tr> <td style="text-align: center;">MM/DD/YY</td> <td></td> <td style="text-align: center;">□ PM</td> <td style="text-align: center;">□ PM</td> </tr> <tr> <td>DAY 3 _____</td> <td>HRS IN ATTENDANCE: FROM _____</td> <td>□ AM TO _____</td> <td>□ AM</td> </tr> <tr> <td style="text-align: center;">MM/DD/YY</td> <td></td> <td style="text-align: center;">□ PM</td> <td style="text-align: center;">□ PM</td> </tr> </table> |                               | DAY 1 _____ | HRS IN ATTENDANCE: FROM _____ | □ AM TO _____ | □ AM | MM/DD/YY |  | □ PM | □ PM | DAY 2 _____ | HRS IN ATTENDANCE: FROM _____ | □ AM TO _____ | □ AM | MM/DD/YY |  | □ PM | □ PM | DAY 3 _____ | HRS IN ATTENDANCE: FROM _____ | □ AM TO _____ | □ AM | MM/DD/YY |  | □ PM | □ PM |
| DAY 1 _____  | HRS IN ATTENDANCE: FROM _____   | □ AM TO _____                 | □ AM        |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| MM/DD/YY   |   | □ PM                          | □ PM        |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| DAY 2 _____  | HRS IN ATTENDANCE: FROM _____   | □ AM TO _____                 | □ AM        |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| MM/DD/YY   |   | □ PM                          | □ PM        |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| DAY 3 _____  | HRS IN ATTENDANCE: FROM _____   | □ AM TO _____                 | □ AM        |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |
| MM/DD/YY   |   | □ PM                          | □ PM        |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |             |                               |               |      |          |  |      |      |

Are you applying for same Rest Area on the opposite direction?    **Yes or No**

Would like to serve coffee on the opposite direction if not drawn?    **Yes or No**

Would you like to be notified by email? If yes, provide email above.    **Yes or No**

I CERTIFY THAT THE ORGANIZATION NAMED ABOVE IS GRANTED NON-PROFIT STATUS BY THE INTERNAL REVENUE SERVICE UNDER CODE SECTION \_\_\_\_\_

(Enter the Internal Revenue Code designated number of your organization. A copy of the determination letter is required to be on file.)

I FURTHER CERTIFY THAT THE CONDITIONS OUTLINED ON THE BACK OF THIS FORM ARE ACCEPTABLE TO THE ORGANIZATION AND WILL BE ADHERED TO.

NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**QUESTIONS OR COMMENTS DIRECTED TO THE MAIN OFFICE:**

**Questions or comments can be directed to Jessica Carbone at 503-373-0155 or toll free 1-800-574-9397**

**To report safety rest area critical services, such as leaking faucets or plugged toilets, call: 1-877-527-6560**

|  |   |   |
|--|---|---|
| <small>(For Office Use Only)</small>   |   |   |
| <input type="checkbox"/> APPROVED AS REQUESTED                                 | <input type="checkbox"/> DENIED                         | <input type="checkbox"/> EXCEEDED 3 PERMITS PER MONTH |
| <input type="checkbox"/> APPROVED WITH THE FOLLOWING AMENDMENT: _____<br>_____ | <input type="checkbox"/> UNSUCCESSFUL IN RANDOM DRAWING |   |
|  |   | <input type="checkbox"/> OTHER _____                  |
| APPROVING AUTHORITY SIGNATURE _____  | TITLE _____   | DATE _____  |

## KEY

### REST AREA SERVICE LOCATIONS:

**French Prairie (Wilsonville) I-5:**

French Prairie, Northbound, Office  
French Prairie, Southbound, Office

**Santiam (Albany) I-5:**

Santiam, Northbound, Office  
Santiam, \*Southbound, Trailer  
Santiam, \*Southbound, \*\*Blue House

*\*Southbound permits are only available after 4pm on  
Fridays, all day Saturday, Sunday & All Major Holidays  
\*\*\$30/day payable to Albany Visitors Association*

**Oak Grove (Eugene) I-5:**

Oak Grove, Northbound, Trailer  
Oak Grove, Southbound, Office

**Gettings Creek (Cottage Grove) I-5:**

Gettings Creek, Northbound, Trailer  
Gettings Creek, Southbound, Office

**Cabin Creek (Sutherlin) I-5:**

Cabin Creek, Northbound, Trailer  
Cabin Creek, Southbound, Office

**Manzanita (Grants Pass) I-5:**

Manzanita, Northbound, Office  
Manzanita, Southbound, Trailer

**Suncrest (Ashland) I-5:**

Suncrest, Office

**Tillamook (Tillamook) HWY 101:**

Tillamook, Office

**Memaloose (The Dalles) I-84:**

Memaloose, Eastbound, Office  
Memaloose, Westbound, Trailer

**Boardman (Boardman) I-84:**

Boardman, Eastbound, Office  
Boardman, Westbound, Trailer

**Stanfield (Hermiston) I-84:**

Stanfield, Eastbound, Office  
Stanfield, Westbound, Trailer

**Deadman Pass (Pendleton) I-84:**

Deadman Pass, Eastbound, Trailer  
Deadman Pass, Westbound, Office

**Charles Reynolds (La Grande) I-84:**

Charles Reynolds, Eastbound, Office  
Charles Reynolds, Westbound, Trailer

**Baker Valley (Baker City) I-84:**

Baker Valley, Eastbound, Trailer  
Baker Valley, Westbound, Office

**Weatherby (Huntington) I-84:**

Weatherby, Office

**Ontario (Ontario) I-84:**

Ontario, Office, *Only Available November – March*

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**CONDITIONS:**

As described in chapter 63, section 10, Oregon Laws 2012 and OAR 733-030-0520:

- (1) Coffee, nonalcoholic beverages and cookies may be distributed without charge. Distribution of carbonated beverages is not allowed in rest areas with carbonated beverage vending machines.
- (2) Distribution of food, other than cookies prepared in a licensed facility, is prohibited.
- (3) Donations may be received for the items provided but not sought or requested. One opaque container with the word "donations" or "contributions" in a maximum of one-inch letters may be used.
- (4) The "Free Coffee" service is to be located in the area designated. The service must not obstruct access to any building or other structure in the rest area.
- (5) The area is to be kept clean by the organization of all litter, cups, etc. attributable to the service.
- (6) No more than two (2) signs or posters identifying the service and the organization by name only may be used i.e. "Free Coffee--Served By \_\_\_\_\_". The signs are limited to a maximum of ten square feet each and placed in the area designated for the service including on vehicles within which the service is provided.
- (7) Signs are not to be placed outside the rest area confines other than signs that may be provided by the Travel Information Council. Signs must be removed when the service is closed and upon expiration of the permit.
- (8) The Travel Information Council may provide limited access to water and electricity in the rest area. The organization shall limit electrical use to 120V 20 AMPS. The Council reserves the right to charge for electrical usage.
- (9) The organization is responsible for all equipment and supplies necessary for the service and any extraordinary costs incurred by the Travel Information Council as a result of this service.
- (10) The organization shall comply with state and local rules and regulations including state and local health department rules and regulations in the distribution of coffee, other nonalcoholic beverages and cookies under this permit.
- (11) Permits are not transferable and may be revoked for noncompliance with state statute, administrative rule, or the terms of the permit.

*This permit is granted with the specific understanding that the Permittee shall be responsible and liable for all accidents, damages, or injuries to persons or property resulting from the operation of this service. The Permittee shall indemnify and hold harmless the State of Oregon, the Travel Information Council, their officers, agents and employees, against any loss, injury, damage, claims, suits or actions resulting from or arising out of the acts, conduct or operations of the Permittee, its agents or employees in connection with this operation. A copy of this permit must be on-site during the operation of the "Free Coffee" service.*

**Mail, email or fax applications to:**

ATTN: Jessica Carbone /Coffee  
Program Oregon Travel  
Experience 1500 Liberty St. SE,  
Suite 150 Salem, OR 97302

jessicac@oregonte.com *email*  
503-378-6282 *fax*