



Travel Information Council

1500 Liberty St SE Ste 150
Salem, OR 97302-4386

GAS—FOOD—LODGING—CAMPING

OFF INTERSTATE LOGO APPLICATION

Please complete the following information as it applies to your business. Travel Information Council (TIC) rules stipulate that **ONLY** the **REGISTERED BUSINESS NAME** is allowed on the logo plaque.

Registered Business Name: _____

Facility Address: _____

City: _____ Zip: _____ County: _____

Facility Phone: _____ FAX: _____

Contact Person: _____ Phone: _____

Billing/Mailing Address: _____

City: _____ Zip: _____

Website: _____ E-mail: _____

Registered Non-Profit or Governmental Entity: **YES** (Circle and submit proof with application)

Highway Information

Highway _____ Nearest Milepoint(s) _____ Nearest City _____
(Can be more than one highway)

North

South

East

West

(Approaching Highway Directions-circle all that apply)

_____ Miles (in quarters- Distance from intersection of highway to driveway of facility)

Facility Operating Hours/Days/Seasonality

Facility Open: (please check) _____ YES _____ NO (facility must be open within 6 weeks of application)

Hours of Operation: From: _____ AM/PM To: _____ AM/PM

Days of Operation: (please circle) 7 days/week **OR** Mon Tues Wed Thurs Fri Sat Sun

Open: (circle one) Year Round **OR** Seasonal

Seasonal Facilities: (indicate the approximate months the facility is open) From: _____ To: _____

If your business does not meet all the **Facility Operating Hours/Days/Seasonal** qualifications, it may be eligible for a waiver and a Supplemental message. Waivers are granted on a case by case basis in accordance with Oregon Administrative Rules. Examples of acceptable Supplemental messages are (but not limited to): Weekends Only, Open Thurs-Sun, Open May-Sept, Dinner Only. Explain why your facility should be granted a waiver. Additional pages of information may be attached.

GAS QUALIFICATIONS:

(Please check (✓) below that your business provides these minimum levels of services)

_____ Fuel
_____ 7 days/week
_____ Restroom facilities
_____ Drinking water
_____ Open 12 hours/day

GAS—APPROVED SUPPLEMENTAL MESSAGES ✓ TWO (OPTIONAL)

_____ DIESEL	_____ LNG	_____ BIODIESEL	_____ CIRCULAR RV SYMBOL
_____ PROPANE	_____ EV	_____ RV PARKING	_____ CARD LOCK ONLY
_____ WIFI	_____ E85	_____ RV ACCESS	_____ 24 HOUR
_____ ALT FUELS	_____ CNG	_____ CLEAN DIESEL	_____ RV DUMP _____ DEF

FOOD QUALIFICATIONS:

(Please check (✓) below that your business provides these minimum levels of services)

_____ 2 Meals/day
_____ 6 days/week
_____ Restroom facilities
_____ Primary business operation is the providing of meals
_____ Under 21 years of age allowed on premise
_____ Health permit (send copy)
_____ Indoor seating for at least 20 people or 10 drive-in stalls for car-hop service

FOOD—APPROVED SUPPLEMENTAL MESSAGES ✓ TWO (OPTIONAL)

_____ 24 HOUR	_____ RV PARKING	_____ RV ACCESS	_____ CIRCULAR RV SYMBOL
_____ WIFI	_____ DINNER ONLY		

LODGING QUALIFICATIONS:

(Please check (✓) below that your business provides these minimum levels of services)

_____ Sleeping accommodations
_____ Health permit if breakfast served (send copy)
_____ Restroom facilities

LODGING—APPROVED SUPPLEMENTAL MESSAGES ✓ TWO (OPTIONAL)

_____ RV PARKING	_____ RV ACCESS	_____ CIRCULAR RV SYMBOL	_____ WIFI
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If there are reasons why your business **CANNOT** meet all the GAS/FOOD/LODGING/CAMPING Qualifications, please state them below or on a separate piece of paper and attach to your application.

CAMPING QUALIFICATIONS:

(Please check (✓) below that your business provides these minimum levels of services)

____ Parking
____ Sanitary facilities
____ Drinking water

CAMPING—APPROVED SUPPLEMENTAL MESSAGES ✓ TWO (OPTIONAL)

____ PROPANE ____ RV PARKING ____ RV ACCESS ____ CIRCULAR RV SYMBOL
____ WIFI ____ RV DUMP

Required Signature

I certify that the information herein is correct and understand that non-compliance of this application with all TIC rules and regulations shall result in immediate removal of all logo and supplemental signage.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

TITLE: _____ FOR: _____
Business Name

Please Include the Following with your Application

1. Copy of REGISTERED BUSINESS NAME from the Oregon Secretary of State's office: Phone—503-986-2200 or Website—www.filinginoregon.com/business/index.htm. Click on Assumed Business Name—Register Online.
2. If Non-Profit or Governmental Entity—copy of IRS determination letter specifying your organization's status as a 501 or 503 tax exempt organization (or W9 Form).
3. Local business license, if required.
4. **FOOD, LODGING, BED & BREAKFAST**—A copy of facility's health permit.
5. Map or sketch of the business in relation to the nearest interstate or expressway exit. Official or county maps are preferred. Submission of a detailed map with your application will decrease the review time by TIC.
6. **Photographs*** of:
 - a. Facility from approximately 300' in each direction (300' = 8 highway "skip lines")
 - b. Outdoor on-premise signing that is visible to motorists



***USE EXTREME CAUTION** when attempting to take photographs from the roadway as all acts by the applicant in the process of completing the criteria report and/or application are solely at the applicant's risk. The State of Oregon, TIC, and their members and employees shall be indemnified by the applicant in the event of any claim or suit arising out of the acts of the applicant. **UNDER NO CIRCUMSTANCES** should the applicant attempt to take photographs while operating a motor vehicle.



Attention to the checklist will significantly decrease the amount of review time necessary to process your application - **THANKS!**

Please keep a copy of this application should TIC need to contact you for clarification or additional information.

TRAVEL INFORMATION COUNCIL
PHONE: 503-378-4508 or 1-800-547-9397
FAX: 503-378-6282
1500 LIBERTY ST. SE, SUITE 150
SALEM, OR 97302

Sample of Map for GAS/FOOD/LODGING/CAMPING Off Interstate Logo Signs

The map sketch is vital in determining the eligibility of signing for your facility. The sketch need not be of engineering grade quality; but it should clearly show the location of the facility, all major intersecting roadways, landmarks, and mileposts, as well as the mileage/distance from the bottom of the exit ramp to the facility's driveway. Also indicate any hills, trees or any other major obstruction that might create a motorist safety problem. The clarity of the map may affect the time needed for the qualification review. Please be as accurate as possible to avoid delays.

Medford Oaks RV Park & Cabins, Hwy 62, White City, East and Westbound, Mileage to facility: 6 3/4 miles

