



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

MUSEUM AND HISTORIC SITE

OFF INTERSTATE 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 Museum sign.

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)

Fill in Miles above (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**

_____ **Museum open 1040 hours/year (which is four hours/day, five days/week)**

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 an Open Rider. To qualify for an Open Rider the facility must be the only facility installed on the post. Waivers are granted on a case by case basis in accordance with Oregon Administrative Rules. Examples of acceptable Open Riders are (but not limited to): Weekends Only, Open Thurs-Sun, Open 1-4 Daily, Open May-Sept. Explain why your facility should be granted a waiver. Additional pages of information may be attached.

MUSEUM QUALIFICATIONS:

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

- Parking
- Restroom facilities
- Drinking water
- Licensing if required by local jurisdiction
- Written assurance that the business conforms with all applicable laws concerning the provision of public accommodations without regard to race, religion, color, age, sex, or national origin and meet all applicable Federal and State Americans for Disabilities (ADA) guidelines.

UNDEVELOPED HISTORIC SITE QUALIFICATIONS:

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

- Parking
- An informational device to provide public information about the feature
- Written assurance that the business conforms with all applicable laws concerning the provision of public accommodations without regard to race, religion, color, age, sex, or national origin and meet all applicable Federal and State Americans for Disabilities (ADA) guidelines.

MUSEUM CATEGORIES:

Business **MUST** fall within one of the following categories. Please check (✓) at least one.

- Scientific—based on or characterized by the methods and principles of science.
- Historical—based on history reflecting past events of the area where the business or activity will be signed
- Artistic—based on creative qualities that enable excellence at producing creative works like paintings or sculptures.
- Historic District—a cluster of like businesses in a concentrated area of no less than six city blocks in size and with no less than four like businesses.



HISTORIC SITE CATEGORIES:

Site **MUST** fall within category. Please check (✓) and provide proof with application.

- National Register of Historic Places—A property currently listed in the National Register of Historic Places or designated as nationally significant by the United States Department of the Interior.

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 advance and intersection 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. Map or sketch of the business in relation to the nearest interstate or expressway exit. Submission of a detailed map with your application will decrease the review time by TIC.
4. **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 Museum or Historic Site Off Interstate 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.

ScienceWorks Hands-On Museum, Hwy 66, Ashland, East and Westbound, Mileage to facility: 3/4 mile

