



**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** (Check 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- check 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** From: \_\_\_\_\_ **AM** **PM**

**Days of Operation:** (please check) **7 days/week** **OR:** **Mon** **Tue** **Wed** **Thur** **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)

- |                                    |                                    |                                        |                                             |
|------------------------------------|------------------------------------|----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> DIESEL    | <input type="checkbox"/> LNG       | <input type="checkbox"/> BIODIESEL     | <input type="checkbox"/> CIRCULAR RV SYMBOL |
| <input type="checkbox"/> PROPANE   | <input type="checkbox"/> EV        | <input type="checkbox"/> RV PARKING    | <input type="checkbox"/> CARD LOCK ONLY     |
| <input type="checkbox"/> WIFI      | <input type="checkbox"/> E85       | <input type="checkbox"/> RV ACCESS     | <input type="checkbox"/> 24 HOUR            |
| <input type="checkbox"/> ALT FUELS | <input type="checkbox"/> CNG       | <input type="checkbox"/> CLEAN DIESEL  | <input type="checkbox"/> RV DUMP            |
| <input type="checkbox"/> DEF       | <input type="checkbox"/> B5 DIESEL | <input type="checkbox"/> CLEAR PREMIUM |                                             |

## FOOD QUALIFICATIONS:

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

- 2 Meals/day
- 6 days/week
- Located in a permanent building (coffee kiosks, food carts/trucks, food pods do not qualify)
- Restroom facilities
- Primary business operation is the providing of meals
- Under 21 years of age allowed on premise
- Health permit or food license with a seating capacity of at least 20 seats (send copy)
- Indoor seating for at least 20 people or 10 drive-in stalls for car-hop service (send pictures)

## FOOD—APPROVED SUPPLEMENTAL MESSAGES ✓ TWO (OPTIONAL)

- |                                  |                                      |                                    |                                             |
|----------------------------------|--------------------------------------|------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 24 HOUR | <input type="checkbox"/> RV PARKING  | <input type="checkbox"/> RV ACCESS | <input type="checkbox"/> CIRCULAR RV SYMBOL |
| <input type="checkbox"/> WIFI    | <input type="checkbox"/> 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)

- |                                     |                                    |                                             |                               |
|-------------------------------------|------------------------------------|---------------------------------------------|-------------------------------|
| <input type="checkbox"/> RV PARKING | <input type="checkbox"/> RV ACCESS | <input type="checkbox"/> CIRCULAR RV SYMBOL | <input type="checkbox"/> WIFI |
|-------------------------------------|------------------------------------|---------------------------------------------|-------------------------------|

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 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](http://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. Food license must show seating for at least 20
5. Map or sketch of the business in relation to the nearest highway. 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
  - c. **FOOD**—photographs of INSIDE restaurant seating for 20



**\*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

