

## **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 <a href="https://doi.org/10.1007/journal.com/">ONLY</a> the <a href="https://doi.org/10.1007/journal.com/">REGISTERED BUSINESS NAME</a> is allowed on the Museum sign.

Registered Business	Name: _			· 						
Facility Address:										
City:		Zip:			c	ounty:				
Facility Phone:	Website:									
Contact Person:	Phone:									
E-mail:					(C	neck box fo	or all commu	ınication	through	e-mail)
Billing/Mailing Address	s:									
City:			_State:		Zip	o:				
Registered Non-Prof	it or Gov	vernmental Ent	tity: Y	ES (C	circle and	submit pro	oof with ap	plicatio	n)	
		Highwa	y Inforr	nation						
Highway(Can be more than		Nearest Milepo	oint(s)		Nea	arest Cit	ty			
(Can be more than	one highway) <b>North</b>	South		East		West				
		(Approaching Highway	/ Directions		hat apply)		•			
Fill	in Miles above	(in quarters- Distance	from inters	ection of hi	ghway to d	riveway of	facility)			
	Fa	cility Operating	Hours/I	Days/So	easonal	ity				
Facility Open: (please of	check)	_YESNO (fa	acility must	be open w	vithin 6 wee	ks of appli	cation) Oper	n Date: _		
Hours of Operation: From:			AM/PM To:					AM/PM		
Museum open 1040 ho	ours/year (w	hich is four hours/	day, five o	lays/wee	k)					
Days of Operation: (plea	se circle)	7 days/week	OR:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Open: (circle one)	ar Round	OR:	Seaso	nal						
Seasonal Facilities: (ind	icate the appr	oximate months the fac	ility is open	) From:_			To:			
If your business does not meet al qualify for an Open Rider the fac Oregon Administrative Rules. Exa May-Sept. Explain why your facilit	ility must be the amples of acc	he only facility installed eptable Open Riders ar	on the pose e (but not	st. Waivers imited to):	are grante Weekends	ed on a cas Only, Ope	se by case	basis in	accordar	nce with
			_							

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 servicesParking
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.
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#### **MUSEUM CATEGORIES:**

Business  $\underline{\text{MUST}}$  fall within one of the following categories. Please check  $(\sqrt{})$  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  $\underline{\text{MUST}}$  fall within category. Please check ( $\sqrt{\ }$ ) 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 ap-

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plicant 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: 503-378-4508/503-373-0086 E-mail: sue.vanhandel@tic.oregon.gov

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

