



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

GAS—FOOD—LODGING—CAMPING

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. Scanning graphics and messages not directly related to the Registered Business Name shall not be displayed.

Registered Business Name: _____

Facility Address: _____

City: _____ Zip: _____ County: _____

Facility Phone: _____ Website: _____

Contact Person: _____ Phone: _____

E-mail: _____ ☐ (Check box for all communication through e-mail)

Billing/Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Interstate Highway Information

(Please Check)

I-5	I-82	I-84	Hwy 97 (Redmond, Bend, Klamath Falls)	I-205	Hwy 217
Hwy 213 (Oregon City)	Hwy 126 (Springfield)	Beltline (569)	Hwy 22 (Salem-Stayton)		
Hwy 22 (Rickreall)	Hwy 26 (North Plains-Beaverton)	Hwy 26 (Boring)			

(Fill in Exit #/Exit Name/Street Name above)

North South East West

(Approaching Highway Directions-circle all that apply)

Fill in Miles above (in quarters- Distance from end of exit ramp to driveway of facility)

Facility Operating Hours/Days/Seasonality

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

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

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

Open: (check 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 ALL these minimum levels of services)

Vehicle Services, i.e. gasoline, oil, and water ***A business that does not offer gasoline, but instead only offers alternative fuels shall not qualify under the Gas legend**

- ☐ Open 7 days/week
- ☐ Restroom facilities nearby
- ☐ Drinking water nearby
- ☐ Open 16 hours/day

GAS—APPROVED SUPPLEMENTAL MESSAGES (ONLY CHOOSE ONE)

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

FOOD** QUALIFICATIONS:

(Please check (✓) below that your business provides ALL 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 (ONLY CHOOSE ONE)

- | | | | |
|--------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 24 HOUR | <input type="checkbox"/> RV PARKING | <input type="checkbox"/> RV ACCESS | <input type="checkbox"/> DINNER ONLY |
| <input type="checkbox"/> EV CHARGING | | | |

LODGING QUALIFICATIONS:

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

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

LODGING—APPROVED SUPPLEMENTAL MESSAGES (ONLY CHOOSE ONE)

- | | | | |
|-------------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> RV PARKING | <input type="checkbox"/> RV ACCESS | <input type="checkbox"/> 24 HOUR | <input type="checkbox"/> EV CHARGING |
|-------------------------------------|------------------------------------|----------------------------------|--------------------------------------|

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 ALL these minimum levels of services)

____ Parking
____ Sanitary facilities
____ Drinking water

CAMPING—APPROVED SUPPLEMENTAL MESSAGES (ONLY CHOOSE ONE)

____ PROPANE ____ RV PARKING ____ RV ACCESS ____ EV CHARGING ____ RV DUMP

Required Signature

I certify that the information herein is correct and understand that signing below provides 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 meets all applicable Federal and State Americans for Disabilities (ADA) guidelines and non-compliance of the stated rules and regulations shall result in immediate removal of all logo and ramp 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. Food license must show seating for at least 20
5. Map or sketch of the business in relation to the nearest interstate, freeway or expressway exit. 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: (c)503-302-9336/(o)503-373-0086
E-mail: sue.vanhandel@tic.oregon.gov
1500 Liberty St. SE, Suite 150
Salem, OR 97302

Sample of Map for GAS/FOOD/LODGING/CAMPING 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.

Fred Meyer, I-5, Exit 30, North and Southbound, Mileage to facility: 1/4 miles

