



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. 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** (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) Open Date: _____

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 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 12 hours/day

GAS—APPROVED SUPPLEMENTAL MESSAGES (ONLY CHOOSE ONE)

____ LNG

____ DIESEL

____ BIODIESEL

____ CLEAR PREMIUM

____ DEF

____ EV

____ RV PARKING

____ CARD LOCK ONLY

____ CNG

____ E85

____ RV ACCESS

____ CLEAN DIESEL

____ 24 HOUR

____ PROPANE

____ RV DUMP

____ B5 DIESEL

____ ALT FUELS

____ 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)

____ 24 HOUR

____ RV PARKING

____ RV ACCESS

____ DINNER ONLY

____ 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)

____ RV PARKING

____ RV ACCESS

____ 24 HOUR

____ 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 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 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: (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 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

