

Food Off Interstate Logo Application

Food Business Qualifications

Food businesses **MUST** meet **ALL** Qualifications

- ☐ 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. A meal is defined as a combination of food items that are prepared and cooked on the licensed premises that includes one principal item and one side dish.
- ☐ Indoor seating for at least 20 people or 10 drive-in stalls for car-hop service
- ☐ Health permit of food license with seating capacity details
- ☐ Under 21 years of age allowed on site
- ☐ Conforms with all applicable laws and ADA guidelines

Secondary Highway Information

Highway (Can be more than one)

Nearest Mile point(s)

Nearest City

Distance in quarter miles from intersection of highway to facility driveway, up to 15 miles

Facility Operating Hours/Days/Seasonality

If your business does not serve two meals a day, is not open 6 days/week, 6 hours/day or is not open year-round, a supplemental message explaining the shortage will be required and a supplement message as listed below will not be allowed.

☐ 2 Meals/day

OR ☐ Breakfast Only ☐ Lunch Only ☐ Dinner Only

Hours of Operation

From _____ ☐ AM ☐ PM To _____ ☐ AM ☐ PM

Days of Operation

☐ 7 days/week

OR ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Open ☐ Year-Round ☐ Seasonal

Seasonal Months: From _____ To _____

Approved Supplemental Messages

Only choose one Supplemental Message

☐ 24 Hour

☐ EV or EV Charging

☐ RV Access

☐ RV Parking

☐ Registered Non-Profit or Governmental Entity (submit proof with application)

Business Information

Registered Business Name (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.)

Facility Address

City

ZIP Code

County

Facility Phone

Contact Person

Contact Phone

Contact Email

Website

Billing / Mailing Address

Billing/Corporate Name

Address

City

State

ZIP

Billing Contact Person

Billing Contact Phone

Billing Email

Certification

I certify that the information herein is correct and understand that non-compliance with TIC rules may result in denial or removal of signage.

Signature

Printed Name

Title

Business Name

Date

Required Attachments

1. Copy of Registered Business Name from Oregon Secretary of State
2. Non-Profit or Governmental proof if applicable
3. Copy of health permit of food license seating capacity details
4. Pictures of indoor seating for at least 20 people or 10 drive-in stalls for car-hop service
5. Map or sketch of business location relative to highway intersection. The map is vital in determining eligibility. It should clearly show facility location, intersecting roads, landmarks, and distance from intersection to facility. Detail any obstructions that may affect motorist safety.
6. Photographs of signage at facility

USE EXTREME CAUTION when taking photographs. Do not take photographs while operating a vehicle.

Submit Your Application

Email: sue.vanhandel@tic.oregon.gov

Mail: Travel Information Council
1500 Liberty St. SE, Suite 150
Salem, OR 97302

Fax: 503-378-6282

Questions?

Call: 503-373-0086