



Oregon Travel Experience
 1500 Liberty St. SE, Suite 150
 Salem, OR 97302
 503-378-4508 1-800-574-9397
 503-378-6282 FAX
 ortravelexperience.com



OFF-INTERSTATE APPLICATION

Please complete the following information as it applies to your business. Oregon Travel Information Council (dba, Oregon Travel Experience) 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:**(_____) _____

Mailing/Billing Address: _____

City: _____ **Zip:** _____

Website: _____ **E-Mail:** _____

Off-Interstate Highway Information

Off-Interstate Highway # _____ **Nearest Milepoint** _____ **Nearest City** _____

Approximate distance from intersection to driveway of facility:

Miles: _____ *(and/or)* **Feet:** _____

Approaching Highway Directions *(please circle):* North South East West

Facility Operating Hours/Days/Seasonal

Facility Open: *(please check)* ___ YES ___ NO *(facility must be open at time of application)*

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., Dinners Only. Explain below 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
- Telephone
- Open 12 hours/day

If there are reasons why your business **CANNOT** meet all of the **GAS SPECIFICATIONS**, please state them on a separate paper and attach them to your application.

GAS – APPROVED SUPPLEMENTAL MESSAGES (OPTIONAL)

Check (√) those you are interested in. *(Displayed along the bottom of the plaque. Businesses may display no more than two (2) Supplemental Messages per plaque. "24 HOURS" requires that all services be available.)*

- DIESEL RV DUMP CIRCULAR RV SYMBOL BIODIESEL EV
- PROPANE RV PARKING CARD LOCK ONLY WIFI E85
- 24 HOUR RV ACCESS ALT FUELS CNG

FOOD QUALIFICATIONS:

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

- 2 meals/day
- 6 days/week
- Restroom facilities
- Primary business operation is the providing of meals
- Indoor seating for 20 people minimum
- Telephone
- Health permit (send copy)
- Under 21 years of age allowed on premises

If there are reasons why your business **CANNOT** meet all of the **FOOD SPECIFICATIONS**, please state them on a separate paper and attach them to your application.

FOOD – APPROVED SUPPLEMENTAL MESSAGES (OPTIONAL)

Check (√) those you are interested in. *(Displayed along the bottom of the plaque. Businesses may display no more than two (2) Supplemental Messages per plaque. "24 HOURS" requires that all services be available.)*

- 24 HOUR RV PARKING RV ACCESS
- WIFI CIRCULAR RV SYMBOL

LODGING QUALIFICATIONS:

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

- Sleeping accommodations
- 7 days/week
- Open 24 hours**
- Telephone
- Health permit if breakfast served (send copy)
- Restroom facilities

If there are reasons why your business **CANNOT** meet all of the **LODGING SPECIFICATIONS**, please state them on a separate paper and attach them to your application.

**Open 24 hours does not require a continuously staffed office; however, it does require that customers can access services after normal business hours.

LODGING - APPROVED SUPPLEMENTAL MESSAGES (OPTIONAL)

Check (√) those you are interested in. *(Displayed along the bottom of the plaque. Businesses may display no more than two (2) Supplemental Messages per plaque.)*

- RV PARKING RV ACCESS WIFI CIRCULAR RV SYMBOL

CAMPING QUALIFICATIONS:

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

- Adequate parking
- 7 days/week
- Open 24 hours**
- Sanitary facilities
- Drinking water

If there are reasons why your business **CANNOT** meet all of the **CAMPING SPECIFICATIONS**, please state them on a separate paper and attach them to your application.

**Open 24 hours does not require a continuously staffed office; however, it does require that customers can access services after normal business hours.

CAMPING - APPROVED SUPPLEMENTAL MESSAGES (OPTIONAL)

Check (√) those you are interested in. *(Displayed along the bottom of the plaque. Businesses may display no more than two (2) Supplemental Messages per plaque.)*

- PROPANE RV PARKING RV DUMP
- RV ACCESS WIFI CIRCULAR RV SYMBOL

Required Signature

I certify that the information herein is correct and understand that non-compliance of this application and 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 Attach the Following to 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. Local business license, if required
3. FOOD, LODGING, BED & BREAKFAST- A copy of facility's health permit
4. Map or sketch of the business in relation to the nearest conventional highway, streets, and intersections. Official or county maps are preferred. Submission of a detailed map with your application will decrease the review time by OTE.
5. *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

***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, OTE, 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.

Final Checklist

Before mailing, did you remember to:

1. Sign the application on the fourth page?
2. Enclose a copy of your Registered Business Name?
3. Enclose a copy of your local business license, if required?
4. FOOD, LODGING, BED & BREAKFAST - enclose a copy of your health permit?
5. Enclose a map showing where your business is located in relation to the nearest conventional highway?
6. Enclose photographs of your on premise business sign from the roadway?

Attention to the checklist will significantly decrease the amount of review time necessary to process your application - THANKS!

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| <p>Oregon Travel Experience PHONE: 503-378-4508 or 1-800-574-9397 FAX: 503-378- 6282 1500 Liberty St. SE, Suite 150 Salem, OR 97302</p> |
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**Please Keep a Copy of this Application Should OTE Need to
Contact You for Clarification or Additional Information**

office use only –

(Sales Representative signature)

