



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



**TOURIST ORIENTED DIRECTIONAL SIGNS 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 Tourist Oriented Directional (TOD) Sign.

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 Mile point: \_\_\_\_\_ 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**

TOD facilities are required to be open 6 days/week, 6 hours/day

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 rider. Riders are assessed a one-time fee. Waivers are granted on a case by case basis in accordance with Oregon Administrative Rules. Examples of acceptable riders are (but not limited to): Weekends Only, Open Thurs-Sun, Open 1-4pm Daily, Open May-Sept., Open Oct-April. Explain below why your facility should be granted a waiver. Additional pages of information may be attached to the application as needed. Type or print.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### 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 tourist oriented directional signage.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ FOR: \_\_\_\_\_  
Business Name

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### 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](http://www.filinginoregon.com/business/index.htm). Click on Assumed Business Name – Register Online.
2. Local business license, if required
3. Map or sketch of the business in relation to the nearest highway, streets, intersections, etc.. Official or county maps are preferred. Submission of a detailed map with your application will decrease the review time by OTE.
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 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.

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### Final Checklist

Before mailing, did you remember to:

1. Sign the application on the third page?
2. Enclose a copy of your Registered Business Name?
3. Enclose a copy of your local business license, if required?
4. Enclose a map showing where your business is located in relation to the highway?
5. Enclose photographs of your on premise business signing with views from the roadway?

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

<p><b>Oregon Travel Experience</b> 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)

## Sample of Map Sketch for Tourist Oriented Directional Signs

The map sketch is vital in determining the exact location of your facility and the eligibility for signing. 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 highway to the facility. 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. Mapquest is a great resource: [www.mapquest.com](http://www.mapquest.com).

Note: Eight (8) highway skip lines equal 300'.

### Hazel's Old Mill

MILEAGE TO FACILITY: 1.5 (MILES) \_\_\_\_\_ (FEET)



SAMPLE LOCAL AREA:  
MILEAGE TO FACILITY: \_\_\_\_\_ (MILES) 900 (FEET)

