



Oregon Travel Experience
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 Salem, OR 97302
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**GAS, FOOD, LODGING, CAMPING
 OFF-INTERSTATE APPLICATION**

Please complete the following information as it applies to your business. 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:** _____

Registered Non-Profit or Governmental Entity: **YES** (If yes, must submit proof with application)

Highway Information

Highway _____ Nearest Milepoint _____ Nearest City _____

Distance (approximate) from intersection of highway to driveway of facility: Miles: _____ (and/or) Feet: _____

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

Facility Operating Hours/Days/Seasonality

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., Dinner 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 QUALIFICATIONS, 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.)

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

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 or 10 drive-in stalls for car-hop service
- 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 QUALIFICATIONS, 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
- DINNER ONLY

LODGING QUALIFICATIONS:

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

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

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

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

___ Sanitary facilities

___ Drinking water

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

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. 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
5. 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.
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

***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 third page?
2. Enclose a copy of your Registered Business Name?
3. Enclose a copy of your proof of non-profit or governmental entity tax exempt status?
4. Enclose a copy of your local business license, if required?
5. FOOD, LODGING, BED & BREAKFAST - enclose a copy of your health permit?
6. Enclose a map showing where your business is located in relation to the nearest highway?
7. 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!

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

Please Keep a Copy of this Application Should OTE Need to Contact You for Clarification or Additional Information

Sample of Map Sketch 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 highway 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 and Cabins, Hwy 62, East and Westbound, Mileage to facility: 6.7 miles

