



ARKANSAS DEPARTMENT OF TRANSPORTATION
Logo Signing Program
Application

Name of Business/Facility _____

Phone _____

Name of Applicant/Owner/Manager _____

Email Address _____

Business Mailing Address _____

City _____

State _____

Zip Code _____

BUSINESS LOCATION DATA

Highway _____ Exit Number _____ County _____

Direction from Highway Exit (Check One) North South East West

Distance from Highway Exit (Miles/Tenths) _____

MINIMUM REQUIRED SERVICES

(Check Applicable Services)

- | <u>Gas</u> | <u>Food</u> | <u>Lodging</u> | <u>Camping</u> | <u>Attraction</u> |
|------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 15 Mile Distance | <input type="checkbox"/> 15 Mile Distance | <input type="checkbox"/> 15 Mile Distance | <input type="checkbox"/> 15 Mile Distance | <input type="checkbox"/> 30 Mile Distance |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> License or Permit where required | <input type="checkbox"/> License or Permit where required | <input type="checkbox"/> License or Permit where required | <input type="checkbox"/> License or Permit where required |
| <input type="checkbox"/> Oil & Water | <input type="checkbox"/> Pubic Telephone | <input type="checkbox"/> Public Telephone | <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Drinking Water |
| <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Open 6 days a week | <input type="checkbox"/> Adequate sleeping accommodations | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Restrooms |
| <input type="checkbox"/> Restrooms | <input type="checkbox"/> Open at 11 a.m. for continuous service | | <input type="checkbox"/> Adequate parking accommodations | <input type="checkbox"/> Adequate parking accommodations |
| <input type="checkbox"/> Public Telephone | | | | <input type="checkbox"/> Open 6 days a week |
| <input type="checkbox"/> Open 7 days a week | | | | <input type="checkbox"/> Open 8 hours a day |
| <input type="checkbox"/> Open for 16 hours of continuous service | | | | |

OPERATION DETAILS

- Is Business open all year? Yes No
- If no, check months closed January February March April May June
 July August September October November December

CERTIFICATION

I certify that these statements are true and correct and that my business complies with all applicable laws concerning public accommodations without regard to race, religion, color, age, sex, disability, or national origin, and will continue in compliance.

I further understand that any falsification or misrepresentation of the statements in this application may result in the denial of the application or the revocation of my permit.

Applicant Signature: _____ Date: _____

FOR OFFICAL USE ONLY

Highway _____ Exit _____ County _____ G F L C A

Inspector _____ Date Inspected _____

APPROVED DENIED GPS _____

Permit No. _____ Application No. _____

Check No. _____ Installation Fee _____ Annual Maint. Fee _____

Check Amount _____ Amount Applied to Permit _____

	Main lane	Turn	Mileage
N/B	_____	_____	_____
S/B	_____	_____	_____
E/B	_____	_____	_____
W/B	_____	_____	_____
1-TRAIL	_____	_____	_____
2-TRAIL	_____	_____	_____
3-TRAIL	_____	_____	_____