



**PENNSYLVANIA TOURISM SIGNING TRUST**  
 2300 Vartan Way, Suite 240, Harrisburg, PA 17110  
 (877) 272-1332 or (717) 412-4378  
 FAX: (717) 412-4401

**Logo Signing Program: FOOD APPLICATION**

Submit the \$500.00 Application Fee payable to PA Tourism Signing Trust  
 Application Fee is non-refundable, and does not apply to the Participation Fee  
 Participation Fees are published at [www.palogo.org](http://www.palogo.org)

All sections of the application must be completed, and the Application Fee paid,  
 in order for the Application to be valid

This application expires sixty (60) days from the date of issuance of  
 the Trust’s written decision on the application

Hwy. No.: \_\_\_\_\_ (i.e., I-xx; US xx; PA xx)      Exit No.: \_\_\_\_\_ (i.e., 123)      Exit Name: \_\_\_\_\_ (i.e., destination on green & white guide signs)

- Section 1: Definitions
- Section 2: Owner Information
- Section 3: Location Information
- Section 4: Eligibility/Compliance Information

**SECTION 1: DEFINITIONS**

**OWNER:** The individual or legal entity that has legal title to the rights and privileges under the logo signing agreement. (This is not the tradename nor a management company; but rather the entity that has the financial and operational interest in the property using the logo sign.) The **OWNER** is the entity that will be designated as the **Participant** under the PA Logo Signing Agreement. (For example: XYZ Services, Inc.)

**TRADENAME:** The trade or fictitious name under which the **OWNER** does business at this location. (For example: “McDonalds”, “KOA Campground”, “Holiday Inn”, “Amoco”)

**SECTION 2: OWNER INFORMATION**

REGISTERED BUSINESS OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FEDERAL EIN #: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**OWNER** is (check one and complete information for same)

A.  Sole Proprietorship (Name) \_\_\_\_\_

B.  Husband & Wife (Names) \_\_\_\_\_

C.  General Partnership (Names of all General Partners) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D.  Corporation (Date & State Incorporated) \_\_\_\_\_

E.  Limited Partnership (Names of General Partners) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

F.  Limited Liability Company

Name of Manager: \_\_\_\_\_

If no Manager, names of all members having greater than 10% interest \_\_\_\_\_

\_\_\_\_\_

G.  Registered Limited Liability Partnership (Names of partners having greater than 10% interest)

\_\_\_\_\_  
\_\_\_\_\_

H.  Trust (Name of Trust) \_\_\_\_\_

(Names of Beneficiaries) \_\_\_\_\_

\_\_\_\_\_

Names & titles of representatives authorized to execute documents on behalf of **OWNER**

Name

Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BILLING NAME & ADDRESS:** (if different than **OWNER** name & address) \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**SECTION 3: LOCATION INFORMATION**

TRADENAME AT LOCATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The Deed citation for the real estate upon which **OWNER'S** business is situated is:

County: \_\_\_\_\_ Instrument Number: \_\_\_\_\_  
Deed Book Volume Number: \_\_\_\_\_ Page Number: \_\_\_\_\_  
Name of Entity in which Property is titled: \_\_\_\_\_

Legal Relationship of Entity in which property is titled to OWNER (if Entity and Owner are different):  
\_\_\_\_\_  
\_\_\_\_\_

If Leased, Expiration date of lease: \_\_\_\_\_

**If facility is under construction, please provide the following information:**

\_\_\_\_\_ **Date of groundbreaking**      \_\_\_\_\_ **Scheduled Opening Date**

**SECTION 4: COMPLIANCE INFORMATION**

The business identified in **Section 3 Location** is in compliance with PENNDOT Publication 46 Section 2.14 Types of Services (Page 2-76), including Sub-Section (b) Food, is located \_\_\_\_\_.\_\_\_\_ miles from the end of the nearest exit ramp of the subject interchange, is licensed by the Department of Agriculture, accessible without admission fee and is continuously open at least 10 hours per day, 6 days a week, and provides:

**Indoor** seating for at least 20 people     public restrooms with sinks & running water

Business hours are:

M \_\_\_\_\_ TU \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Subject to the penalties provided by 18 Pa. C.S. 4904, the undersigned swears/affirms that the foregoing answers and statements provided herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date