



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: GAS 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

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. Exit Exit
No.: No.: Name:
(i.e., I-xx; US xx; PA xx) (i.e., 123) (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 (a) Gas, is located ____ miles from the end of the nearest exit ramp of the subject interchange, is continuously open at least 16 hours per day, 7 days a week, and provides: (check all that apply):

gasoline oil public restrooms public telephone on or within 500 feet of property

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