



**PENNSYLVANIA TOURISM SIGNING TRUST**  
 2300 Vartan Way, Suite 275, Harrisburg, PA 17110  
 Phone: (717) 412-4378 Email: [lgraybill@palogo.org](mailto:lgraybill@palogo.org)

## 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](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

Use page 1 of the Application for proof of the mandatory Application Fee

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

Hwy. No.:		Exit No.:		Exit 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