



PENNSYLVANIA TOURISM SIGNING TRUST

2300 Vartan Way, Suite 275, Harrisburg, PA 17110

Phone: (717) 412-4378 Email: lgraybill@palogo.org

TODS Program: TODS APPLICATION

Submit the \$75.00 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

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

- Section 1: Definitions
- Section 2: Owner Information
- Section 3: Location Information
- Section 4: Eligibility/Compliance Information
- Section 5: Applicant Certification & Notarization

SECTION 1: DEFINITIONS

OWNER: The individual or legal entity that has legal title to the rights and privileges under the TODS Participant 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 TODS Participant Agreement. (For example: XYZ Services, Inc.)

TRADENAME: The trade or fictitious name under which the **OWNER** does business at this location. (For example: "KOA Campground", "Sands Casino", "Gettysburg Hotel", etc.)

APPLICANT: The **OWNER** or its authorized agent.

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: _____

SECTION 4: ELIGIBILITY/COMPLIANCE INFORMATION

The business identified in **Section 3: Location Information** is in compliance with PennDOT Publication 46 Section 2.7 Tourist Oriented Directional Signs (TODS) Policy (Pages 2-34 – 2-50), for the “Eligible Type of Participant” noted below:

Business hours are:

M _____ TU _____ W _____ TH _____ F _____ SAT _____ SUN _____

_____ Number of Days Open Per Calendar Year

ELIGIBLE TYPE OF PARTICIPANT: _____
(see “Eligible Types of Participants” on Pages 2-37 – 2-41 of PennDOT Publication 46)

Does the business have any billboards along any State highway? _____
If yes, include a sketch to identify the location(s) and include the applicable permit(s) information.

Is food prepared?
 Yes, the Department of Agriculture License Number is _____
 No, food is not prepared

Privately operated businesses and facilities are to obtain verification from each local municipality within which TODS are being requested (where the signs would be located, not necessarily the business location) to the effect that the local municipality does not have any local ordinance prohibiting the installation of TODS. The following signature blocks are to be used:

I hereby confirm that the installation of TODS signing for the herein Applicant does not conflict with any local ordinance.

NAME OF MUNICIPALITY: _____

SIGNATURE OF MUNICIPAL REPRESENTATIVE: _____

DATE OF SIGNATURE: _____ PHONE NO.: _____

NAME OF MUNICIPALITY: _____

SIGNATURE OF MUNICIPAL REPRESENTATIVE: _____

DATE OF SIGNATURE: _____ PHONE NO.: _____

NAME OF MUNICIPALITY: _____

SIGNATURE OF MUNICIPAL REPRESENTATIVE: _____

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DATE OF SIGNATURE: _____ PHONE NO.: _____

NAME OF MUNICIPALITY: _____

SIGNATURE OF MUNICIPAL REPRESENTATIVE: _____

DATE OF SIGNATURE: _____ PHONE NO.: _____

(Attach additional sheets if necessary)

SECTION 5: APPLICANT CERTIFICATION & NOTARIZATION

I hereby certify that the information provided on this application is true and correct and that to the best of my knowledge _____ (*name of the business or facility*) conforms to all Federal, State, and local regulations, including all health, sanitary and water requirements. The business or facility conforms to all municipal ordinances. It is also my understanding that if signs are installed, they may be removed by PennDOT or the Pennsylvania Tourism Signing Trust as noted in PennDOT Publication 46 Section 2.7 Tourist Oriented Directional Signs (TODS) Policy. Further, the business agrees to notify the Pennsylvania Tourism Signing Trust if the hours of operation change, if there is a change in ownership or if it terminates operations.

Signature of Applicant: _____

STATE OF PENNSYLVANIA

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20_____.

Notary Public: _____ [Signature]

[Seal]