

NEW JERSEY Tourist Oriented Directional Signing (TODS) PROGRAM

APPLICATION FOR PARTICIPATION

(609) 406-9525 Toll Free (888) 655-6467 Fax (609) 406-9524

• PLEASE TAKE A MOMENT TO FILL IN ALL THE NECESSARY INFORMATION TO PROCESS THIS APPLICATION.

Type of Service (**One application per location**): GAS FOOD LODGING CAMPING OTHER _____

If "other" please check the following: COMMERCIAL CULTURAL EDUCATIONAL HISTORICAL
 ENTERTAINMENT / RECREATIONAL

Advertiser: _____ Customer Name (Corporation Name): _____

Contact Person: _____ Title: _____

Advertiser's (Physical Location) Address: _____

Business (Mailing/Billing) Address: _____

Advertiser's Web Site Address: _____ E-Mail Address: _____

Advertiser's Business Phone #: () _____ Customer's Business Phone #: () _____ Fax #: () _____

1. Describe Principal Services Offered: _____

2. List Business Hours of Operation: M _____ T _____ W _____ TH _____ F _____ Sat _____ Sun _____

3. Business Hours of Operation are (PLEASE CIRCLE ONE OR LIST): Annual, Seasonal or Other _____

4. Does your activity of business derive a major portion of its income from motorists residing outside of the immediate area?
 Yes _____ No _____

MINIMUM SERVICES REQUIRED FOR ELIGIBILITY (ONLY ONE APPLICATION PER LOCATION)

Please "X" your business facilities category and all applicable services provided under your category verifying eligibility.

(PLEASE NOTE: THE CRITERIA FOR EACH SERVICE LISTED BELOW MUST BE PROVIDED TO THE MOTORIST IN ORDER FOR YOUR BUSINESS TO PARTICIPATE.)

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> GAS | <input type="checkbox"/> FOOD | <input type="checkbox"/> LODGING | <input type="checkbox"/> CAMPING | <input type="checkbox"/> OTHER * Indicate below |
| <input type="checkbox"/> Have gas, fuel and oil for cars, trucks and other vehicles | <input type="checkbox"/> Have free public rest rooms | <input type="checkbox"/> Have at least 10 units each with a private bath | <input type="checkbox"/> Have rest rooms and showers | <input type="checkbox"/> Have free public rest rooms |
| <input type="checkbox"/> Have free public rest rooms | <input type="checkbox"/> Have a public telephone | <input type="checkbox"/> Have off street parking for each unit | <input type="checkbox"/> Have a public telephone | <input type="checkbox"/> Have a public telephone |
| <input type="checkbox"/> Have a public telephone | <input type="checkbox"/> Provide drinking water | <input type="checkbox"/> Be in continuous operation at least 12 hours 6 days each week throughout the year | <input type="checkbox"/> Have a public telephone | <input type="checkbox"/> Provide drinking water |
| <input type="checkbox"/> Provide drinking water | <input type="checkbox"/> Be in continuous operation for at least 16 hours each day 7 days each week throughout the year | <input type="checkbox"/> Be in continuous operation 7 days a week throughout the year | <input type="checkbox"/> Provide drinking water | <input type="checkbox"/> Provide drinking water |
| <input type="checkbox"/> Be in continuous operation for at least 16 hours each day 7 days each week throughout the year | <input type="checkbox"/> Be located within 3 mile of the roadway | <input type="checkbox"/> Be located within 3 miles of the roadway | <input type="checkbox"/> Be located within 7 miles of the roadway | <input type="checkbox"/> Be located within 3 miles of the roadway |
| <input type="checkbox"/> Be located within 1 mile of the roadway | | <input type="checkbox"/> Be located within 3 miles of the roadway | | |

* **OTHER MUST INDICATE CLASSIFICATION:** Cultural Historical Entertainment/Recreation Educational Commercial

ALL PARTICIPANTS MUST BE LOCATED ON THE CROSSROAD, LICENSED BY ALL APPROPRIATE AUTHORITIES, AND POSSESS VALID PERMITS FROM ALL APPROPRIATE AUTHORITIES.

ELIGIBLE SERVICE ESTABLISHMENTS MAY NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONALITY, OR CREED.

ATTACH A PHOTOCOPY OF ALL APPROPRIATE BUSINESS LICENSES

CUSTOMER CERTIFICATION

I hereby certify that the above statements are true and correct and I will inform New Jersey Logos, L.L.C. of any changes to the above indicated information that may affect the availability of the service provided. I understand that either the New Jersey Department of Transportation or New Jersey Logos, L.L.C. may make inquiries or inspections to insure that the minimum requirements are being met. I have obtained all required licenses and /or permits required to operate.

CUSTOMER SIGNATURE: _____ **DATE:** _____

(FALSIFICATION OF THE ABOVE STATEMENTS WILL RESULT IN THE DENIAL OF THE APPLICATION.)

FOR OFFICE USE ONLY

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|---|---|---------|-----------|---------|---------|---------|--|----------|-------|----------|-------|------------|-------|-------|-----------|-------|------------|-------|-------|-----------|-------|
| APPROVED _____ DENIED _____ DATE _____ (Signature of New Jersey Logos General Manager) (Date) COMMENTS: _____ | <table border="0" style="width: 100%; text-align: center;"> <tr> <td>MILEAGE</td> <td>N _____</td> <td>S _____</td> <td>E _____</td> <td>W _____</td> </tr> <tr> <td></td> <td>MAINLINE</td> <td>ARROW</td> <td>MAINLINE</td> <td>ARROW</td> </tr> <tr> <td>NORTHBOUND</td> <td>_____</td> <td>_____</td> <td>EASTBOUND</td> <td>_____</td> </tr> <tr> <td>SOUTHBOUND</td> <td>_____</td> <td>_____</td> <td>WESTBOUND</td> <td>_____</td> </tr> </table> | MILEAGE | N _____ | S _____ | E _____ | W _____ | | MAINLINE | ARROW | MAINLINE | ARROW | NORTHBOUND | _____ | _____ | EASTBOUND | _____ | SOUTHBOUND | _____ | _____ | WESTBOUND | _____ |
| MILEAGE | N _____ | S _____ | E _____ | W _____ | | | | | | | | | | | | | | | | | |
| | MAINLINE | ARROW | MAINLINE | ARROW | | | | | | | | | | | | | | | | | |
| NORTHBOUND | _____ | _____ | EASTBOUND | _____ | | | | | | | | | | | | | | | | | |
| SOUTHBOUND | _____ | _____ | WESTBOUND | _____ | | | | | | | | | | | | | | | | | |

