DELAWARE LOGOS, LLC.
APPLICATION FOR PARTCIPATION

Toll Free: (800) 889-3878 Fax: (609) 406-9524

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

Type of Service (Only one application **per service**): ❑ **GAS** ❑ **FOOD** ❑ **LODGING** Hours of Operation: _____hrs. per day _____ days per wk.

Hwy.: Exit: Direction(s) for Contract: **N S E W** County:

Advertiser: Contact Person: Title:

Advertiser's **(Physical)** Business Address:

Customer Name **(Corporation Name):**

Business **(Mailing)** Address**:**

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

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

Business Location Data	1. Clearly Identify Interchange (**Route, Exit # and NEAREST Crossroad**):
	2. Direction of Travel to Business from Exit (Please Circle): NORTH SOUTH EAST WEST
	3. Mileage from highway to business location (Please specify if different for both directions):

MINIMUM SERVICE REQUIREMENTS FOR PARTICIPATION (Please "X" Applicable Services)

GAS

- ❑ Continuous operation at least 14 hrs. per day, 7 days per week
- ❑ Fuel, gas/diesel
- ❑ Oil and water (information on tire repair services)
- ❑ Clean Public Restroom
- ❑ Public Telephone
- ❑ Located within 1 mile of the roadway

FOOD

- ❑ Business is in continuous operation at least 12 hrs. per day
- ❑ Serving 2 meals per day 6 days per week
- ❑ Business provides free public restroom
- ❑ Business provides public telephone
- ❑ Have on display state health and business licenses
- ❑ Seat 20 or more
- ❑ Business is located within 3 miles of the roadway

LODGING

- ❑ Business is located within 3 miles of the highway
- ❑ Business is in continuous operation 7 days a week, 360 days per year
- ❑ Business provides at least 10 units, each with a private bath
- ❑ Business provides off street parking for each unit
- ❑ Business provides public telephone

ALL PARTICIPANTS MUST BE LICENSED BY ALL APPROPRIATE AUTHORITIES AND POSSESS VALID PERMITS FROM ALL APPROPRIATE HEALTH AUTHORITIES.

ELLIGIBLE 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 Delaware 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 Delaware Department of Transportation or Delaware 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 OR REVOCATION OF THE APPLICATION.)

FOR OFFICE USE ONLY

APPROVED _____ DENIED _____ DATE _____

(Signature of Delaware Logos, L.L.C. General Manager) (Date)

COMMENTS: _____

MILEAGE N _____ S _____ E _____ W _____

SIGNS	MAINLINE	RAMP	TRAILBLAZER	ARROW
NORTHBOUND				
SOUTHBOUND				
EASTBOUND				
WESTBOUND				