

**NEBRASKA LOGOS PROGRAM
APPLICATION FOR PARTICIPATION**

Nebraska Logos, Inc.

315 South 9th St., Suite 207

Lincoln, NE 68508

Toll Free: 800-333-6467 Phone: 402-435-5646 Fax: 402-435-5371

Date
Route:

Interchange

Crossroad

Service

Mileage

ADVERTISER LOCATION INFORMATION

BUSINESS NAME

MANAGER

STREET ADDRESS

COUNTY

CITY

STATE

ZIP

PHONE

REQUIRED SERVICES CHECKLIST - MUST MEET ALL CATEGORY REQUIREMENTS TO BE QUALIFIED.

GAS

Business must provide fuel, oil, water and tire repair. Contract for tire repair must be posted.

Business must provide restroom facilities and drinking water.

Business must provide public access to a telephone for emergency purposes

Business must be in CONTINUOUS operation at least 16 hrs per day, 7 days per week, on the Interstate; and 12 hours per day, 7 days per week, on Primary Highways.

FOOD

Business must be approved and/or licensed by the State Agency political entity having jurisdiction.

Business must provide public access
 Business must provide public access to a telephone for emergency purposes

Business must be in continuous operation to serve 3 meals per day, 7 days per week, open no later than 10:00 a.m. and serve a minimum of a continental breakfast, lunch and dinner.

Business must provide restroom facilities.

LODGING

Business must be approved and/or licensed by the State Agency political entity having jurisdiction.

Business must provide adequate sleeping accommodations.

Business must provide public access to a telephone for emergency purposes

CAMPING

Business must be approved and/or licensed by the State Agency political entity having jurisdiction.

Business must provide modern, sanitary facilities and drinking water.

Business must provide adequate camping and parking spaces.

Business signs for campgrounds operated on a seasonal basis will be covered or removed during the off season.

Seasonal - Dates open for business: From _____ to _____

1. All eligible service establishments may not discriminate on the basis of race, color, religion, sex, or national origin.

2. All eligible service establishments must comply with the Americans with Disabilities Act requirements.

3. All eligible service establishments must be appropriately licensed as required by Nebraska law and comply with all appropriate federal and State of Nebraska laws and regulations.

BILLING INFORMATION:

BUSINESS NAME

CONTACT

STREET ADDRESS

CITY

STATE

ZIP

LOBBY HOURS OF OPERATION:

____(AM / PM) - ____ (AM / PM)

____(AM / PM) - ____ (AM / PM)

____(AM / PM) - ____ (AM / PM)

DAYS OF WEEK:

CERTIFICATION

I certify that the above statements are true and correct and will inform, Nebraska Logos, Inc. of any changes to the above indicated information that may affect the availability of the service provided. I understand that either the Nebraska Department of Roads or Nebraska Logos, Inc. may make inquiries or inspections to insure that the minimum requirements are being met. I am approved and/or licensed by the State Agency or political entity having jurisdiction.

CUSTOMER SIGNATURE: _____ DATE: _____

TITLE: _____ PRINT NAME _____