

**VIRGINIA LOGOS**  
**TOURIST ORIENTED DIRECTIONAL SIGN (TODS) PROGRAM**  
**CATEGORY I PARTICIPATION APPLICATION/COMPLIANCE CERTIFICATION**

<b>NAME OF BUSINESS</b>	<b>TELEPHONE #</b>	<b>CONTRACT # (Internal Use Only)</b>	
<b>COMPANY/BILLING NAME</b>	<b>TELEPHONE #</b>	<b>BUSINESS WEBSITE (If applicable)</b>	
<b>CONTACT NAME</b>	<b>TITLE</b>	<b>EMAIL ADDRESS</b>	
<b>BUSINESS ADDRESS (NO. AND STREET)</b>	<b>(CITY OR TOWN)</b>	<b>(STATE)</b>	<b>(ZIP)</b>
<b>MAILING/BILLING ADDRESS (IF DIFFERENT)</b>	<b>(CITY OR TOWN)</b>	<b>(STATE)</b>	<b>(ZIP)</b>

Route/Intersection:	Direction: N S E W
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**MINIMUM REQUIRED SERVICES FOR CATEGORY I TODS PARTICIPATION**

REQUIREMENTS	LIST OF ACCEPTABLE SITES (see <a href="http://www.virginialogos.com">www.virginialogos.com</a> for additional criteria)		
<ul style="list-style-type: none"> <li>Located within 15 miles of the intersection.</li> <li>Have the name of the business prominently displayed on the premises in such a manner that it is readily visible to motorists from the public highway on which the business is located.</li> <li>Opens the minimum required hours and days during at least a 12 weeks consecutive period each year.</li> <li>Continuous operation at least 6 hours a day, 5 days a week during its normal season or the normal operating season for the type of business.</li> <li>Be licensed and approved by the appropriate state and/or local agencies regulating the particular type of business or activity.</li> <li>Have a restroom facility available for public use.</li> <li>CAMPING businesses must have at least 10 camping units for rent or hire, have off-street parking for each unit, and have continuous operation 7 days a week with a seasonal closing option for up to 120 consecutive days from November 1 to April 1.</li> <li>Facility or location must be on the list of "Acceptable Sites" in the next column.</li> </ul>	<u>Cultural</u> -Art/Craft Center -Gallery Businesses -Museum -Historic Building -Historic Cemetery -Historic Site -Historic District -Power Plant -Research Facility  Nurseries/Greenhouses <u>Trails</u> Facilities -VDGIF Birding & Wildlife -Civil War <u>(continued)</u> -Virginia Wine -Others as approved by VDOT  <u>Recreational</u> -Regional Park -Stadium	<u>Recreational (continued)</u> -Amphitheater -Amusement Park  -Aquarium -Arboretum -Arena -Auditorium -Boat Landings/Marinas -Botanical Garden -Campgrounds -Camps  -Civic Center  -Concert Hall -Equestrian Center  -Fairground -Natural Attraction -Natural Resource Agencies -National Park -Theme Park -Water Oriented Business	<u>Retail Tourism</u> -Agribusinesses -Antique  -Auction Houses -Bed & Breakfast -Brewery -Distillery -Farm Market -Farmers Market -Flea Market  - -Regional Retail  <u>Recreational</u> -Golf Course -Pavilion -Race Track -Municipal Park -Ski Resort -Zoo
	*Shall not be a franchise or part of a national chain		

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

- Approximate distance from the nearest primary intersection along the intended route of signage  
(Accurate measurement will be done by VL): \_\_\_\_\_
- Does your location have a license or approval from the State of Virginia (if required)? Yes No
- Are restroom facilities provided for public use? Yes No
- Hours of Operation: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_
- Do you provide adequate parking to accommodate normal traffic volumes for your facility? Yes No
- Under which of the above list of acceptable sites does your facility/location qualify? \_\_\_\_\_
- Does your location meet all of the minimum requirements for the category you listed above? Yes No
- If applicable, please provide your seasonal opening and closing dates:  
Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_
- Do you currently have any State directional signs for your facility? Yes No  
If YES, please provide the location of those signs: \_\_\_\_\_

**NOTE:** At all times material hereto, Applicant hereby certifies that it will remain in compliance with all applicable laws and regulations for providing for accessibility by the physically handicapped to the premises and further agrees to provide the premises to the general public without regard to race, creed, color, religion, age, sex, or national origin. Unless otherwise noted, all requirements of the State Criteria shall be satisfied entirely on the premises of the establishment and any facilities required by the State Criteria shall be located entirely on the premises of the location.

I hereby certify that the above statements are true and correct and agree to promptly inform Virginia Logos, in writing, by certified mail, within 10 days, of any changes to these statements. I understand that either the Virginia Department of Transportation or Virginia Logos may make inquiries or inspections to insure that the minimum requirements of the State Criteria are being met. I further certify that all required licenses and/or permits required to operate the business establishment have been obtained and are current and/or active.

Customer Signature: \_\_\_\_\_ Title: \_\_\_\_\_


**FALSIFICATION OF THE ABOVE STATEMENTS WILL RESULT IN THE DENIAL OF THE APPLICATION OR REVOCATION OF THE PRIVILEGE OF PARTICIPATION IN THE PROGRAM**

**APPLICATION MUST BE SUBMITTED TO VIRGINIA LOGOS WITH A \$100 APPLICATION FEE PER PANEL**  
 (fee may be refunded under certain circumstances)

# TODS PANEL REQUEST

Please fill in the spaces exactly the way you want your TODS panel (s) to read. Please remember to leave a space between each word. Only the name of the business, a generic symbol (takes up 5 spaces per line), and opening and closing months of operation ( if applicable) are allowed on the TODS panel.

Ex: Afton Mountain Antique Store (w/o symbol)

A	F	T	O	N		M	O	U	N	T	A	I	N		
A	N	T	I	Q	U	E		S	T	O	R	E			

2.4

Ex: Rockland Winery (with symbol)


 ROCKLAND  
WINERY

**Intersection:**

*Advanced?* Y N    *Direction:*    NB    SB    WB    EB

[illegible]

**Intersection:**

**Advanced?** Y N    **Direction:** NB SB WB EB

[illegible]


6" lettering will be used on all TODS Panels. A Maximum of 15 spaces per line, 2 lines per panel is allowed.

**Would you like the generic symbol (listed in the MUTCD) for your type of business on your TODS panel?      Y      N**

Use of a generic symbol will limit the spacing of available wording from 15 to 10 spaces per line. (in example above)

**Please draw a map from the main highway to the business or activity**

(Give distances and directions)



Customer Acceptance: \_\_\_\_\_  
Business located in County of: \_\_\_\_\_

Date:

**VIRGINIA LOGOS  
TOURIST ORIENTED DIRECTIONAL SIGN (TODS) PROGRAM  
CATEGORY II PARTICIPATION APPLICATION/COMPLIANCE CERTIFICATION**

<b>NAME OF BUSINESS</b>	<b>TELEPHONE #</b>	<b>CONTRACT #</b> (Internal Use Only)
<b>COMPANY/BILLING NAME</b>	<b>TELEPHONE #</b>	<b>BUSINESS WEBSITE</b> (If applicable)
<b>CONTACT NAME</b>	<b>TITLE</b>	<b>EMAIL ADDRESS</b>
<b>BUSINESS ADDRESS</b> (NO. AND STREET) (CITY OR TOWN) (STATE) (ZIP)		
<b>MAILING/BILLING ADDRESS</b> (IF DIFFERENT) (CITY OR TOWN) (STATE) (ZIP)		

Route/Intersection: \_\_\_\_\_ Direction: N S E W

**MINIMUM REQUIRED SERVICES FOR CATEGORY II TODS PARTICIPATION**

GAS	FOOD	LODGING
<ul style="list-style-type: none"> <li>Located within 3 miles of the intersection.</li> <li>Location shall provide fuel, oil, tire repair service or information on available tire repair service in the area, compressed air for tire inflation and free water for battery and radiator.</li> <li>Public restroom facilities with lock, sink for washing, flush toilet, tissue and sanitary towels or drying devices.</li> <li>Free drinking water and cups.</li> <li>Continuous operation at least 12 consecutive hours per day, 7 days a week.</li> </ul>	<ul style="list-style-type: none"> <li>Located within 3 miles of the intersection.</li> <li>Display valid permit from the State Health Commissioner in accordance with Section 35.1-18 of the Code of Virginia.</li> <li>Shall have &amp; keep in place easily accessible indoor seating at tables or counters to comfortably seat a minimum of 20 adult persons.</li> <li>Open 6 consecutive hours, 6 days a week.</li> <li>Shall appropriately &amp; conspicuously display and/or provide a menu.</li> <li>Shall appropriately &amp; conspicuously display the hours of operation in an area that is visible to the customer prior to entering the business.</li> </ul>	<ul style="list-style-type: none"> <li>Located within 3 miles of the intersection.</li> <li>Possess valid permit to operate by the State Board of Health in accordance with Section 35.1-18 of the Code of Virginia.</li> <li>At least 4 lodging rooms.</li> <li>Off street parking for each room.</li> <li>Continuous 24-hour operation, 7 days per week.</li> </ul>

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

- Approximate distance from the nearest primary intersection along the intended route of signage (Accurate measurement will be done by VL): \_\_\_\_\_
- Does your establishment have a license or approval from the State of Virginia (if required)? Yes No
- Are restroom facilities provided for public use? Yes No
- Hours of Operation: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_
- Do you provide adequate parking to accommodate normal traffic volumes for your facility? Yes No
- Under which of these services does your business qualify? FOOD GAS LODGING
- Does your establishment meet all of the minimum requirements for the service you indicated above? Yes No
- Do you currently have any State directional signs for your establishment? Yes No

**NOTE:** At all times material hereto, Applicant hereby certifies that it will remain in compliance with all applicable laws and regulations for providing for accessibility by the physically handicapped to the premises and further agrees to provide the premises to the general public without regard to race, creed, color, religion, age, sex, or national origin. Unless otherwise noted, all requirements of the State Criteria shall be satisfied entirely on the premises of the business establishment and any facilities required by the State Criteria shall be located entirely on the premises of the business establishment.

**ATTACH A PHOTOCOPY OF YOUR LICENSE (IF APPLICABLE)**

I hereby certify that the above statements are true and correct and agree to promptly inform Virginia Logos, in writing, by certified mail, within 10 days, of any changes to these statements. I understand that either the Virginia Department of Transportation or Virginia Logos may make inquiries or inspections to insure that the minimum requirements of the State Criteria are being met. I further certify that all required licenses and/or permits required to operate the business establishment have been obtained and are current and/or active.

**Customer Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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A	F	T	O	N		M	O	U	N	T	A	I	N			➔
A	N	T	I	Q	U	E		S	T	O	R	E				2.4


Ex: Rockland Winery (with symbol)

					R	O	C	K	L	A	N	D			➔
					W	I	N	E	R	Y					3.6

**Intersection:** \_\_\_\_\_ **Advanced?** Y N **Direction:** NB SB WB EB

**Intersection:** \_\_\_\_\_ **Advanced?** Y N **Direction:** NB SB WB EB

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Date: \_\_\_\_\_