



## PENNSYLVANIA TOURISM SIGNING TRUST

2300 Vartan Way, Suite 240, Harrisburg, PA 17110

(877) 272-1332 or (717) 412-4378

FAX: (717) 412-4401

### 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](http://www.palogo.org)

All sections of the application must be completed, and the Application Fee paid,  
in order for the Application to be valid

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.: \_\_\_\_\_

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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]