

NEW OWNER INFORMATION (please fill out COMPLETELY)

Company Name: _____

Tradename: _____ Interstate: _____ Exit: _____

Address: _____ City: _____

State: _____ Zip Code: _____ EIN: _____

Phone: _____ Fax: _____

Email: _____ Contact Name: _____

Type of Company (i.e Corporation, LLC, Trust), Date & State Formed: _____

Name of Authorized Representatives: _____

Deed Book Volume Number: _____ Deed Book Page Number: _____

Property Titled (**if different than owner**): _____

Lease Information: _____

Bill to Company (**complete if different than owner**): _____

Bill to Address: _____

City: _____ State: _____ Zip Code: _____

Bill to Phone: _____ Bill to Fax: _____

Bill to Email: _____ Bill to Contact Name: _____

Tradename: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Email: _____ Contact Name: _____

The business identified is in compliance with PENNDOT Publication 46 Sections 1.22.4.1 Types of Services and 1.22.4.1(a) **Gas Station** and is continuously open at least 16 hours a day, 7 days per week and provides:

gasoline oil public restrooms public telephone on or within 500 feet of property

Business Hours are: M TU W TH F SAT SUN

The business identified is in compliance with PENNDOT Publication 46 Sections 1.22.4.1 Types of Services and 1.22.4.1(b) **Restaurant** and is continuously open at least 10 hours a day, 6 days per week and provides:

indoor seating for 20 people within the same building public restrooms with sinks and running water

Business Hours are: M TU W TH F SAT SUN

The business identified is in compliance with PENNDOT Publication 46 Sections 1.22.4.1 Types of Services and 1.22.4.1(c) **Hotel/Motel** and is continuously open 24 hours a day, 7 days per week and provides:

private rooms and baths adequate parking public telephones or phones in each room

Business Hours are: M TU W TH F SAT SUN

The business identified is in compliance with PENNDOT Publication 46 Sections 1.22.4.1 Types of Services and 1.22.4.1(d) **Campground** is continuously open at least 6 months per year with a minimum of 20 overnight sites and provides:

attendant available during hours of operation public telephone on or within 500 feet of property

restrooms with showers, running water and flush toilets

By executing this form, the business identified agrees to be bound by and comply with Chapter 1, Section 22 of PENNDOT Publication 46 (Logo Signing Program Guidelines), as amended and published from time to time and available on the PA Logo Signing Trust website at www.palogo.org.

Subject to penalties provided by 18 Pa. C.S. Section 4904 (relating to false swearing to authorities), the undersigned swears/affirms that the above information required by the Trust is true and correct to the best of my knowledge and belief.

Signature: _____

Title: _____ Date: _____