VIRGINIA LOGOS (VL)
GENERAL MOTORIST SERVICES SIGNS (GMSS)
PARTICIPATION APPLICATION/COMPLIANCE CERTIFICATION

NAME OF BUSINESS   **TELEPHONE #**   **CONTRACT #** (Internal Use Only)

COMPANY/BILLING NAME   **TELEPHONE #**

CONTACT NAME   **TITLE**

BUSINESS ADDRESS (NO. AND STREET) (CITY OR TOWN)   (STATE)   (ZIP)

MAILING/BILLING ADDRESS (IF DIFFERENT)   (CITY OR TOWN)   (STATE)   (ZIP)

MINIMUM REQUIRED SERVICES
Signs for this program will not be installed for locations eligible for the Logo or TODS programs

GAS	FOOD	LODGING
• Located within 3 miles of the intersection. • 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. • Public restroom facilities with lock, sink for washing, flush toilet, tissue and sanitary towels or drying devices. • Free drinking water and cups. • Continuous operation at least 16 consecutive hours per day, 7 days a week.	• Located within 3 miles of the intersection. • Display valid permit from the State Health Commissioner in accordance with Section 35.1-18 of the Code of Virginia. • Shall have & keep in place easily accessible indoor seating at tables or counters to comfortably seat a minimum of 20 adult persons. • Open 12 consecutive hours, 6 days a week starting at 7:00 a.m. • Shall appropriately & conspicuously display and/or provide a menu. • Shall appropriately & conspicuously display the hours of operation in an area that is visible to the customer prior to entering the business.	• Located within 3 miles of the intersection. • Possess valid permit to operate by the State Board of Health in accordance with Section 35.1-18 of the Code of Virginia. • At least 10 lodging rooms. • Off street parking for each room. • Continuous 24-hour operation, 7 days per week.

CAMPING	HOSPITAL
• Located within 15 miles of the intersection. • Display a valid permit from the State Health commissioner • Have 10 or more camping units for rent or hire.	• Continuous public emergency care • Medical doctor on duty • Open 24 hours a day, 7 days a week

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. Approximate distance from interchange or Intersection (Accurate measurement will be done by VL): _____

2. Does your establishment have a license or approval from the State of Virginia (if required)?   Yes   No

3. Are restroom facilities provided for public use?   Yes   No

4. Hours of Operation: Monday_____   Tuesday_____ Wednesday_____
   Thursday_____   Friday_____   Saturday_____ Sunday_____

5. Under which of these services does your business qualify? FOOD   GAS   LODGING   CAMPING HOSPITAL

6. Are Federal funds being used to pay for signage? Yes   No

7. Does your establishment meet all of the minimum requirements for the service you indicated above? 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 on the business establishment. Participation in this program is not an entitlement. The Virginia Department of Transportation (VDOT) reserves the right to cover, relocate, or remove the signs at their discretion.

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 VDOT 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

ALL APPLICATIONS ARE SUBMITTED TO VDOT FOR APPROVAL.

VIRGINIA LOGOS
GENERAL MOTORIST SERVICES SIGN PROGRAM

LOCATION OF SIGNS

RT.	CROSSROAD	TRAFFIC DIRECTION

Please draw a map from the main highway to the business or facility:
(Give distances and directions)