



Rhode Island Department Of Transportation  
**Planning & Programming / Traffic Research**  
 Two Capitol Hill, Room 150  
 Providence, RI 02903

## SPECIFIC SERVICE LOGO SIGN APPLICATION

<b>Service Type</b> (One Service Per Application)	<input type="checkbox"/> GAS	<input type="checkbox"/> FOOD	<input type="checkbox"/> LODGING	<input type="checkbox"/> CAMPING	<input type="checkbox"/> 24 HOUR PHARMACY
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<b>Business Name</b>		<b>Contact Name</b>		<b>Business Phone</b>	<b>Ext.</b>	<b>Contact Phone</b>	<b>Ext.</b>
<b>Street Address</b>			<b>City/Town</b>		<b>State</b>	<b>Zip Code</b>	
<b>Parent Company/Business Agent</b>				<b>Contact Name</b>		<b>Contact Phone</b>	<b>Ext.</b>
<b>Street Address</b>			<b>City/Town</b>		<b>State</b>	<b>Zip Code</b>	
<b>Email Address</b>				<b>Website</b>			

### BUSINESS LOCATION INFORMATION

<b>Interstate/State Route No.</b>	<b>Exit No.</b>	<b>Approximate Distance From Exit Ramp Terminal (Miles)</b>
<b>Direction Of Travel Sign Requested For</b>		<b>Business Visible From Highway</b>
<input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound		<input type="checkbox"/> Yes <input type="checkbox"/> No

### REQUIRED \*/RECOMMENED REQUIREMENTS FOR SERVICE - CHECK BOXES NEXT TO SERVICE APPLIED FOR

<b>GAS (Gas, Diesel Fuel, LP Gas)</b>			
<input type="checkbox"/> State & Local Licenses or Permits*	<input type="checkbox"/> Gas*	<input type="checkbox"/> Diesel	<input type="checkbox"/> Alternative Fuel
<input type="checkbox"/> Open 16 hours/7 days*	<input type="checkbox"/> Oil*	<input type="checkbox"/> Water	<input type="checkbox"/> Public Restroom*
<b>FOOD</b>			
<input type="checkbox"/> State & Local Licenses or Permits*	<input type="checkbox"/> Minimum Seating for 16*	<input type="checkbox"/> Serve at least 2 Meals per day*	<input type="checkbox"/> Public Restroom*
<input type="checkbox"/> Open 10 hours/6 days*	<input type="checkbox"/> Continuous operation*		
<b>LODGING (Hotel, Motel, Bed &amp; Breakfast)</b>			
<input type="checkbox"/> State & Local Licenses or Permits*	<input type="checkbox"/> Minimum of 12 units*	<input type="checkbox"/> Units contain bathrooms*	<input type="checkbox"/> Public Restroom*
<input type="checkbox"/> Open year round*	<input type="checkbox"/> Bed & Breakfast		
<b>CAMPING</b>			
<input type="checkbox"/> State & Local Licenses or Permits*	<input type="checkbox"/> Minimum of 20 sites*	<input type="checkbox"/> Adequate parking*	<input type="checkbox"/> Public Restroom*
<input type="checkbox"/> Open 24 hours/7 days*	<input type="checkbox"/> Modern sanitary facilities*		
<b>24 HOUR PHARMACY</b>			
<input type="checkbox"/> State & Local Licenses or Permits*	<input type="checkbox"/> Open 24 hours/7 days*	<input type="checkbox"/> State licensed pharmacist on duty at all times*	
<b>List appropriate state &amp; local licenses or permits</b>			
License or permit number	Date issued	License or permit number	Date issued

### OPERATION DETAILS

<b>Business hours (include weekdays/weekends and summer/winter hours)</b>

### APPLICANT'S CERTIFICATION

I certify and agree as follows:

1. I am a representative of the applicant with authority to submit this application on applicant's behalf.
2. The information provided in this application is true and accurate.
3. The applicant agrees to follow the regulations and requirements pertaining to the Specific Service logo Program as specified in the program pamphlet.
4. The applicant shall not discriminate against, or deny services or public accommodations to any person on the basis of race, color, sex, national origin, age or disability.
5. In the course of constructing approved sign structures within the public right-of-way, the applicant will not discriminate against, deny benefits to, or otherwise exclude participation any person on the grounds of race, color, sex, national origin, age or disability.

<b>Applicant's Name (print or type)</b>	<b>Title</b>
<b>Applicant's Signature</b>	<b>Date</b>

#### NOTICE

**Falsification of the foregoing information will result in the denial of this application or the revocation of the participant's approval and removal of any Specific Service Logo Plaque, in addition to any other penalty provided by law**

#### FOR RHODE ISLAND DEPARTMENT OF TRANSPORTATION USE ONLY

<b>Applicantion</b>	<b>By</b>	<b>Date</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

<b>Comments</b>
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	MAINLINE		RAMP			TRAILBLAZER		
	Structure/Panel	Logo Plaque	Structure/Panel	Logo Plaque	Arrow Plaque	Structure/Panel	Logo Plaque	Arrow Plaque
Northbound								
Southbound								
Eastbound								
Westbound								