State Of Rhode Island
Department Of Transportation
Traffic Design Section
2 Capitol Hill, Room 230
Providence, RI 02903

Specific Service Logo Sign Application

FOR DEPARTMENT USE ONLY

Application Number	
	☐ Gas ☐ Food ☐ Lodging ☐ Camping ☐ 24 Hour Pharmacy

Name of Business	Federal ID#	Business Phone	Business Fax

Business Street Address	City / Town	State	ZIP Code

Name of Billee	Billee Phone	Billee Fax

Billing Street Address	City / Town	State	ZIP Code

BUSINESS LOCATION DATA

Clearly identify highway	and interchange (i.e. exit number)	Travel distance from exit ramp terminal (miles)

Direction from highway	Is the advertised activity or the on premise signing visible from either exit ramp terminal?
☐ N ☐ S ☐ E ☐ W	EB/ NB ☐ Yes ☐ No WB/ SB ☐ Yes ☐ No

CHECK BOXES PERTAINING TO SERVICE (Minimum Requirements *). SEPERATE APPLICATION REQUIRED FOR EACH SERVICE.

Gas (Gas, Diesel Fuel, LP Gas)
☐ Gas* ☐ Diesel ☐ LP ☐ Oil* ☐ Tire Repair/Air ☐ Public Restrooms* ☐ Public Telephone* ☐ Drinking Water*
☐ Open 16 Hrs. / 7 Days*

FOOD (Restaurant)
☐ State & Local Permits* ☐ Breakfast Served Daily ☐ Lunch Served Daily ☐ Dinner Served Daily ☐ Minimum Seating for 16*
☐ Public Restrooms* ☐ Public Telephone* ☐ Open 10 Hrs. / 6 Days*

LODGING (Hotel, Motel, Bed & Breakfast)
☐ State & Local Permits* ☐ Minimum of 12 Units* ☐ Units Contain Beds* ☐ Units Contain Bathrooms* ☐ Open Year Round*
☐ Public Restrooms* ☐ Public Telephone* ☐ Bed & Breakfast

CAMPING
☐ State & Local Permits* ☐ Minimum of 20 Sites* ☐ Adequate Parking* ☐ Sanitary Facilities* ☐ Public Telephone*

24 HOUR PHARMACY
☐ Open 24 Hrs. / 7 Days* ☐ Licensed Pharmacist on duty at all times*

List appropriate state & local permits & licenses

License / Permit Number	Date Issued	License / Permit Number	Date Issued

OPERATION DETAILS

Business Hours (include weekdays / weekends and summer / winter hours)

Over

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Applicant's Certification

I certify and agree as follows:

- I am a representative of the Applicant with authority to submit this Application on Applicant's behalf;
- The information provided in this Application is true and accurate;
- The Applicant agrees to follow the regulations & requirements pertaining to the Specific Service Logo Program as specified in the Program pamphlet;
- The Applicant will inform the Rhode Island Department of Transportation of any changes in the Applicant's services or location that affect Applicant's eligibility for the Specific Service Logo Program as described in this Application;
- The Applicant will not discriminate against, or deny services or public accommodations to any person on the basis of race, color, sex, national origin, age, or disability; and
- 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 from participation any person on the grounds of race, color, sex, national origin, age, or disability.

Applicant's Name (Business Owner) (print or type)		
Applicant's Authorized Representative (print or type)	**Title/Position**	
Applicant / Authorized Representative Signature		**Date**

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 Business Logo Plaque, in addition to any other penalty provided by law.

FOR DEPARTMENTAL USE ONLY

☐ **Approved** ☐ **Denied**

Comments	
Signature	**Date**

Sign Numbers

	Mainline		Ramp		Trailblazer	
	☐ Structure	☐ Plaque	☐ Structure	☐ Plaque	☐ Structure	☐ Plaque
Northbound						
Southbound						
Eastbound						
Westbound						

Date Received	Receipt Number	Amount	Received By