



Business Logo Signage Program Application

For Office Use Only

Highway:_____ Exit Number:_____ File Number:_____

Date Received(D/M/Y)___/___/___ Date Installed(D/M/Y)___/___/___

___ Fuel ___ Food ___ Accommodation

Business Logos

Type of Service:___ Fuel ___ Food ___ Accommodation (One application per service)

Name of Business

Telephone

Name of Applicant

Title

Business Address (No. & Street)

City/Town

Prov.

Postal Code

Business Location Data

1. Clearly identify Interchange (Highway, Exit, etc.)_____

2. County:_____ 3. Direction of Travel from Exit: ___N ___S ___E ___W

Fuel: Service Station, located within 3 kilometres of the exit

Fuel 24hr.: Same as above but must be opened 24 hours a day, 365 days a year

Food: Eating establishment (with exception of canteens and mobile canteens)
 Located within 5 kilometres of the exit
 Licensed by the Department of Agriculture and Fisheries, Food Safety Division

- Accommodation:** Motel, Hotel or Cabins consisting of a minimum of 10 rooms or units
 Located within 10 kilometres of the exit
 Licensed accommodations under the Tourism Accommodation Act

- Common Criteria:** Can not participate in the generic Motorist Service Sign program
 Business must be available to the general public
 Business must be opened between the hours of 7:00am and 10:00pm, 7 days a week
 Business must comply with all relevant legislation and regulations
 Reasonable access to a public telephone

Note:

It is the responsibility of the business/franchise owner to inform the Department of Transportation & Infrastructure Renewal’s Highway Signing Officer, of any changes in ownership or mailing address. Failure to notify the Highway Signing Officer could be cause for removal of the business/franchise from the Business Logo Sign Program.

CERTIFICATION NOTICE

I certify that the above statements are true and correct and will inform Department of Transportation and Infrastructure Renewal of any changes to the above indicated information that may affect the availability of the service provided. I understand that the Department of Transportation and Infrastructure Renewal may make inquiries or inspections to insure that the minimum requirements are being met.

Signed (applicant): _____ Date: _____

Falsification of the above statements will result in the denial or revocation of the application.

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Approved: _____	Denied: _____ Date: _____
Comments: _____	
Signature (Highway Signing Officer) _____ Date: _____	

