MaineDOT Interstate Logo Sign Application

Please mail the application to:

MaineDOT, Attn: Susan Merriman, Right of Way Control, State House Station 16, Augusta, Maine 04330

Please enclose your payment of $500 per main line logo sign with your application, make checks payable to, Treasurer, State of Maine.

Eligible service establishments may not discriminate on the basis of race, religion, sex, nationality, or creed.

TYPE OF SERVICE ☐ Gas ☐ Food ☐ Lodging ☐ Camping ☐ Attractions *(One application per service)*

Hours of Operations _____to_____ daily

NAME OF BUSINESS_____TELEPHONE # _____

NAME OF APPLICANT_____TITLE_____

BUSINESS ADDRESS _____ CITY OR TOWN _____STATE _____ ZIP _____

MAILING ADDRESS (If Different)_____ CITY OR TOWN _____STATE _____ ZIP_____

EMAIL ADDRESS_____

BUSINESS LOCATION DATA	1. CLEARLY IDENTIFY INTERCHANGE (SELECT ONE) ☐ I-95 ☐ I-195 ☐ I-295 ☐ I-395 EXIT # _____
	2. DIRECTION OF TRAVEL TO BUSINESS FROM EXIT ☐ North ☐ South ☐ East ☐ West
	3. ☐ 1 DIRECTION ☐ 2 DIRECTION If only one direction is selected, please specify which one: ☐ NB ☐ SB ☐ EB ☐ WB

Minimum Required Services ("X" Applicable services)

GAS

- ☐ Minimum hours of operation from 7am to 8 pm, 7 days a week.
- ☐ Licensed by the relevant state or local agencies.
- ☐ Water, oil and at least 2 grades of fuel.
- ☐ Public restrooms.
- ☐ Drinking water.
- ☐ Convenience store must indicate the brand of gas.

FOOD

- ☐ Serve food a minimum of 2 meals per day, 6 days a week.
- ☐ Licensed by the relevant state of local agencies.
- ☐ Public restrooms.

LODGING

- ☐ Open 7 days a week.
- ☐ Licensed by the state of local agency.
- ☐ Public restrooms
- ☐ Adequate off-street parking for patrons.

CAMPING

- ☐ Open at least 3 consecutive months per year.
- ☐ Licensed by the relevant state or local agency.
- ☐ Public restrooms & potable water.

ATTRACTIONS

- ☐ Attendants on site
- ☐ Regularly schedule tours.
- ☐ Continuous operation for 3 consecutive months
- ☐ Adequate parking for normal attendance.
- ☐ Meets specific eligibility guidelines developed by MaineDOT
- ☐ Public restrooms
- ☐ Drinking water

CERTIFICATION	***I certify that the above statements are true and correct and will inform MaineDOT of any changes to the above information that may affect the service provided. I understand that MaineDOT may make inquires or inspect to ensure that the minimum requirements are being met.*** ***Applicant Signature*** _____ ***Date*** _____

FOR OFFICE USE ONLY

Approved _____ Denied _____ Date_____

R/W Control Tech.

Signature _____Date _____

Comments:_____

_____

FOR OFFICE USE ONLY

MILEAGE _____

	SIGNS		
	MAINELINE	RAMP	ARROW
NORTHBOUND	_____	_____	_____
SOUTHBOUND	_____	_____	_____
EASTBOUND	_____	_____	_____
WESTBOUND	_____	_____	_____