

TENNESSEE DEPARTMENT OF TRANSPORTATION

MAINTENANCE DIVISION

APPLICATION FOR TOURIST ORIENTED DIRECTIONAL SIGNS

1. NAME OF BUSINESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: (____) _____

TENNESSEE BUSINESS TAX NUMBER: _____

2. DESCRIBE THE PRINCIPAL SERVICES OFFERED: _____

3. LIST BUSINESS HOURS: OPEN _____ AM/PM
CLOSE _____ AM/PM

CIRCLE DAYS OPEN:
 M T W Th F Sat Sun

LIST ANY PERIOD(S) OF 3 DAYS OR GREATER WHEN PRINCIPAL SERVICE IS CLOSED TO PUBLIC:

(1) Month _____ Day _____ to Month _____ Day _____ (3) Month _____ Day _____ to Month _____ Day _____

(2) Month _____ Day _____ to Month _____ Day _____ (4) Month _____ Day _____ to Month _____ Day _____

4. LIST LICENSE OR PERMIT NUMBERS AND THE ISSUING STATE OR REGULATORY AGENCIES:

5. GIVE THE STATE HIGHWAY / U.S. HIGHWAY NUMBER: _____

COUNTY: _____ COMMUNITY OR TOWN: _____

6. GIVE THE HIGHWAY AND / OR NAME OF THE INTERSECTING ROAD: _____

7. APPROXIMATE DISTANCE FROM THE BUSINESS TO THE PRIMARY HIGHWAY INTERSECTION:

INDICATE DIRECTION: _____ (NORTH, SOUTH, EAST, WEST)

SIGNATURE OF OWNER / MANAGER _____

PRINT NAME OF OWNER / MANAGER _____

TITLE _____

DATE _____

COMPLETE FORM AND MAIL TO:

TN. DEPT. OF TRANSPORTATION

TODS PROGRAM

SUITE 400, JAMES K. POLK BLDG.

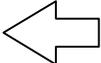
NASHVILLE, TN 37243-0333

**A NON-REFUNDABLE APPLICATION FEE IN
THE AMOUNT OF \$25.00 IS REQUIRED TO
PROCESS YOUR APPLICATION.**

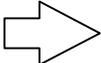
PLEASE MAKE CHECKS PAYABLE TO:

TN. DEPT. OF TRANSPORTATION

8. PROVIDE THE BUSINESS NAME, MILEAGE FROM STATE HWY, & DIRECTION TO BE USED ON TODS PANEL, USING "X" FOR SPACES BETWEEN WORDS (LIMIT: 2 LINES & 15 CHARACTERS PER LINE):

 ____MI																	

MILEAGE MUST BE IN TENTHS OF A MILE (EX.: 1.3 MI)

																		 ____MI

9. DRAW A DETAILED MAP FROM THE MAIN HIGHWAY TO THE BUSINESS:
 (GIVE DISTANCES AND DIRECTIONS OF TURNS; BE AS DETAILED AS POSSIBLE; USE LOCAL STREET NAMES WHEN POSSIBLE)

NOTICE: Written Authority from local jurisdiction for the installation of trailblazer signs must be submitted to TN. Dept. of Transportation TODS Program Office prior to the installation of any TODS signs.

FOR OFFICIAL USE

() APPROVED () DENIED

Number of SIGNS _____ DATE INSTALLED _____
 BY: _____ TITLE: _____
 DATE OF INSPECTION: _____ Distance from Hwy _____
 Signs to be installed at Mile Posts: _____
 Results / Comments: _____