

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
TOURIST ORIENTED DIRECTIONAL SIGN PROGRAM
ELIGIBILITY QUESTIONNAIRE
 RW-0605 (NEW 2/96)

CALTRANS USE:

APPLICATION NUMBER _____

CO.-RTE.-PM _____

TYPE OF SERVICE _____

BUSINESS NAME

BUSINESS ADDRESS *(Street, City, State, Zip Code)*

BILLING ADDRESS *(Street, City, State, Zip Code)*

CONTACT PERSON

BUSINESS TELEPHONE NUMBER

LOCATION OF SIGN

COUNTY	ROUTE	INTERSECTION	DISTANCE TO TOURIST ACTIVITY	
1. Is a Tourist Oriented Directional Sign (TODS) already installed at the intersection?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Are the Business premises adjacent to and visible from the roadway?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Is the intersection to be signed located outside city boundaries?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. a. Will the sign be located along a designated Scenic Highway?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. If yes, has necessary resolution to the corridor protection ordinance been obtained from County Board of Supervisors?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Does the Business possess all appropriate business licenses?			YES <input type="checkbox"/>	NO <input type="checkbox"/>

BRIEF DESCRIPTION OF THE ACTIVITY FOR WHICH SIGNING IS REQUESTED.

HOURS OF OPERATION

HOURS OPEN PER WEEK

DAYS OF OPERATION

IF SEASONAL, WHEN CLOSED?

TOURIST ORIENTED DIRECTIONAL SIGN (TODS) PROGRAM

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In making this application for TODS, applicant expressly agrees:

1. To fully comply with all applicable statutes, the rules and regulations of the Department, and the terms and conditions of any agreement issued by the Department relating to the Tourist Oriented Directional Signing Program. Failure of the applicant to comply, or failure to continue to meet the minimum criteria by which applicant qualified for participation in the program, will result in removal of the tourist activity sign and revocation of the agreement.
2. To deliver at applicant's sole cost and expense, the required individual tourist activity sign plates (symbol, word & distance), fabricated in accordance with the Department's "Specifications" for TODS signs, to the location specified by the Department within 60 days after receipt of notification that the application has been approved.
3. Upon request by the Department to promptly replace, at the applicant's sole cost and expense, any TODS sign which is lost, stolen, defaced, damaged or destroyed by third parties, or is found by the Department to be in a deteriorated condition regardless of the cause.
4. Applicant hereby waives any and all claims of damages and costs to the business by reason of their business sign being covered or removed as herein provided.
5. To furnish with this application a sketch, drawing, picture, or other rendering of the pictogram/generic word message to be placed on an individual TODS to be installed, subject to the Department's approval.
6. That all TODS agreements issued shall expire at 12:00 P.M. on January 1, 2004, unless legislation is passed extending the TODS program beyond this date. Upon expiration of the agreements the business sign shall be removed or covered at the discretion of the Department.
7. If the business sign is removed it shall only be returned upon the written request of the applicant, provided to the Department within a 60 calendar day period following removal of said sign.
8. If work is to be performed by the department, applicant agrees to indemnify and save harmless the State of California, its officers, agents, and employees from all liability, loss, cost and obligation on account of or arising out of injuries or losses to any person however occurring resulting from the use of applicant's TODS sign as a part of this program.

The undersigned certifies that the major portion of the income or visitors to this business is derived from motorists not residing in the immediate area of this business or activity. The undersigned certifies the Tourist Oriented Directional Sign for the business does not promote gambling or illegal activities. The undersigned certifies that the information provided herein is true and correct and offers this written assurance the business is in conformity with all applicable laws concerning the provision of public accommodations without regard to race, religion, color, sex, or national origin. Multiple business TODS sign applicants must conform to requiring at least one of the businesses be open 40 hours and six days per week during regular scheduled business hours, for a minimum of three continuous months per year.

SIGNED	DATE
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NOTICE: INTENTIONAL FALSIFICATION OF ANY INFORMATION PROVIDED WILL RESULT IN THE DENIAL OR REVOCATION OF THE BUSINESS SIGN AGREEMENT AND THE REMOVAL OF ANY BUSINESS SIGN IN ADDITION TO ANY OTHER PENALTY PROVIDED BY LAW.