

Connecticut Tourist Attractions Sign Program Application Form

To be considered for a logo panel on an Attractions Sign, please complete the application. Mail the completed application, along with the required original, printed brochure describing your attraction to:

CONNECTICUT TOURIST ATTRACTIONS SIGN PROGRAM
 Connecticut Department of Transportation
 Attn.: Manager of Traffic Engineering
 2800 Berlin Turnpike
 PO Box 317546
 Newington, CT 06131-7546

TOURIST ATTRACTIONS SIGN PROGRAM APPLICATION FORM (Please print)

| | | |
|--|--|---|
| Attraction Name as it would Appear on a signs | | |
| If Approved (Check One) | | Attraction will use word message sign as designed by the Department of Transportation. |
| | | Attraction will submit Shop Drawing of Logo for approval and will then fabricate logo panel and ramp logo sign for installation by the Department of Transportation. The logo design must meet size, color, reflectivity and material guidelines provided by CTDOT. * |
| | | |
| Attraction Street Address Town, Zip Code | | |
| Telephone | | |
| Web site | | |
| | | |
| Name of Contact Person | | |
| Contact's Street Address Town, Zip Code | | |
| Telephone | | |
| E-mail | | |

* The Connecticut Department of Transportation will affix and install the approved participating attraction's logo sign panel and ramp sign. Connecticut DOT is responsible for maintaining the background sign panel only. It is the responsibility of the participating attraction to replace their logo panel in the event of damage.

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|---|---|-----------|----------|----|
| Qualifying Category of Attraction | | | | |
| Clearly identify | Route Number where signs is requested | | | |
| | Exit Number | | | |
| | Distance of Attraction from Interchange | | | |
| | Days and Hours of Operation | Monday | Friday | |
| | | Tuesday | Saturday | |
| | | Wednesday | Sunday | |
| | | Thursday | | |
| If Seasonal, indicate months open | | | | |
| Yearly Visitor Count | | | | |
| Number of Legal Parking Spaces for Visitors | | | | |
| Answer Yes or No | Meets requirements of Americans with Disabilities Act | YES | NO | |
| | Located within 10 Miles of the Expressway or Freeway | YES | NO | |
| | Open to public at least 5 days/wk. including Sat. and/or Sun | YES | NO | |
| | Open to public at least 6 hrs./day—all activities available during hours of operation | YES | NO | |
| | Open at least 60 days annually | YES | NO | |
| | Parking available within short walking distance of attraction | YES | NO | |
| | Public Restrooms/drinking water access | YES | NO | |
| | Telephone available in case of emergency | YES | NO | |
| | Admission charge clearly posted at point of entry | N/A | YES | NO |
| | Included in the Connecticut Official Visitors Guide | YES | NO | |
| | Brochure (enclosed) stating hours/days of operation and attraction description | YES | NO | |
| | Annual Visitor Count provided -----visitors | YES | NO | |
| | Trailblazing required on Local Roads | YES | NO | |
| | | | | |

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CERTIFICATION

I CERTIFY THAT I HAVE READ [THE TOURIST ATTRACTIONS SIGN PROGRAM FOR LIMITED ACCESS HIGHWAYS](#) GUIDE AND AGREE TO ITS TERMS AND CONDITIONS. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT I WILL INFORM THE CONNECTICUT DEPARTMENT OF TRANSPORTATION'S DIVISION OF TRAFFIC ENGINEERING OF ANY CHANGES TO THE ABOVE INFORMATION THAT MAY AFFECT THE AVAILABILITY OF THE SERVICES PROVIDED.

SIGNED: (APPLICANT)

DATE

*NOTICE: FALSIFICATION OF THE ABOVE STATEMENTS WILL RESULT IN THE DENIAL OR REVOCATION OF THIS APPLICATION.

The Attractions Sign Program is subject to all Federal, State and City/Town regulations. If, during the life of this program, any Acts are passed or Regulations adopted which affect the rights herein granted, the said Acts and Regulations shall be applicable to this program from the date on which they come into force.