**Wyoming Department of Transportation SPECIFIC SERVICE SIGNING APPLICATION**

Traffic Program

**Submit Separate Application for Each Service See page 2 for directions**

5300 Bishop Blvd.

Cheyenne, WY 82009

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| **Service Type** **[ ]**  GAS **[ ]**  FOOD **[ ]** LODGING **[ ]**  CAMPING **[ ]** ATTRACTION **[ ]**  24 HOUR PHARMACY |

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| **Business Name**       | **Contact Name**      | **Business Phone**      | **Ext.**      | **Contact Phone**       |  **Ext.**      |
| **Street Address**       | **City/Town**      | **State**Choose State Wyoming | **Zip Code**      |
| **Parent Company/Business Agent** | **Contact Name** | **Contact Phone**       |  **Ext.**      |
| **Correspondence/Billing Address**       | **City/Town**      | **State**Choose State | **Zip Code**      |
| **Email Address**       | **Website**       |

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| **Interstate Route Number**      | **Closest Exit Number**       | **Name of Interchange**       |
| **Direction of Travel Signs Requested For** **[ ]** Northbound**[ ]** Southbound**[ ]** Eastbound**[ ]** Westbound |
| **Location Visible From Interstate? [ ]** Yes **[ ]** No | **Approximate Distance From Interstate**       Miles |

**Minimum Requirements For Services – Check Boxes NEXT TO SERVICE APPLIED FOR**

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| **GAS**[ ]  All required licenses or permits [ ]  Vehicle services [ ]  Gas or alternative fuel [ ]  Oil [ ]  Water[ ]  Public restroom [ ]  Drinking water [ ]  Open 16 hours per day, 7 days per week [ ]  Public telephone  |
| **FOOD**[ ]  All required licenses or permits [ ]  Serve at least 2 meals per day, at least 6 days per week [ ]  Public restroom[ ]  Public telephone |
| **LODGING**[ ]  All required licenses or permits [ ]  Adequate sleeping accommodations Number of rooms      [ ]  Public restroom [ ]  Public telephone |
| **CAMPING**[ ]  All required licenses or permits [ ]  Adequate parking accommodations [ ]  Public restroom[ ]  Drinking water |
| **ATTRACTION**[ ]  All required licenses or permits [ ]  Provide amusement, historical, cultural, or leisure activities to the public [ ]  Derive the major portion of income or visitors from motorists not residing in the immediate area [ ]  Be open to the general public during regular and reasonable hours and not by appointment or reservation only [ ]  Adequate parking accommodations |
| **24 HOUR PHARMACY**[ ]  All required licenses or permits [ ]  Located within 3 miles of the interstate [ ]  Open 24 hours per day, 7 days per week [ ]  State-licensed pharmacist on duty at all times |
| **Months of Operation**       **to**       | **Number of Days Per Week Open For Business**   |
| **Hours of Operation**       **to**       |

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**DIRECTIONS**

1. Answer all questions
2. A separate application is required for each service at each interchange.
3. A $100.00 application fee must accompany each application. Make check or money order payable to the Wyoming Department of Transportation.
4. An image of your logo design must accompany this application.
5. Submit application with fee and logo image to the **Wyoming Department of Transportation, Financial Services, 5300 Bishop Boulevard, Cheyenne, WY 82009**. Retain a copy for your records.
6. See Specific Service Signing Rules and Regulations for additional information.

**LOGO PANELS**

For logo panel and trailblazer sign specifications, see the Specific Service Signing Rules and Regulations, Section 17, **Logo Panels and Trailblazer Sign Specifications.**

**Applicant’s Certification**

I certify that the above statements are true and correct, and that I will inform the Wyoming Department of Transportation of any changes to the above indicated information that may affect the availability of the services provided. I further certify that I will not discriminate or deny such services or public accommodations based upon race, religion, color, age, sex, or national origin. I have read the Rules and Regulations for Specific Service Signing, and I am familiar with the payment of annual administrative and maintenance fees, sign fee schedules, and logo panel specifications. I expressly agree to waive all claims against WYDOT, including claims for damage to either the sign or logo panels by WYDOT’s installation, maintenance, removal, or replacement. I further agree to indemnify WYDOT and save it harmless from all claims arising out of the erection, maintenance, and existence of the applicant’s specific service signs within the right-of-way, including, but not limited to, representations made by the business and specific service signs to the detriment of the traveling public.

**AN IMAGE OF THE LOGO DESIGN AND APPICATION FEE MUST ACCOMPANY THIS APPLICATION. MAKE CHECKS PAYABLE TO THE WYOMING DEPARTMENT OF TRANSPORTATION. RETURN APPLICATION AND ATTACHMENTS TO FINANCIAL SERVICES.**

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| **Applicant’s Signature** | **Date**Click here to enter a date. |

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| **FOR WYOMING DEPARTMENT OF TRANSPORTATION USE ONLY** |
| **Application****[ ]  Approved** **[ ]  Denied** | **By** | **Date** |
| **Comments** |
| **Logo Panels/Trailblazers Required** | **Mainline** |  **Ramp Arrow Mileage to Business** |  **Trailblazer Arrow** |
| **Northbound** |  |  |  |  |  |  |
| **Southbound** |  |  |  |  |  |  |
| **Eastbound** |  |  |  |  |  |  |
| **Westbound** |  |  |  |  |  |  |
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