Interstate Tourism Attraction Sign Application

Date: ______________________________

YOU MUST PROVIDE ALL INFORMATION TO:
THE ILLINOIS OFFICE OF TOURISM DO NOT INCLUDE APPLICATION FEE
(INCOMPLETE APPLICATIONS WILL NOT BE EVALUATED UNTIL COMPLETED)

Type of facility:

___Agri-Tourism Site
___Amusement Park/Complex
___Antique Shopping Areas
(a) Number of vendors:_______
(b) Square Footage:__________
___Arena/Performance Center
___Botanical/Zoological Facility
___Brewery
___Entertainment/Dining/Shopping District
___Gambling/Wagering Facility
___Golf Course
___Historic Shopping District
(a) Number of Stores:_______
___Historic Site
___Marina
___Museum
___Orchard
___River Excursion
___Shopping Center*
(Urban - Cook, DuPage, Lake Minimum of 150 stores)
(a) Number of Stores:_______
___Shopping Center*
(Non-urban all other counties, Minimum of 45 stores)
(a) Number of Stores:_______
___State/National Park/Forest/Wildlife Area
___Unique Attraction
___Winery

Facility Name:
______________________________________________________________________________

Facility Address:
______________________________________________________________________________

In or near City or Town of: _________________________ County: ___________________

Facility Phone: ________________________________

Location requested for placement of sign(s) EXIT NUMBER REQUIRED:__________
______________________________________________________________________________

(Please specify major road and closest intersection for example, I-55 Exit 160 at the intersection of IL 9)

Distance from the closest intersection to the attraction: ______________________
(Please describe as accurately as possible in miles and tenths of miles)

Exact Name/Logo to be placed on sign (i.e., name of attraction):
______________________________________________________________________________
Owner/Manager Name: _______________________________________________________
(Please print or type)

Position/Title: __________________ Company: ______________________________________

Company Mailing Address: ______________________________________________________

City, State, Zip: _________________________________________________________________

Phone: _____________________________ Cell Phone: _____________________________

E-mail: ____________________________ Website: ________________________________

FEIN (required): ____________________________________________ 501(c) (3) YES _____ NO _____

If the attraction is an Illinois Not-for-Profit (NFP) Organization, you MUST verify your status by submitting a copy of the Federal Internal Revenue Service letter designating the 501c (3). This is only for NFP Organizations and is not required by units of government.

If you are applying as an Agri-Tourism Site, what entertainment opportunities do you offer the visitors? ________________________________________________________________

Do you have concessions? Yes____No____

If you are a Unique Attraction, have you received international or national recognition?
Yes_____No____

If yes, what type of recognition did you receive? ________________________________

(Please provide a copy of the article for which your attraction appeared or a copy of the recognition award)

If you are applying as a Winery, do you have an Illinois 1st or 2nd Class Wine Makers or Wine Manufacturers License? Yes ________ No __________

(If yes, please provide a copy of the license)

Do you ferment your wine on premise? Yes_______ No _________

Do you offer tours of an Illinois winery which is associated with a tasting room?
Yes_______No________

Do you currently have a brown sign on the interstate? Yes _______ No ______

If yes, provide Interstate name and Exit number: _________________________________

Attendance (annual):_____________________

Months open to the public: ________________________________

(i.e. May, June, July, August, or year round)

Days open to the public: ________________________________

(i.e., Monday- - Saturday)
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Hours open to the public: ____________________________________________________________

(i.e., 9:00 a.m. – 9:00 p.m.)

Is there an admissions fee? Yes _______ No _______

Visitor tracking method: (i.e., guest register, tickets sold) ____________________________

Number of legal parking spaces available: __________________________________________

Public restroom, ADA compliant: Yes____         No____

Public drinking water available:    Yes____        No____

Is the facility owned and operated by a governmental agency?  Yes___ No___

(Governmental agencies DO NOT have to provide Not-for-Profit letters or evidence of good standing with the Attorney General’s Office)

If yes the facility is owned and operated by a governmental agency, please identify the agency:
______________________________________________(ie. Illinois Historic Preservation Agency,
or Illinois Department of Natural Resources, etc.)

Name of Convention and Visitors Bureau (CVB) or if there is no CVB coverage in your area, a letter of support from your local municipality.
_____________________________________________________________________________________

Provide directions to the Attraction from the interstate and intersection of request:
_____________________________________________________________________________________

The following information MUST be included with the Application:

1) Copy of the Application including all material
2) Federal Internal Revenue Service letter verifying 501(c)(3) status (if NFP only 501c(3))
3) A description of the Attraction
4) A brief marketing plan or executive summary
5) A map to the facility including written directions (directions must match attraction’s website to the intersection being requested)
6) Pictures
7) Brochures & website address
8) A letter of support from either the local CVB or RTDO
9) If trailblazing signs are required, you must have written permission from the relevant local authority or private property owner.

DO NOT INCLUDE APPLICATION FEE AT THIS TIME; IDOT WILL COLLECT IT AT A LATER DATE.
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I understand that I will be required to furnish the logos for IDOT approval prior to receiving official IDOT approval. I agree to pay an annual fee for participation that is estimated at this time to be between $650 and $750. I understand that if I decide not to participate in the program at that time, my individual attraction logo will be removed. This does not apply to State Attractions or Not-for-Profit Organizations, 501c (3) only.

Official Signature: _________________________________________________________________

To the best of my knowledge and belief, the information in this application is true and correct, and the governing body of the Applicant Organization has duly authorized this document.

Submit application to:
Email (preferred): brad.strauss@illinois.gov do not include application fee at time of submission, the fee will be collected by IDOT at a later date

Illinois Department of Commerce & Economic Opportunity, Office of Tourism
Tourism Attraction Sign Coordinator
555 West Monroe Street, 12th floor
Chicago, IL 60661, Phone: (312) 814-3155

Application No.: ___________________________ Date received: __________________

Annual rental fee: $____________

No. of signs: Mainline _______________ Ramp _______________ Trailblazer ______________

Approval date: ______________ Install date: ______________ Route Direction: ______________

Denial date: _______________ Reason for denial: ______________________________________

Remarks: _______________________________________________________________________

By: _______________________________________________
    District Engineer of Operations