

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:

<input type="checkbox"/> Agri-Tourism Site <input type="checkbox"/> Amusement Park/Complex <input type="checkbox"/> Antique Shopping Areas (a) Number of vendors: _____ (b) Square Footage: _____ <input type="checkbox"/> Arena/Performance Center <input type="checkbox"/> Botanical/Zoological Facility <input type="checkbox"/> Brewery <input type="checkbox"/> Entertainment/Dining/Shopping District	<input type="checkbox"/> Gambling/Wagering Facility <input type="checkbox"/> Golf Course <input type="checkbox"/> Historic Shopping District (a) Number of Stores: _____ <input type="checkbox"/> Historic Site <input type="checkbox"/> Marina <input type="checkbox"/> Museum <input type="checkbox"/> Orchard <input type="checkbox"/> River Excursion	<input type="checkbox"/> Shopping Center* (Urban - Cook, DuPage, Lake Minimum of 150 stores) (a) Number of Stores: _____ <input type="checkbox"/> Shopping Center* (Non-urban all other counties, Minimum of 45 stores) (a) Number of Stores: _____ <input type="checkbox"/> State/National Park/Forest/Wildlife Area <input type="checkbox"/> Unique Attraction <input type="checkbox"/> Winery
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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):

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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 Regional Tourism Development Office (RTDO) representing your attraction **(include a support letter from either organization):**

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): elisa.marcus@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) 814-3285

.....**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**.....

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