## Interstate Tourism Attraction Sign Application

Date: ________________________________

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

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

________________________________________________________________________
Interstate Tourism Attraction Sign Application

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 a 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) **Two copies** 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.**
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 applications to:
Illinois Department of Commerce & Economic Opportunity, Office of Tourism
Tourism Attraction Sign Coordinator
100 W. Randolph Street Ste 3-400
Chicago, IL 60601, Phone: (312) 814-3285
Email: elisa.marcus@illinois.gov do not include application fee at time of submission, the fee will be collected by IDOT at a later date

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