



MARYLAND STATE HIGHWAY ADMINISTRATION  
 OFFICE OF TRAFFIC & SAFETY  
 LOGO Signing Program  
 7491 Connelley Drive  
 Hanover, MD 21076

SPECIFIC SERVICE - (LOGO)  
 SIGNING APPLICATION

TYPE OF SERVICE  GAS  FOOD  LODGING  CAMPING (ONE APPLICATION PER SERVICE)

NAME OF BUSINESS (Store No.) FED ID# TELEPHONE (Office)

NAME OF APPLICANT TITLE

BUSINESS ADDRESS (No. & Street) (City or Town) (State) (Zip)

BILLEE NAME TITLE TELEPHONE

BILLEE ADDRESS (City) (State) (Zip)

BUSINESS LOCATION DATA	1. CLEARLY IDENTIFY INTERCHANGE (ROUTE, EXIT NO., ETC.)	3. DIRECTION OF TRAVEL ON THE MAIN ROUTE <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST
	2. COUNTY	4. DIRECTION OF TRAVEL FROM THE EXIT <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST

MINIMUM REQUIRED SERVICES ("X" applicable service)

GAS	FOOD	LODGING	CAMPING
<input type="checkbox"/> 1 Mile Distance	<input type="checkbox"/> 3 Miles Distance	<input type="checkbox"/> 3 Miles Distance	<input type="checkbox"/> 15 Miles Distance
<input type="checkbox"/> Fuel Gas/Diesel	<input type="checkbox"/> 3 Meals/Day & Open by 7 AM OR	<input type="checkbox"/> At Least 10 Rooms	<input type="checkbox"/> At Least 10 Campsites
<input type="checkbox"/> Oil & Water	<input type="checkbox"/> 2 Meals/Day & Open by 11 AM	<input type="checkbox"/> Open Year Round	<input type="checkbox"/> Adequate Parking For Each Campsite
<input type="checkbox"/> Public Restroom	<input type="checkbox"/> Continuous Operation	<input type="checkbox"/> Public Telephone	<input type="checkbox"/> Public Drinking Water
<input type="checkbox"/> Public Telephone	<input type="checkbox"/> Open 6 Days/Week	<input type="checkbox"/> Approved State/Local Permit	<input type="checkbox"/> Modern Sanitary Facilities
<input type="checkbox"/> Public Water Fountain	<input type="checkbox"/> Public Telephone		<input type="checkbox"/> Public Telephone
<input type="checkbox"/> Open 16 Hrs./ 7 Days	<input type="checkbox"/> Seat 20 or More		<input type="checkbox"/> All Weather Access For All Vehicles
	<input type="checkbox"/> Approved State/Local Permit		<input type="checkbox"/> Open April 1 thru November 1

CERTIFICATION I certify that the above statements are true and correct and that I will inform the Department of any changes to the above indicated information that may affect the availability of the service provided.  
 SIGNED: (Applicant) X \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE! FALSIFICATION OF THE ABOVE STATEMENTS WILL RESULT IN THE DENIAL OR REVOCATION OF THIS APPLICATION	-- FOR OFFICE USE ONLY --			
	MILEAGE	SIGNATURES		
-- FOR OFFICE USE ONLY --		MAINLINE	RAMP	TRAILBLAZERS
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Date: _____				
Comments: _____	NORTHBOUND	---	---	---
	SOUTHBOUND	---	---	---
SIGNATURE (District Representative)	EASTBOUND	---	---	---
X	WESTBOUND	---	---	---
DATE				