TOURIST ORIENTED DIRECTIONAL SIGN (TODS) APPLICATION/PERMITWisconsinDepartment of TransportationDT186412/2020s.86.196 Wis. Stats., Ch. Trans. 200.08 Wis. Admin. Code

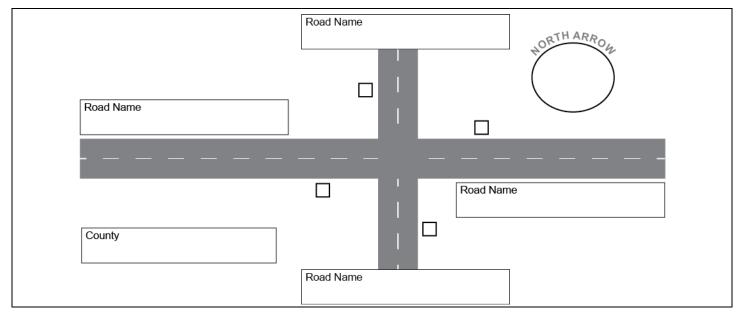
INSTRUCTIONS:						Make Check Payable To:					
	. Complete both sides of the application. PLEASE PRINT CLEARLY.										
2.	Prepare a check for \$100 per sign for the administrative fees. The check is to be made payable to the county in which the requested sign(s) would be located.				Mail To	D:					
3.	Staple the check to the upper left corner of this application.										
4.	4. Send the application and check to the County Highway Commissioner. The application will be reviewed, and the county will contact you with the results. If the application is denied, the check will be returned.										
N.	NAME of Business/Service/Activity:										
	Street Address, City, State, ZIP Code:										
Business/Service/Activity Category for which TODS are Requested (Check ONE): Gas Food Lodging Camping Tourist Attraction											
	Amenities Available at the Business/Service/Activity: Restrooms Parking Drinking Water Telephone										
Pe	eriod Business/Servi] Open All Year	ice/Acti		nal Operation		easonal Opera m (month/da	· ·	ben	Each Year: To (month/day):		
	- ·				<u> </u>	<u> </u>			· · · ·		
H	ours of Operation:	1	OPEN	CLOSE					ATTRACTION Category:		
М	londay		☐ a.m. ☐ p.m.] a.m.] p.m.	information i	s requi	red			
Т	Tuesday				al Rule for the FOOD Category: are applying for TODS under the FOOD category, the following information						
W	Wednesday a.m.] a.m.] p.m.	☐ Yes ☐ ☐ Yes ☐			Do you serve 2 meals per day? Are at least 50% of your gross annual receipts for			
т	hursday		☐ a.m. ☐ p.m.] a.m.] p.m.				food and nonalcoholic beverages?		
F	riday.		☐ a.m. ☐ p.m.] a.m.] p.m.		No 1.	1.	Do you have a "White Arrow Board" sign (Ch. Trans 200.03, Wis. Admin. Code) at the intersection of the proposed TODS locations?		
Saturday		☐ a.m. ☐ p.m.] a.m.] p.m.				Do you have an outdoor advertising sign, which is not in accordance with s.84.30 Wis. Stats. or Ch. Trans. 201 Wis. Admin. Code?		
s	unday	□ a.m. □ p.m.] a.m.] p.m.	🗌 Yes 🗌	No	3.	Do you have permitted outdoor advertising signs within 1,000 feet of the proposed TODS locations?		
N	umber of Signs:		Proposed Sig	gn Wording:							
	One new TODS (Administrative fe		Fill in the name and the distance from the internet one character					to the business/service/activity for each TODS er box.			
	\$100 payable to county)										
Two new TODS (Administrative fee is \$200 payable to the county)											
Replace or Repair Existing TODS (Installation fee is \$100/sign if sign only, \$250/sign if replacing sign and/or posts, payable to WisDOT)											

TOURIST ORIENTED DIRECTIONAL SIGN (TODS) APPLICATION/PERMIT (continued)

Wisconsin Department of Transportation DT1864

PROPOSED SIGN LOCATION INSTRUCTIONS:

- 1. Label the intersecting roads.
- 2. Place an arrow in the circle pointing to the North.
- 3. Check (X) one or two of the boxes 🗌 corresponding to the proposed sign location(s). TODS are only permitted on U.S. or State Highways. They must direct motorists to businesses/services/activities that are located on County Highways or Town Roads.
- 4. Place an O (circle) at the approximate location of your business.
- 5. Write the name of the county in the lower left corner.
- 6. Write in any additional details or comments that would be helpful in determining the proposed sign location. (Optional)



CERTIFICATION:

I, the applicant, certify that the statements contained on this application/permit are true and correct, and that the business identified is conducted in conformity to all laws applicable to nondiscrimination, and that discrimination is not exercised in regard to race, religion, color, sex, sexual orientation, or national origin. I understand that in addition to the attached administration fee, I am responsible for the manufacturing and installation costs for the proposed sign(s). I understand that this permit is revocable, and that it is subject to renewal every five years. I further understand that if my business is a seasonal operation, I am responsible for notifying the county prior to closing and re-opening, and that a "CLOSED" plaque will be placed on my sign when my business is closed for the season.

Applicant Name (First, MI, Last)		
	х	
(Area Code) Telephone Number	(Applicant Signature)	(Date – m/d/yyyy)

APPROVAL – APPROVED BY WISCONSIN DEPARTMENT OF TRANSPORTATION OR AUTHORIZED AGENT:

Subject to present and continuing compliance by the applicant with all requirements of s.86.196 Wis. Stats. and Chapter Trans. 200.08 Wisconsin Administrative Code, a permit is granted for the TODS sign(s) described. This permit expires on the five-year anniversary date of the installation of the TODS sign panel.

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(WisDOT Region Traffic Engineer)

(Date - m/d/yyyy)

(WisDOT Bureau of Traffic Operations or Authorized Agent)

(Date – m/d/yyyy)

DENIAL - DENIED BY WISCONSIN OF DEPARTMENT OF TRANSPORTATION OR AUTHORIZED AGENT:

v
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(WisDOT Bureau of Traffic Operations or Authorized Agent)

(Date – m/d/yyyy)

— For WisDOT Use ONLY —									
SIGN	SIZE	PERMIT	INSTALLATION DATE						
🗌 RURAL (72")	🗌 URBAN (48")	County	Number	Month	Day	Year			

Reason: