



TOURIST ORIENTED DIRECTIONAL SIGN (TODS) APPLICATION/PERMIT

Wisconsin Department of Transportation

DT1864

12/2020

s. 86.196 Wis. Stats., Ch. Trans. 200.08 Wis. Admin. Code

INSTRUCTIONS:

1. 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.
3. Staple the check to the upper left corner of this application.
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.

Make Check Payable To:

Mail To:

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

Period Business/Service/Activity Operates:

☐ Open All Year

☐ Seasonal Operation

If Seasonal Operation, Open Each Year:

From (month/day):

To (month/day):

Hours of Operation:	OPEN	CLOSE	Special Rule for the ATTRACTION Category:
Monday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	If you are applying for TODS under the ATTRACTION category, the following information is required : Number of Visitors per Year: (*5,000 Minimum Annual Attendance)
Tuesday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Special Rule for the FOOD Category: If you are applying for TODS under the FOOD category, the following information is required : <input type="checkbox"/> Yes <input type="checkbox"/> No 1. Do you serve 2 meals per day? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Are at least 50% of your gross annual receipts for food and nonalcoholic beverages?
Thursday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Sign Conflicts: <input type="checkbox"/> Yes <input type="checkbox"/> No 1. Do you have a "White Arrow Board" sign (Ch. Trans 200.03, Wis. Admin. Code) at the intersection of the proposed TODS locations? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you have permitted outdoor advertising signs within 1,000 feet of the proposed TODS locations?
Saturday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

Number of Signs: <input type="checkbox"/> One new TODS (Administrative fee is \$100 payable to the county) <input type="checkbox"/> Two new TODS (Administrative fee is \$200 payable to the county) <input type="checkbox"/> Replace or Repair Existing TODS (Installation fee is \$100/sign if sign only, \$250/sign if replacing sign and/or posts, payable to WisDOT)	Proposed Sign Wording: Fill in the name and the distance from the intersection to the business/service/activity for each TODS requested. Limit the name to one character or space per box. <div><div></div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div><div><div></div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div><div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div></div></div>
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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)

Road Name		<div>NORTH ARROW</div>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Name			
		Road Name	
County			
	Road Name		

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)
(Area Code) Telephone Number

X _____
(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.

X _____ (WisDOT Region Traffic Engineer) (Date – m/d/yyyy) X _____ (WisDOT Bureau of Traffic Operations or Authorized Agent) (Date – m/d/yyyy)

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

Reason:

X _____ (WisDOT Bureau of Traffic Operations or Authorized Agent) (Date – m/d/yyyy)

— For WisDOT Use ONLY —						
SIGN SIZE		PERMIT NUMBER		INSTALLATION DATE		
<input type="checkbox"/> RURAL (72")	<input type="checkbox"/> URBAN (48")	County	Number	Month	Day	Year