

SPECIFIC INFORMATION (LOGO)  
SIGNING APPLICATION



STATE OF CONNECTICUT  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF TRAFFIC ENGINEERING  
P.O. BOX 317546  
NEWINGTON, CT 06131-7546

FOR OFFICE USE ONLY	
ROUTE	EXIT
APPLICATION NO.	
DATE RECEIVED :	
GAS	FOOD
LODGING	CAMPING
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

NAME OF BUSINESS	TELEPHONE
------------------	-----------

NAME OF APPLICANT	TITLE
-------------------	-------

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

BUSINESS LOCATION DATA	1. CLEARLY IDENTIFY INTERCHANGE (Route, Exit No., ETC.)	
	2. TRAVEL DISTANCE FROM RAMP (to nearest 1/10 mi.) TERMINALS BEING CONSIDERED	DIRECTION ("x" one) North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>
	3. IS THE BUSINESS VISIBLE FROM ("x" one) EITHER EXIT RAMP TERMINAL? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" WHICH ONE?

MINIMUM REQUIRED SERVICES ("X" APPLICABLE SERVICES)

<u>4. GAS</u> <input type="checkbox"/> 1 MILE DISTANCE <input type="checkbox"/> GASOLINE <input type="checkbox"/> PUBLIC RESTROOM <input type="checkbox"/> PHONE FOR PUBLIC USE	<u>5. FOOD</u> <input type="checkbox"/> 2 MILES DISTANCE <input type="checkbox"/> APPROVED LOCAL OR STATE PERMIT <input type="checkbox"/> PUBLIC RESTROOM <input type="checkbox"/> INDOOR SETTING <input type="checkbox"/> TWO MEALS SERVED PER DAY <input type="checkbox"/> OPEN 6 DAYS PER WEEK <input type="checkbox"/> PHONE FOR PUBLIC USE	<u>6. LODGING</u> <input type="checkbox"/> 3 MILES DISTANCE <input type="checkbox"/> APPROVED LOCAL OR STATE PERMIT <input type="checkbox"/> 10 UNITS OR MORE, EACH INCLUDING A BATHROOM & SLEEPING ROOM <input type="checkbox"/> FREE OFF-STREET PARKING <input type="checkbox"/> PHONE FOR PUBLIC USE	<u>7. CAMPING</u> <input type="checkbox"/> 10 MILES DISTANCE VIA PAVED ROAD <input type="checkbox"/> APPROVED LOCAL OR STATE PERMIT <input type="checkbox"/> ADEQUATE PARKING & CAMP ACCOMODATIONS FOR 30 VEHICLES <input type="checkbox"/> MODERN SANITARY FACILITIES & DRINKING WATER
---	--	--	---

8. LIST APPROPRIATE LOCAL OR STATE PERMIT NUMBERS(S)	PERMIT NO.	DATE	PERMIT NO.	DATE
--	------------	------	------------	------

OPERATION DETAILS	9. BUSINESS HOURS	SPRING	SUMMER	FALL	WINTER
	10. DAYS OF OPERATION ("X" IF APPLICABLE) SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/>				
	11. MONTHS OF OPERATION				
	12. CAMPING (IF OPERATING ON A SEASONAL BASIS, CLOSED AS FOLLOWS: )		FROM (date)	TO (date)	

CERTIFICATION	I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE & CORRECT AND THAT I WILL INFORM THE DEPARTMENT OF ANY CHANGES TO THE ABOVE INDICATED INFORMATION THAT MAY AFFECT THE AVAILABILITY OF THE SERVICES PROVIDED			
	SIGNED : _____		DATE : _____	

NOTICE !	FALSIFICATION OF THE ABOVE STATEMENTS WILL RESULT IN THE DENIAL OR REVOCATION OF THIS APPLICATION.	FOR OFFICE USE ONLY SIGN NUMBERS	
		MAINLINE	RAMP
FOR OFFICE USE ONLY APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> DATE: _____		Northbound	_____
COMMENTS: _____		Southbound	_____
SIGNATURE: _____		Eastbound	_____
DATE: _____		Westbound	_____