

Thurston County Motorist Information Sign Program Application

Thurston County Public Works 9506 Tilley Rd SW Olympia, WA 98512-9140 360-867-2300

A business applying for motorist information signing must:

- Meet program eligibility criteria
- Pay associated fees to reimburse Thurston County for sign installation costs
- Is responsible to notify Thurston County when business closes or relocates
- Understands installation and maintenance of signs are to be completed by county staff.
 The business is responsible for notifying Thurston County when maintenance is needed and reimbursing Thurston County for applicable fees.
- Signs may be removed by Thurston County if:
 - a) The business or services change and does not meet eligibility requirements;
 - b) The business or services closes or relocates:
 - c) The owner or designee does not provide timely reponse to inquiries by staff on status of business or services;
 - d) If sign(s) fall into disrepair as determined by Public Works staff; or
 - e) At descretion of Public Works Director.

Read the eligibility criteria to ensure your business is eligible before submitting an application. Thurston County uses eligibility requirements from Washington Administrative Code (WAC) <u>468-70-050</u> and Argitourism Activities authorized under Thurston County Code (TCC) <u>20.08G</u>. Failure to meet these requirements or other MIS program criteria may result in the removal of a business's signs.

Please provide us with the following information:

| Business Name: | | |
|---------------------------------|--------------------------|--|
| Business Street Address: | | |
| Business Mailing Address: | | |
| Business Type: | | |
| Bountiful Byway | | Must be on published Olympia-Lacey-Tumwater Visitor's & Convention Bureau Byway Map. See https://www.experienceolympia.com/thurston-bountiful-byway/map/ |
| City: | | |
| State: | | |
| Zip Code : | | |
| Name of Business Contact: | | |
| Phone Number: Email Address: | | |
| Website Address: | | |
| Brief description of | Business / Services Offe | ered: |

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| | Sunday: | | to | |
|---|------------|----|----|--|
| Hours of Operation : | Monday: | | to | |
| | Tuesday: | | to | |
| | Wednesday: | | to | |
| | Thursday: | | to | |
| | Friday: | | to | |
| | Saturday: | | to | |
| Open 24-hours, 7 days a week: | Yes | No | | |
| Seasonal Business: (Open part of a year) | Yes | No | | |

Type of Business - Check all that Apply:

Gas

| Provide fuel, oil, water, tire repair (Tire repair may be off-premise) | County Health Office approval License # Inside seating for 20 people or more | | | | | |
|--|--|--|--|--|--|--|
| Provide restrooms, drinking water and phone | | | | | | |
| Card lock facility open to all major credit cards | Parking for 10 vehicles or more | | | | | |
| | Provide restroom facilities and phone | | | | | |
| Lodging | Camping | | | | | |
| WA Department of Health | County Health Office approval | | | | | |
| License # | License # | | | | | |
| Number of rooms | 24-hour attendant on duty | | | | | |
| | Number of camping spaces | | | | | |
| Tourist Activity | Recreation | | | | | |
| | (Non-Interstate Highways only) | | | | | |
| Activity Provided | Recreation activity provided | | | | | |
| | | | | | | |
| | | | | | | |

Food

Pharmacy

| Within 3 miles of the state highway |
|--|
| Open 24-hours, 7 days a week |
| State registered Pharmacist on duty 24-hours a day, 7 days a week |
| |
| I declare under penalty of perjury under the laws of the State of Washington that the information provided herein, concerning my business, its services, and operating hours, certify that the above statements are accurate and true. I also acknowledge that any discrepancy in such information discovered hereafter is cause for the Department of Transportation to revoke the motorist information sign permit and remove my sign. |
| Signature: |
| Date: |