

TOURIST AREA AND CORRIDOR SIGNING PROGRAM APPLICATION

CONTACT INFORMATION				
NAME OF APPLICANT		TITLE		
NAME OF ATTECAN		IIILL		
COMPANY				
STREET ADDRESS				
CITY/TOWN	STATE	L	ZIP	
TELEPHONE	FAX			
EMAIL				
E-MAIL				
ATTRACTION LOCATION D	ATA (If different fr	om above)		
ATTRACTION NAME AS IT APPEA	ARS AT SITE			
STREET ADDRESS				
CITY/TOWN	STATE	L .	ZIP	
NEAREST FREEWAY, EXPRESSW.	AY OR STATE ROUTE	(FOR EXAMPLE	: I-95, MD 2, US 1)	
COUNTY				
ATTRACTION CRITERIA				
DAYS/HOURS OPEN: (i.e.: Monday _ hours of operation listed below.) THI			operation on the attraction brochures a	nd website must match
nours of operation ustea below.) <u>I HI</u>	S SECTION MUST BE	COMPLETED.		
Sunday:	Wednesday:			<u> </u>
Monday:	Thursday:			
Tuesday:	Friday:		-	
YEARLY VISITOR COUNT:		f yearly visitor cou	unts is not known, write UNKNOWN)	
			CUMENTATION MAY BE REQUEST	ED IN THE FUTURE
IF SEASONAL – LIST MONTHS CLOSED			(May not erec	eed 4 months)

Please select either "yes" or "no" for <u>all</u> items listed below:					
Listed on the National Register of Historic Places	□Yes	□No			
Open at least 8 months annually	Yes	□No			
Open to public at least 5 days/week including Saturday and/or Sunday	Yes	□No			
Open to public at least 5 hours/day – all activities available during hours of operation	□Yes	□No			
Open at least 30 hours/week	Yes	□No			
Open to random daily visitation (not by appointment only)	Yes	□No			
Are educational tours provided upon request or in accordance with a publically available schedule?	Yes	□No			
Primarily a non-retail business (less than 20% of interior square footage devoted to retail sales)	□Yes	□No			
Parking available within short walking distance of attraction	Yes	□No			
Public Restrooms and drinking water access in case of emergency	□Yes	□No			
Telephone available in case of emergency	Yes	□No			
Meets requirements of Americans with Disabilities Act	Yes	 □No			
At least 50% of the annual visitors are from outside a 50 mile radius	Yes	□No			
Brochure (enclosed) and/or Website (provide below) stating hours/days of operation and attraction description	Yes	_ □No			
URL:					
Do the hours of operation posted at the building match the printed materials and website?	— □Yes	□No			
Interpretive panel(s) available on site and accessible when attraction is closed. Must send photos with application . Yes Interpretive panel (sign) enhances the visitor's experience at the site by providing a combination of text and visuals to tell a story of an object or a place.					
IMPORTANT NOTE: The above criteria are used to determine application denial or approval by the eligibility Tourist Area and Corridor (TAC) Program Guidelines. Incomplete applications will be denied.	ty committ	ee based on			
All applications will be reviewed and verified by the Tourist Area and Corridor Program Eligibility Committee. The TAC Program is subject to all Federal, State, County and City/Town regulations. If, during the life of this program, any Acts are passed or Regulations adopted which affect the rights herein granted, the said Acts and Regulations shall be applicable to this program from the date on which they come into force.					
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CERTIFICATION

I CERTIFY THAT I HAVE READ THE "TOURIST AREA AND CORRIDOR SIGNING BROCHURE" AND HEREBY ATTEST THE INFORMATION PROVIDED ON THIS APPLICATION IS CURRENT AND ACCURATE. IT IS UNDERSTOOD THAT ERRORS AND OMISSIONS COULD RESULT IN REIMBURSEMENT OF ANY FUNDING THAT IS PROVIDED BY THE STATE HIGHWAY ADMINISTRATION FOR THE CONCEPT DEVELOPMENT, ENGINEERING, FABRICATION, INSTALLATION AND REMOVAL OF ANY SIGNS THAT ARE ERECTED BASED ON THIS APPLICATION. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT I WILL INFORM THE STATE HIGHWAY ADMINISTRATION'S OFFICE OF TRAFFIC AND SAFETY OF ANY CHANGES TO THE ABOVE INFORMATION THAT MAY AFFECT THE AVAILABILITY OF THE SERVICES PROVIDED. THE STATE OF MARYLAND RESERVES THE RIGHT TO MODIFY THESE GUIDELINES AND ELIGIBILITY CRITERIA AT ANY TIME.

SIGNED: (APPLICANT)	DATE

If mailed, applications and supporting documentation must be submitted to:

Maryland State Highway Administration Office of Traffic and Safety Traffic Engineering Design Division Attention: TAC Signing Program 7491 Connelly Drive Hanover, MD 21076

If emailed, submit the application and/or supporting documentation to: taccoordinator@sha.state.md.us

Questions should be directed to the Maryland State Highway Administration and addressed to the TAC Program Coordinator using the phone number or email address listed below.

Office of Traffic and Safety / Traffic Engineering Design Division Phone: (410) 787-4027 Email: taccoordinator@sha.state.md.us