

**STATE OF ARKANSAS
SPECIFIC SERVICE SIGNING (LOGO) PERMIT APPLICATION**



Please Print or Type

NAME OF BUSINESS _____	TELEPHONE _____
NAME OF APPLICANT _____	TITLE _____
FEDERAL TAX NUMBER _____	
BUSINESS MAILING ADDRESS _____	CITY _____
STATE _____	
ZIP CODE _____	

BUSINESS LOCATION DATA:

HIGHWAY _____ EXIT NUMBER _____ COUNTY _____

DISTANCE FROM HIGHWAY EXIT (To nearest 1/10 mile) _____

DIRECTION FROM HIGHWAY EXIT (Check One) N _____ S _____ E _____ W _____

**MINIMUM REQUIRED SERVICES:
(Check Applicable Services)**

<u>GAS</u>	<u>FOOD</u>	<u>LODGING</u>	<u>CAMPING</u>	<u>ATTRACTION</u>
<input type="checkbox"/> 15 Mile Distance	<input type="checkbox"/> 15 Mile Distance	<input type="checkbox"/> 15 Mile Distance	<input type="checkbox"/> 15 Mile Distance	<input type="checkbox"/> 30 Mile Distance
<input type="checkbox"/> Gasoline	<input type="checkbox"/> Licensing or Approval Where Required			
<input type="checkbox"/> Oil and Water	<input type="checkbox"/> Open at 11:00 A.M. to serve meals	<input type="checkbox"/> Adequate Sleeping Accommodations	<input type="checkbox"/> Adequate Parking Accommodations	<input type="checkbox"/> Adequate Parking
<input type="checkbox"/> Modern Sanitary Facilities	<input type="checkbox"/> Continuous Service	<input type="checkbox"/> Public Telephone	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Drinking Water
<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Public Telephone		<input type="checkbox"/> Modern Sanitary Facilities	<input type="checkbox"/> Modern Sanitary Facilities
<input type="checkbox"/> Public Telephone	<input type="checkbox"/> Open 6 Days a Week		<input type="checkbox"/> Open 6 Days per Week/ 8 hrs Per Day	
<input type="checkbox"/> Open 7 Days per Week /16 hrs per day Continuous Operation				

OPERATION DETAILS:

BUSINESS OPEN ALL YEAR? Yes No

IF NO, CHECK MONTHS CLOSED: JAN _____ FEB _____ MAR _____ APR _____ MAY _____ JUN _____

JUL _____ AUG _____ SEP _____ OCT _____ NOV _____ DEC _____

CERTIFICATION:

I certify that these statements are true and correct and that my business complies with all applicable laws concerning the provision of public accommodations without regard to race, religion, color, sex, or national origin, and will continue in compliance. I understand that falsification or misrepresentation of the statements in this application may result in the denial of the application or the revocation of my permit.

Signed (Applicant)

Date

-FOR OFFICE USE ONLY-					SIGN STATIONING	
GAS _____	FOOD _____	LODGING _____	CAMPING _____	ATTRACTION _____	MAINLANE _____	RAMP _____
HIGHWAY _____	EXIT _____	COUNTY _____			N/B _____	_____
APPROVED _____	DENIED _____				S/B _____	_____
APPLICATION NUMBER _____	PERMIT NUMBER _____				E/B _____	_____
INSPECTOR'S INITIALS _____	DATE _____				W/B _____	_____
					TRAILBLAZER(S) _____	_____
					TOTAL SIGNS _____	_____
INSTALLATION FEE \$ _____		ANNUAL MAINT. FEE \$ _____				
CHECK NO. _____						
COMMENTS: _____						

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.