

# ARKANSAS HIGHWAY AND TRANSPORTATION DEPARTMENT



Environmental Division  
Beautification Section  
P.O. Box 2261  
Little Rock, Arkansas 72203-2261  
[WWW.ARKANSASHIGHWAYS.COM](http://WWW.ARKANSASHIGHWAYS.COM)  
Office: 501-569-2088 • Fax: 501-569-2089

## TOURIST ORIENTED DIRECTIONAL SIGNING (TODS) APPLICATION PROCEDURES

- Review the Department regulations for TODS Signing Program.
- Review the specifications for the manufacture of the TODS signs. All TODS signs **must conform** with these specifications. **Do not order your signs until notified to do so by the Department.**
- Complete a separate application for each state highway intersection where TODS signing is desired. If you provide more than one Business activity or site, a separate application for each Business activity or site is required.
- Submit your application to the following address, along with a check or money order payable to A.H.T.D Beautification Section for the twenty-five dollar (\$25.00) application fee:

**Beautification Section  
Environmental Division  
Arkansas Highway and Transportation Department  
P.O. Box 2261  
Little Rock, AR 72203**

## TOURIST ORIENTED DIRECTIONAL SIGNING (TODS) FEES

➤ TODS Sign Application Fee	\$25.00 (Per Application)
➤ TODS Sign Installation Fee	\$50.00 (Per Sign on State Right-of-Way)
➤ TODS Sign Annual Maintenance Fee	\$50.00 (Per Sign on State Right-of-Way)
➤ TODS Sign Removal / Cover Fee	\$50.00 (Per Sign on State Right-of-Way)

**ARKANSAS STATE HIGHWAY AND TRANSPORTATION DEPARTMENT  
TOURIST ORIENTED DIRECTIONAL SIGNING (TODS) APPLICATION**



Please Type or Print

NAME OF BUSINESS / FACILITY \_\_\_\_\_

TELEPHONE \_\_\_\_\_

NAME OF APPLICANT / OWNER / MANAGER \_\_\_\_\_

TITLE \_\_\_\_\_

FEDERAL TAX ID OR SOCIAL SECURITY NO. \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

**BUSINESS LOCATION DATA**

Highway Route \_\_\_\_\_ County \_\_\_\_\_ Nearest City/Town \_\_\_\_\_

Direction from Highway (Check One)  N  S  E  W Name/No. of Nearest Intersecting Road \_\_\_\_\_

Distance from Nearest Intersecting Road (miles/tenths) \_\_\_\_\_

Is business located within a corporate limits of a city or town  Yes  No If Yes, Name of city or town \_\_\_\_\_

**NOTE: COMPLETE INFORMATION ON BACKSIDE OF APPLICATION**

**MINIMUM REQUIRED SERVICES**

(Check Applicable Services)

<u>GAS</u>	<u>VEHICLE REPAIR</u>	<u>FOOD</u>	<u>LODGING</u>	<u>CAMPING</u>	<u>TOURIST ATTRACTION/BUSINESS</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"/> 15 Mile Distance	<input type="checkbox"/> 15 Mile Distance
<input type="checkbox"/> Restrooms	<input type="checkbox"/> Restrooms	<input type="checkbox"/> License or Permit where required	<input type="checkbox"/> License or Permit where required	<input type="checkbox"/> License or Permit where required	<input type="checkbox"/> License or Permit where required
<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Telephone	<input type="checkbox"/> Telephone	<input type="checkbox"/> Adequate sleeping accommodations	<input type="checkbox"/> Adequate Parking accommodations	<input type="checkbox"/> Telephone
<input type="checkbox"/> Telephone	<input type="checkbox"/> Open minimum of 8 hours a day 5 days a week one of which is a Saturday	<input type="checkbox"/> Open minimum of 8 hours a day 5 days a week one of which is a Saturday	<input type="checkbox"/> Telephone	<input type="checkbox"/> Modern Sanitary Facilities	<input type="checkbox"/> Restrooms
<input type="checkbox"/> Open minimum of 8 hours a day 5 days a week one of which is a Saturday				<input type="checkbox"/> Open minimum of 8 hours a day 5 days a week one of which is a Saturday	<input type="checkbox"/> Open minimum of 8 hours a day (If tourist attraction, 4 hours a day) 5 days a week one of which is a Saturday

**OPERATION DETAILS**

Is Business open all year?  Yes  No

If No, check months closed  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC

Description of Tourist Attraction / Business \_\_\_\_\_

Does your tourist attraction/business derive the major portion of income or visitors during the normal business season from motorists not residing in the immediate area of the business or activity?  Yes  No

**CERTIFICATION**

I certify that these statements are true and correct and that my business complies with all applicable laws concerning public accommodations without regard to race, religion, color, age, sex, disability, or national origin, and shall comply with all applicable health and sanitation laws and must possess any required local permits or licenses.

I further 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.

Signature (Applicant): \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Highway \_\_\_\_\_ Section \_\_\_\_\_ Log Mile \_\_\_\_\_ County \_\_\_\_\_

Inspector \_\_\_\_\_ Date Inspected \_\_\_\_\_

APPROVED  DENIED

PERMIT NO. \_\_\_\_\_ Application No. \_\_\_\_\_

Check No. \_\_\_\_\_ Installation Fee \$ \_\_\_\_\_ Annual Maint. Fee \$ \_\_\_\_\_

Mainline	Turn	Mileage
N/B _____	_____	_____
S/B _____	_____	_____
E/B _____	_____	_____
W/B _____	_____	_____
1-TRAILBLAZER _____	_____	_____
2-TRAILBLAZER _____	_____	_____
3-TRAILBLAZER _____	_____	_____

**PROVIDE THE BUSINESS NAME TO BE USED ON TODS PANEL, USING "X" FOR SPACES BETWEEN WORDS (LIMIT: 2 LINES & 15 CHARACTERS PER LINE):**


**DRAW A DETAILED MAP FROM THE MAIN HIGHWAY TO THE BUSINESS: (GIVE DISTANCES AND DIRECTIONS OF TURNS; BE AS DETAILED AS POSSIBLE; USE LOCAL STREET NAMES WHEN POSSIBLE.)**



## 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"/> Exempt payee	
<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.

<b>Social security number</b>																											
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"> </td> </tr> </table>													-	-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"> </td> </tr> </table>												
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### 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.

<b>Sign Here</b>	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.