

# APPLICATION FORM - TODS Program (Tourist Oriented Directional Signs)

Application No. (Office Use Only) \_\_\_\_\_

*(Before completing this application, please make sure that you have read, understand and discussed your eligibility requirements with GUIDE SIGN Industries Ltd. (1-866-560-SIGN (7446)) relevant to your attraction category and location requirements. There is a \$35 non-refundable administration fee to process this application. The application fee shall be in the form of a cheque, made payable to the "Minister of Finance" and submitted to Guide Sign Industries Ltd., 9330 - 62 Avenue, Edmonton AB, T6E 0C9). Please fax applications to 1-866-561 7446.*

Name of Attraction: \_\_\_\_\_

Address of Attraction: \_\_\_\_\_

Postal Code \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Legal Land Description of Attraction: NE / SE / NW / SW Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Is there a valid business license in place for this attraction? Yes  No  (check appropriate box)

The distance from the attraction to the closest provincial highway is \_\_\_\_\_ (to nearest km) from Highway # \_\_\_\_\_ (Provincial highway is a one, two or three digit highway. Examples of Highway # are 2, 58, 884. If possible, provide a simple map showing your location).

In the space below, please provide all relevant information concerning your operation or attraction.

NB Please provide as much information as possible. Failure to do so could delay the process of determining the eligibility of your application.

Briefly describe the nature of your business and what the attraction offers to visitors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours and Days of Operation: \_\_\_\_\_ Yearly Opening Period: \_\_\_\_\_

### Further Criteria Requirements:

Comply with all municipal, provincial and federal laws regarding health, public safety, etc.? Yes  No

Maintain washroom facilities as required by health authorities? Yes  No

Provide adequate parking? Yes  No

Have at least one of the following; a controlled gate, staffed orientation point, or permanent interpretation panels/display? Yes  No

Listed in an official travel guide or entered into Travel Alberta's Tourist Information System, or is a legitimate operation recognized by the relevant industry association? Yes  No

Provide wheelchair accessibility; designated parking stalls, easy building access and, prominently display the wheelchair symbol? Yes  No

What visitation numbers does the attraction draw on an annual basis? (check appropriate box)

- less than 15,000
- more than 15,000 with a majority of those visitations from visitors residing less than 80 kms away.
- more than 15,000 with a majority of those visitations from visitors residing more than 80 kms away.

NB (Verification of visitation numbers must be submitted with application if numbers exceed 15,000 annually. This verification may be in the form of; customer database summary, guest books, special events hosted etc.)

I am requesting signs in the right-of-way:

- for the first time
- to replace existing signs

(check appropriate box)

As a condition of approval, the applicant agrees to ensure that directional signs will be placed at all intersections along the "minor" road system from the facility to the approved sign location/intersection as stipulated in the approval.

Also, the applicant, as a condition of approval, shall remove all existing, non-conforming signs both inside and outside the provincial highway right-of-way, which fall within Alberta Transportation's development control area as stipulated in the Public Highways Development Act. These non-compliant signs shall be removed prior to approvals being issued. The applicant is hereby notified that should the attraction at any time fail to qualify or comply with the guidelines, the signs permitted under this program will be removed.

I certify that the information is correct and understand that non-compliance of this application and all program guidelines shall result in removal of all Tourist Orientated Directional Signs.

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|                     |                     |      |
|---------------------|---------------------|------|
| Name (please print) | Applicant signature | Date |
|---------------------|---------------------|------|

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