

WISCONSIN SPECIFIC INFORMATION SIGN (SIS) “ATTRACTION” CATEGORY

Please complete, sign, date and return the Application (following page) to Interstate Logos – Wisconsin via email: wisconsin@interstatelogos.com. *(If alternative means of returning the Application are needed, please contact Interstate Logos – Wisconsin for additional instruction)*

NOTE: You are able to enter your responses directly in the pdf form, insert your electronic signature, and resave the form for submission, or you can print the form and complete it by hand.

Submitted forms will be checked for sign and space availability and then forwarded to the Wisconsin Department of Transportation “Attraction” Advisory Council for approval.

Eligibility Criteria

To qualify for display on a SIS as an “ATTRACTION”, a business shall:

- Have the primary purpose of providing amusement, historical, cultural or leisure activities to the public
- Be of regional significance and provide adequate parking to accommodate normal traffic volumes for the facility
- Not be identified on any supplemental signing or guidance sign on the same route as the specific information sign
- Comply with the laws concerning the provisions of public accommodations without regard to race, color, age, sex, or national origin, and laws concerning the licensing and approval of service facilities.

WISCONSIN SPECIFIC INFORMATION SIGN (SIS) "ATTRACTION" APPLICATION

A): Business Name: _____
 Physical Address: _____
 City/State/Zip: _____

B): Contact Name: _____ Contact Phone: _____
 Contact Title: _____ Contact Fax: _____
 Contact Address: _____ Contact Email: _____
 City/State/Zip: _____ Location Website: _____

C): Interstate/Main Highway: _____ Exit Number: _____
 Intersecting Highway/Road: _____ Traffic Direction(s): _____

The business is located _____ miles from the requested interchange/intersection.

D): SIGN CONFLICTS: Do you have a White Arrow directional sign (CH. Tran 200.03, Wis. Admin. Code) at the intersection of the proposed signage? YES NO

E): DATES/HOURS OF OPERATION: Year Round Seasonal (If seasonal, from Mth/Day _____ to Mth/Day _____)

Business must be open to the public a minimum of 8 hours per day, 5 consecutive days per week for 3 consecutive months.

	Open	Close		Open	Close
Monday	_____ (am) (pm) to	_____ (am) (pm)	Friday	_____ (am) (pm) to	_____ (am) (pm)
Tuesday	_____ (am) (pm) to	_____ (am) (pm)	Saturday	_____ (am) (pm) to	_____ (am) (pm)
Wednesday	_____ (am) (pm) to	_____ (am) (pm)	Sunday	_____ (am) (pm) to	_____ (am) (pm)
Thursday	_____ (am) (pm) to	_____ (am) (pm)			

F): ANNUAL ATTENDANCE: _____ visitors

G): Brief description of the business' or facility's regional significance to the State of Wisconsin.

I, the applicant, certify that the statements contained in this Application are true and correct, that the business identified is conducted in conformity to all laws applicable to nondiscrimination, and that discrimination is not exercised in regard to race, religion, color, sex, sexual orientation, national origin; that I read and understand the conditions and restrictions stated in the Wisconsin Statutes and Wisconsin Administrative Code, and that I accept these conditions. I understand that this Application will be reviewed by an Advisory Committee that will determine Application approval. The Wisconsin Department of Transportation is the final approving authority and will determine if all eligibility requirements have been met. Once approved, a separate SIS Participation Agreement will be sent to the applicant.

 Name and Title of Applicant or Authorized Agent Signature of Applicant or Authorized Agent Date

Approved by the WisDOT
 Subject to present and continuing compliance by the applicant with all requirements of S86. 195, Wisconsin Statutes and Chapter Trans 200, Wisconsin Administrative Code, this Application is hereby approved for the Business Sign described.

 Signed Print Date

Rejected by the WisDOT
 Reason for rejection:

 Signed Print Date