

**TOURIST ORIENTED DIRECTIONAL SIGNING (TODS)  
QUALIFICATION SURVEY**

[Form must be reviewed and verified by NCDOT Logo Coordinator during on-site review of facility.]

<i>For Department Use Only</i>	
TODS Agreement #:	Customer #:
Division:	County:

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

Name of Business: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_ Website: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Describe the principle service offered to tourists: \_\_\_\_\_

List the intersections where TODS are desired:

_____ @ _____	_____ @ _____
_____ @ _____	_____ @ _____
_____ @ _____	_____ @ _____

Does the business have any other official highway signs on any approaches to the intersections listed above? Y\_\_\_ N\_\_\_ If yes, please list: \_\_\_\_\_

Select **one** of these TODS participation categories (as defined in the NCAC 19A NCAC 02E .1100):

- Business is applying as a *Tourist Oriented Business* (at least 30% of products or services are unique to tourists' interests and at least 40% of revenue is from tourists) **Yes** \_\_\_\_\_
- Business is applying as a *Tourist Oriented Facility* (facility derives at least 51% of income from visitors that reside further than 20 miles away from facility) **Yes** \_\_\_\_\_

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Verified to meet above requirement by Division Program Coordinator: Yes____ Initials _____ (If not verified as meeting the program requirements specified in the definition of a Tourist Oriented Business or Facility, the business is ineligible to participate in the TODS Program)
<i>Logo Coordinator will ask for records from the business owner unless obvious.</i>

- Is the location of the business and proposed TODS in a rural unincorporated area or in a town with a population less than 40,000? Y\_\_ N\_\_ (no = ineligible)
- Is the business open to the general public? Y\_\_ N\_\_ (no = ineligible)
- Is the business licensed by the appropriate authorities? Y\_\_ N\_\_ (no = ineligible)
- Is the business open a minimum of 8 hours/day, 5 days/week during its' normal operating season? Yes\_\_ No\_\_ (no = ineligible)  
 Posted hours of operation:  
 Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_  
 Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_
- Does website specify the days and hours of operation? Y\_\_ N\_\_ (no = ineligible)
- List any seasonal closing when the principle tourist attraction is not available to the public: \_\_\_\_\_
- Is the business' operating season always four consecutive weeks within one month? Y\_\_ N\_\_ (no = ineligible)
- If it may appear to the public that the business is private, semi-private, or require a membership or reservation, the business' website must specify that it is open to the public without the need of a reservation or membership. The website must specify any fees for the attraction. (For example, golf courses applying for participation must have this information specified.) Y\_\_ N\_\_ (no = ineligible)
- Does facility/business have all required permanent on-premise signs?
  - Business name and hours of operation, posted conspicuously near entrance, and matches information posted on website? Y\_\_ N\_\_ (no = ineligible)
  - "Public Welcome" or "Open to the Public" displayed prominently at entrance to the business from roadway (for facilities where it may not be obvious that they are open to the general public without reservation or membership) N/A\_\_ Y\_\_ N\_\_ (no = ineligible)
- For recreational areas or facilities; all equipment needed to participate in the activity is available to the public for rent or free of charge. If this is a facility that takes reservations as well as walk-ins, the facility provides service within 30 minutes of arrival of a walk-in customer. Y\_\_ N\_\_ (no = ineligible)

Business desires to participate in the TODS Program and meets all criteria within the rules and regulations provided by the Department. The information on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_

(Business Owner)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(On-site Verification by NCDOT Program Coordinator)

\_\_\_\_\_

(Date)