

**CITY OF FREDERICKSBURG
TOURIST ORIENTED DIRECTIONAL SIGN PROGRAM
PARTICIPATION APPLICATION/COMPLIANCE CERTIFICATION**

NAME OF BUSINESS	TELEPHONE #	CONTRACT # (Internal Use Only)	
BUSINESS WEBSITE			
CONTACT NAME	TITLE	EMAIL ADDRESS	
BUSINESS ADDRESS (NO. AND STREET)	(CITY)	(STATE)	(ZIP)
MAILING ADDRESS (IF DIFFERENT)	(CITY)	(STATE)	(ZIP)

<u>TOURIST ORIENTED DIRECTIONAL BUSINESS CRITERIA</u>	<u>LIST OF APPROVED BUSINESSES/SITES</u>		
<p>Business shall be categorized as an approved cultural site, recreational site or retail tourism site. Business shall derive a major portion of income or visitors from motorists not residing in the area of the business. Business shall be in continuous operation at least six (6) hours a day, five (5) days a week. Business shall be licensed and approved by the City and appropriate local agencies regulating the particular type of business. Business must comply with all applicable laws concerning the provision of public accommodations without regard to age, race, religion, color, sex, national origin, or accessibility by the physically handicapped. Business agrees to abide by all rules, regulations, policies, procedures and criteria associated with the program. Business agrees that in any cases of dispute or other disagreement with the rules, regulations, policies, procedures and criteria or applications of the program, the decision of the City shall be final and binding. Business must prominently display additional signage on their premises in such a manner that it is readily visible to motorists from the roadway. Facility or location must be on the list of "Approved Businesses/Sites" in the next column.</p>	<p><u>Cultural</u> -Children's Museum -Museum</p>	<p><u>Recreational</u> -Amphitheater -Amusement Park -Arena -Auditorium -Civic Center -Concert Hall -Fairground -Race Track -Theme Park -Water Oriented Business -Stadium -Golf Course -Pavilion -Municipal Park -Zoo</p>	<p><u>Retail Tourism</u> -Agribusinesses -Brewery -Winery -Distillery -Farmers Market</p>
	*Shall not be a franchise or part of a national chain.		

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Approximate distance from the nearest primary intersection along the intended route of signage: _____
(Accurate measurement will be done by city): _____
- Does your business/facility have required licenses and/or permits from the City of Fredericksburg? Yes No
- Hours of Operation: Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____
- Do you provide adequate parking to accommodate normal traffic volumes for your facility? Yes No
- Under which of the above list of approved businesses/sites does your business/facility qualify? _____
- Does your location meet all of the minimum requirements for the approved site you listed above? Yes No
- Is your business/facility seasonal? Yes No
- Do you currently have any directional signs for your facility? Yes No
If YES, please provide the location of those signs: _____

NOTE: At all times material hereto, Applicant hereby certifies that it will remain in compliance with all applicable laws and regulations for providing for accessibility by the physically handicapped to the premises and further agrees to provide the premises to the general public without regard to race, creed, color, religion, age, sex, or national origin. Unless otherwise noted, all requirements of the City of Fredericksburg shall be satisfied entirely on the premises of the establishment and any facilities required by the City shall be located entirely on the premises of the location.

I hereby certify that the above statements are true and correct and agree to promptly inform the City of Fredericksburg, in writing, by certified mail, within 10 days, of any changes to these statements. I understand that the Department of Economic Development and Tourism may make inquiries or inspections to insure that the minimum requirements of the City are being met. I further certify that all required licenses and/or permits required to operate the business establishment have been obtained and are current and/or active.

Business Owner Signature: _____ **Print:** _____
Phone Number: _____ **E-Mail Address:** _____

**FALSIFICATION OF THE ABOVE STATEMENTS WILL RESULT IN THE DENIAL OF THE APPLICATION OR
REVOCATION OF THE PRIVILEGE OF PARTICIPATION IN THE PROGRAM.**

APPLICATION WILL BE REVIEWED AND APPROVED BY ALL CITY DEPARTMENTS INVOLVED IN PROCESSING OF SIGN(S). APPLICATION MUST BE SUBMITTED TO THE DEPARTMENT OF ECONOMIC DEVELOPMENT AND TOURISM, ATTN: AMY PEREGOY, 706 CAROLINE ST., FREDERICKSBURG, VA 22401 WITH A \$175 APPLICATION FEE PER SIGN. FOR QUESTIONS PLEASE E-MAIL MS. PEREGOY aperegov@fredericksburgva.gov OR CALL 540.372.1216.

