



Traffic Engineering Group

Application for Local Visitor Information Center (LVIC) Highway Signage Program

Please print or type answers to the following questions.

Name of City, Town or Community where the visitor information center will be located?

Which organization will be responsible for staffing and managing the Local Visitor Information Center?

Who owns the building where the Visitor Information Center is located?

Is a non-profit tourism agency or organization operating the Visitor Information Center?

YES

NO

Please attach a copy of your non-profit status to application.

Please give an accurate description of the Visitor Information Center including what type of business is conducted within the building and how they relate to tourism. (i.e., separate building, part of the chamber office, etc.)

Please describe how this center **will benefit tourism** locally and statewide.

Please explain **the need** for a visitor information center in your community.

Please attach, not less than 3 but no more than 5, letters of support for your local visitor center application.

Indicate days of the week the center will open to the public.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Indicate the hours of operation when the center will be open.

- Monday _____ to _____
- Tuesday _____ to _____
- Wednesday _____ to _____
- Thursday _____ to _____
- Friday _____ to _____
- Saturday _____ to _____
- Sunday _____ to _____

Is the Visitor Information Center located within one mile of a state or US highway?

YES NO

What is the distance from the highway? (ADOT regulations require within 1 mile)

Is the center located directly on the qualifying cross street or highway?

YES NO

What are the state highway routes that qualify? _____

Is the center conveniently located from the highway?

YES NO

Can the city or town supply ADOT with a city plot plan?

YES NO

Local agency responsible for signs:

Government Agency:

Name:

Address:

City, State, Zip:

Phone:

Fax:

Please attach maps detailing information and location of visitor information center.

Is the center, including restrooms, in compliance with ADA (Americans with Disabilities Act)?

YES NO

Please attach verification of compliance with your application. (The city or county should be able to supply you with a letter or certificate noting your compliance with ADA)

Are five off street parking spaces available? YES NO

What is the number of parking spaces available? _____

Please describe where the parking spaces are located in relation to the visitor information center?

Are public restrooms available? YES NO

What is the configuration of the restrooms?

- Separate Men and Women
- Unisex

Please describe where the restrooms are in relation to the visitor information center?

Are public telephones available? YES NO

What type of phone is available to visitors?

- Pay phone
- Office Phone
- Other phone; Please explain _____

Please describe where the phone is located in regards to accessibility by the visitors?

Is drinking water available? YES NO

How is the water available to visitors?

- Water Fountain
- Bottled Water
- Other; Please explain _____

Are there at least 10 brochures from each of the 5 tourism regions designated by AOT?

YES NO

Please list the ten different brochures on hand from the 5 different tourism regions:

Arizona's West Coast

Northern Arizona

North Central Arizona

Phoenix and Central Arizona

Tucson and Southern Arizona

Is visitor information available after hours?

YES NO

Please explain how information will be available after hours. (Displays, informational boards, etc.)

Is a large Arizona map displayed?

YES NO

Please explain where the map is displayed.

Name, title, address, phone, fax number and email of the person preparing this questionnaire.

Name:
Title:
Address:
Phone:
Fax:
Email:

Name, title, address, phone, fax number and email of individual who will be overseeing and managing the operations of the Visitor Information Center.

Name:
Title:
Address:
Phone:
Fax:
Email:

Name, title, address, phone, fax number and email of individual who is responsible for ensuring COMPLIANCE with AOT's visitor center eligibility requirements. If same as one of the contacts above please check box.

Name:
Title:
Address:
Phone:
Fax:
Email:

Same as first person listed

Same as second person listed

Space below for AOT and ADOT Verification

AOT verification:

Name:
Title:
Phone Number:
Date:

ADOT Verification:

Name:
Title:
Phone Number:
Date: