

KENTUCKY TRANSPORTATION CABINET Department of Highways

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LIMITED SUPPLEMENTAL GUIDE SIGN APPLICATION

ATTRAC	TION NAME					
OWNER	/OPERATOR					
ADDRESS				CITY		
STATE	ZIP PHONE #1		E #1	PHONE #2		
EMAIL						
CONTACT PERSON			TITLE			
No.	ROAD NAME or ROUTE #	TRAVELING	EXIT#	INTERSECTING ROUTE	DIRECTION OF TURN TO THE ATTRACTION	
Exa	Interstate 64	East	58	US 60 (Versailles Road)	Left	
1.						
2.						
3. 4.						
EXIT						
CICNATURE						
SIGNATURE APPLICATION				DATE N CHECKLIST		
REQUIRED				OPTIONAL AS NEEDED		
\$200.00 check (Payable to: Kentucky State Treasurer) Attraction Eligibility Application Evidence/Letters of Community Support Verification of Visitor Attendance Map & Photos of the Attraction Area				Signing Incentives Program Application This portion below is to be filled out by the Kentucky Transportation Cabinet \$		
	al Tax ID #					