RE: Billboard Sign Control Program

Dear Sir/Madam:

Enclosed is an application for a State Permit and our regulation booklet. Please review the regulations, and if the sign complies, submit a signed, completed application and W9 with the following:

☐ Enclose a copy of lease or the attached property owner permission statement for the erection and/or maintenance of this sign.
☐ Enclose a diagram or satellite image of the proposed sign location in relation to intersecting routes (include direction of travel and measurements).
☐ If the property is zoned, enclose a letter from the Zoning Authority stating the zoning classification.
☐ If the property requires a building or sign permit, enclose a copy of the permit dated within 30 days of the application date.
☐ Enclose a check or money order made payable to the Arkansas Department of Transportation, in the amount of $40.00.

Please submit your application within thirty (30) days to:

Arkansas Department of Transportation
Right of Way Division - Beautification
Section P. O. Box 2261
Little Rock, Arkansas 72203

If you have any questions, please call our office at (501) 569-2088.

William Reynolds
Section Head
Beautification Section
Right of Way Division
Application is hereby made for a Permit to erect and/or maintain an advertising sign in accordance with the provisions of Act 640 of the 1967 Arkansas Legislature and in accordance with the rules and regulations established thereunder by the State Highway Commission.

**PLEASE PRINT OR TYPE**

<table>
<thead>
<tr>
<th>Name of Business/Facility</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant/Owner/Manager</td>
<td>Email Address</td>
</tr>
<tr>
<td>Business Mailing Address</td>
<td>City</td>
</tr>
</tbody>
</table>

**PURPOSE OF APPLICATION**

- New Construction (How is location marked: stake, flag, etc.?)
- Existing Sign, Old Permit No.
- Add Illumination to Existing Sign
- Re-erect Existing Sign
- Enlarge Existing Sign
- Other

**SIGN LOCATION DATA**

Highway ___________ County ___________ Nearest City/Town ___________
Geographical Location (Decimal Degrees): Latitude ___________ Longitude ___________
Side of Highway (N, S, E, W) ___________ Number of Intersecting State or U.S. Highway ___________
Direction from Intersecting Highway (N, S, E, W) ___________
Distance from Intersecting Highway (Miles/Tenths) ___________

<table>
<thead>
<tr>
<th>Name of Landowner</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF SIGN**

Facing: Height ___________ Width ___________ Lighting: □ Illuminated □ Non-illuminated
Arrangement of Facing: □ Single sided □ Back-to-back □ "V" Type □ Side by side □ Double decked
□ Trl-vision □ Electronic Message Display (EMD) □ Other
Number of Support Poles: ___________ Support Pole Material: □ Wood □ Metal □ Other

***APPLICANT CONTINUE TO PAGE 2***
ARKANSAS DEPARTMENT OF TRANSPORTATION
Billboard Sign Control Program
Application

ZONING AND LAND USE OF SIGN LOCATION

Is the location within the corporate limits of a city or town?  ☐ Yes  ☐ No
How is the location legally zoned?  ☐ Commercial  ☐ Industrial  ☐ Residential  ☐ Other  ________________
Is City Building Permit or Sign Permit required?  ☐ Yes  ☐ No
Is the location within 600 feet of any business?  ☐ Yes  ☐ No  If yes, business name  ________________
ATTACH WRITTEN VERIFICATION OF ZONING AND A COPY OF CITY BUILDING OR SIGN PERMIT

ON-CALL CONTACT PERSON

Name of Contact Person  Title

Office Phone  ___________________________  Cell Phone

REQUIRED ATTACHMENTS

☐ Enclose a copy of lease or the attached property owner permission statement for the erection and/or maintenance of this sign.

☐ Enclose a diagram or satellite image of the proposed sign location in relation to intersecting routes (include direction of travel and measurements).

☐ If the property is zoned, enclose a letter from the Zoning Authority stating the zoning classification.

☐ If the property requires a building or sign permit, enclose a copy of the permit dated within 30 days of the application date.

☐ Enclose a check or money order made payable to the Arkansas Department of Transportation, in the amount of $40.00.

CERTIFICATION

I certify that I have the authority to sign this application and the statements made herein are true and correct. I certify that this sign will not encroach, in any manner, on state highway right-of-way and that it will be removed at no expense to the Department if it is found to be an encroachment on state highway right-of-way. I certify that this sign will comply with all city and/or state ordinances.

I further understand that any falsification or misrepresentation of the statements in this application may result in the denial of the application or the revocation of my permit.

Applicant Name (Please Print):  Title

Applicant Signature:  Date:
Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)
   - Other (see instructions)

   Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.). See instructions.

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give The Requester for guidelines on whose number to enter.

Part II - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of 

Date

U.S. person *

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form W-9 (Rev. 10-2018)
To the Arkansas Department of Transportation:

________________________________________
(Sign Owner)

HAS MY PERMISSION TO ERECT AND/OR MAINTAIN

A SIGN ON MY PROPERTY ADJACENT TO HIGHWAY ________ IN _________________________

COUNTY NEAR ____________________________ .
(City or Town)

________________________________________
Name of Property Owner (Please Print)  Email Address

________________________________________
Property Owner Mailing Address  City  State  Zip Code

________________________________________
Property Owner Signature  Date

NOTE: Must be signed and dated within thirty (30 days) of the application date. A written lease agreement between the sign owner and the property owner may be substituted for this statement if dated within thirty (30) days of the application date.