

REQUEST FOR INFORMATION/ASSISTANCE

ontact Name			
ailing Address			
ione	Fax		E-Mail
usiness Informatio	<u>n</u>		
	Relocation of Existing Single L		
	rpansion, how many years has busine		
Number of location	ons & cities where currently operating		
Type of business Industrial/Ma Other (descri	inufacturing Warehouse/Distrib be)	utionCommerc	
Type of business Industrial/Ma Other (descri	(check one): unufacturing Warehouse/Distrib	utionCommerc	
Type of business Industrial/Ma Other (descri	(check one): nufacturing Warehouse/Distrib be)	utionCommerc	
Type of business Industrial/Ma Other (descri Projected number Product(s):	(check one): nufacturing Warehouse/Distrib be) of employees at new location:	utionCommerc	
Type of business Industrial/Ma Other (descri Projected number Product(s):	(check one): unufacturing Warehouse/Distrib be) of employees at new location:	utionCommerc	
Type of business Industrial/Ma Other (descri Projected number Product(s): Do you have a bu	(check one): nufacturing Warehouse/Distrib be) of employees at new location: siness plan for this business start-up	nutionCommerce	