

New Tenant Application

The information requested here will assist both the Owatonna Area Business Development Center (OABDC) and your business in determining if this facility is appropriate for the long-term successes of all involved.

It is essential that the information contained within this application is current and timely. All contacts and correspondence are considered confidential unless otherwise stipulated by the prospective tenant. Please contact the Executive Director at the OABDC if you have any questions or need help in completing the application.

Contact Name:				
Legal Name of Busi	ness:			
Current street address:				
City & State:	Zip:	Zip:		
Current Telephone N	Number:			
Email Address:	EIN			
Existing Business:	Year Established:Number of Employees:			
Type of Business:	Sole Proprietorship			
	Partnership			
	Corporation			
List Own	ner (O)/ Partners (P)/ Stockholders (S). Indicate O,P,S			
Name		O,P,S		
10	065 24 th Avenue SW P.O. Box 505*Owatonna, MN 5506 (507) /451-0517 FAX (507) 455-2788	50		
	www.owatonna.biz info@owatonna.biz			

Briefly describe the nature of your business – Its products, services, and the markets that it serves.				
Approximate amount of space yo	u will need:			
Office: Manu	ıfacturing:	Warehouse:		
Describe what you intend to use t	he facility for.			
List any special needs your business may have in locating in the Center.				
Banking and / or Business Refere	ence:			
Bank / Business:	Contact Individua	al:		
Address	City/State:	Zip:		
Telephone:				
Printed Name of Authorized Signer	r / Title / Signature /Date			

All materials here are strictly confidential and are not to be shared with anyone outside. 1065 24th Avenue SW P.O. Box 505*Owatonna, MN 55060 (507) /451-0517 FAX (507) 455-2788 www.owatonna.biz info@owatonna.biz