

Briefly describe the nature of your business – Its products, services, and the markets that it serves.

Approximate amount of space you will need:

Office: _____ Manufacturing: _____ Warehouse: _____

Describe what you intend to use the facility for.

List any special needs your business may have in locating in the Center.

Banking and / or Business Reference:

Bank / Business: _____ Contact Individual: _____

Address _____ City/State: _____ Zip: _____

Telephone: _____

Printed Name of Authorized Signer / 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