

# Business Referral Sheet

Referring Organization: \_\_\_\_\_

General Information      \_\_\_\_\_ Startup – Planned Opening Date      \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Existing - Date Started      \_\_\_\_/\_\_\_\_/\_\_\_\_

---

---

## Contact Information

<u>% Ownership</u>	<u>Name</u>	<u>Best Contact Phone #</u>	<u>Email</u>
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

---

---

## Company Information

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax# \_\_\_\_\_

Website \_\_\_\_\_

Business Description \_\_\_\_\_

\_\_\_\_\_

---

---

## Development Requirements

Funding Range      \_\_\_\_\_ none needed      \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Desired Facility      \_\_\_\_\_ already have      \_\_\_\_\_ square-feet required

Facility (Actual/Planned)      \_\_\_\_\_ Lease      \_\_\_\_\_ Sub-lease      \_\_\_\_\_ Own      \_\_\_\_\_ Home-based

Facility Type      \_\_ Industrial \_\_ Commercial \_\_ Retail \_\_ Mall \_\_ Mixed-use

---

---

## Technical Assistance Referrals

Organization	TA Requested	Faxed
_____ (____) _____ - _____	_____	<input type="checkbox"/>
_____ (____) _____ - _____	_____	<input type="checkbox"/>
_____ (____) _____ - _____	_____	<input type="checkbox"/>
_____ (____) _____ - _____	_____	<input type="checkbox"/>

cc: \_\_\_\_\_