

COMMERCIAL FORM

Business Name _____

Contact Name _____

Address _____

Phone _____ Phone _____

Fax _____

Email _____

Website _____

Date Established _____

EMPLOYMENT INFORMATION

Service Clerical/Adm Support
 Skilled Trades Managerial/Professional
 Manufacturing Other _____
 Sales & Marketing **TOTAL** _____

JOB AVAILABILITY

Openings? ____

Job Description _____

Contact _____ Phone _____

Application Due Date _____

Job Description _____

Contact _____ Phone _____

Application Due Date _____

Job Description _____

Contact _____ Phone _____

Application Due Date _____

SPACE INFORMATION

Sales Space _____ s.f.

Office Space _____ s.f.

Own Business Production Sp _____ s.f.

Rent Business Storage Space _____ s.f.

Unused Space _____ s.f.

TOTAL SPACE _____ s.f.

COMPETITIVE EDGE

PRIMARY PRODUCTS/SERVICES

BUSINESS CLASSIFICATION

Description _____

NAICS Code _____ SIC _____

BUSINESS HOURS

	Open	Close
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____