To assist you in identifying the most suitable area in Wills Point for your business, please complete the blanks to the extent that information is known or can be released. *This information will be kept confidential.* 

#### I. CORPORATE INFORMATION

Company	Contact
Address	
City	
State/Province	
Zip/Postal Code	
Facility Type: ( ) Expansion/Location	( ) Distribution
( ) Assembly	( ) Fabrication
( ) Retail	( ) Wholesale
( ) Other	
II. PERSONNEL	
Current Information: Salary Employees Payroll	
Hourly Employees Pa	ayroll
Average Annual Com	nmissions Paid
Employment within one year of start-up	Peak Employment
Number of Personnel to be transferred to new loc	cation
Number of Personnel to be hired for new location	1
Types of skilled labor required from local area	
III. MARKET	
Approximate amount of annual purchases made b	by company subject to sales and use tax: \$
Approximate amount of annual sales of goods and use tax: \$	d/or services made by the company that are subject to sales
Product(s) of Proposed Facility	
Raw Material and Origins	
Market Areas: ( ) State ( ) N	National ( ) International

### IV. BUILDING SITE

Projected Time Frame:	(Start Date and Completion	n Date)		
Warehouse	( ) Required ( ) Lease sq. ft. sq. ft. sq. ft.	Production Office	( ) Lease/Option to Purchase sq. ft sq. ft.	
Size of Site acres Other building/side requirements: ( ) Sprinkler ( ) Air Conditioning ( ) Overhead Crane Capacity ( ) Ceiling Heights		Parking for cars  ( ) Loading Docks – How many  ( ) Floor Specifications-Type  ( ) Bay Widths		
V. UTILITIES  Electricity: Approximate KW dema	nd	Approximate	KWH/month	
Water:	) Required ( )	Water purpo	Not Needed	
·	rive via ( %) Air ibuted via ( %) Air	( %) Truck ( %) Truck		
List related requiremen	nts			

Approx		nt \$	
Plant \$	5	Land \$	Equipment \$
Wills P	•	nent Corporation assistance receive requested:	quested? ( ) Yes ( ) No
If requ	Company Financial Bala Profit/Loss Statement (I Company Pro-forma (3- Tax Return (3 Years) If owned by individuals	Minimum 3 Years) 5 Years) or partners, must furnish perso Sales and Payroll Projection Name: Address: Telephone:	onal financial statements as well as corporate.
VII	I. ENVIRONMENT		
( )	Facility will have no env Facility will affect the en	ironmental impact nvironment in the following ma	inner:
Air	Content		Volume
Sewer			
Odor			

IX.	MOST CRITICAL NEEDS
	(In order of importance)
(1)	
(2)	
Addition	nal information not listed:
	Texas Government Code Section 2264.01 Certification
knowing division, repay th	by certifies that Company, or a branch, division, or department of Company, does not and will not gly employ an undocumented worker. If, after receiving a public subsidy, Company or a branch, or department of company is convicted of a violation under 8 U.S.C. Section 1324a(f), Company shall be amount of the public subsidy paid by Wills Point EDC to Company with interest at a rate of 18% per not later than the 120 days after the date that Company receives a notification of such a violation.
The com	pany's representative that is authorized to enter into a binding agreement with Wills Point EDC is:
	Printed Name & Title
	Signed
	Date
	have any questions, please contact Pam Pearson at 903-873-3381 or <a href="wpedc@sbcglobal.net">wpedc@sbcglobal.net</a> . Upon ion, please return to:
	Wills Point Economic Development Corporation

P.O. Box 217 Wills Point, TX 75169

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