

**INTERESTED IN POTENTIAL RETAIL LEASING
OPPORTUNITIES AT THE EXPANDED GATEWAY CENTER?**

Business Name: _____

Type of Business _____

Business Address: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: _____

Are you a certified M/WBE minority or woman-owned business? _____

Anticipated business/retail use at Gateway Estates: _____

Anticipated square-footage needed: _____

How long have you been in business: _____

Do you have additional locations? If so, where? _____

Would you be interested in attending a business support/educational seminar? _____

What specific issues would you like to see addressed in such a seminar? _____

Additional information we should know: _____

Please return forms via mail, fax or email to:

Gateway II Local Retail Initiative
ADDRESS
CONTACT
MAIL - EMAIL - FAX - PHONE