



WALL INDUSTRIAL PARK APPLICATION WALL ECONOMIC DEVELOPMENT CORP.

501 MAIN STREET • PO BOX 314

WALL, SD 57790

(605) 279-2658 FAX (605) 279-2067 WALLEDD@GWTC.NET

Applicant/Business Information

Business Name: _____

Contact Person: _____ Phone: _____ Email: _____

Industry Description: _____

Business Description (services, product): _____

Type of Business:

☐ Existing, year of establishment _____

☐ New

Conditional Permits needed? (Air Quality, Odor Control or Other) ☐ Yes ☐ No

Utilities

To what extent does your business depend on Internet?

☐ None ☐ Some ☐ It is essential

Electricity requirements: _____

Gallons used per month of:

☐ Water (gallons) _____

☐ Sewer (line size needed) _____

Land/Facility Use

Lot size required (Acres or Sq.ft.): _____ Lot Preferred _____

Building Size: Front: _____ Depth: _____ Height: _____

Estimated Cost: \$ _____ Completion Date: _____

Outdoor storage space needed: ☐ Yes ☐ No ☐ For what? _____

Parking required? ☐ Yes ☐ No

Expansion plans, if any? _____

Workforce

Number of employees: _____

Employee's wage range: _____

Benefits provided:

☐ Yes, Explain _____

☐ No _____

Skills required: _____

Transportation:

Traffic (gross weight vehicles – daily, monthly, annually): _____

Access needed:

☐ I-90

☐ Airport

☐ Railroad

Note: Please attach a drawing of the site, building, parking, and signage plan, drawn to scale

Additional comments: _____

☐ I (we) certify the information provided is true and correct.

Print Name(s) _____

Signature(s) _____ **Date** _____

Office Use Only

☐ Wall Industrial Park Buyer Guide provided to applicant

Date: _____ By: _____

Comments: _____
