

# Main Street Program

## BUSINESS PROFILE

Business Name:		Telephone:	
Business Owner Name:		Email:	
Street Address:			
Mailing Address (if different):			
Website:		Manager Name:	
Nature of Business:		Seasonal/Permanent?:	Years at Present Location:
Number of Employees	Days/Hours of Operation:	Own or Lease?	Years leasing?

## CURRENT BUSINESS CLIMATE

How would you respond to these statements: (provide comment below)

Circle One:

My business' busiest day of the week is	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Predominant make up of costumers (age)	Under 18	18-25		25-45		45-65	65+
Predominant make up of costumers (residence)	LG area	LO area	Other: _____				
Parking is accessible and available for my customers	Strongly Agree	Agree	Disagree	Strongly Disagree			
Downtown _____ is a safe place during the day	Strongly Agree	Agree	Disagree	Strongly Disagree			
Downtown _____ is a safe place after dark	Strongly Agree	Agree	Disagree	Strongly Disagree			
Shoplifting/vandalism are problems for my business	Strongly Agree	Agree	Disagree	Strongly Disagree			
Downtown _____ is clean and well maintained	Strongly Agree	Agree	Disagree	Strongly Disagree			
The City's business services (licensing, permits, etc) are efficient and professional	Strongly Agree	Agree	Disagree	Strongly Disagree			
I plan to expand my _____ business within the next year	Strongly Agree	Agree	Disagree	Strongly Disagree			
I plan to close or relocate my business within the next year	Strongly Agree	Agree	Disagree	Strongly Disagree			
I would recommend downtown _____ to other entrepreneurs	Strongly Agree	Agree	Disagree	Strongly Disagree			
Comments:							

## SHOPPING ENVIRONMENT

In general, how do you feel customers view _____	Positively	Negatively	Don't Know
In general, how do you feel local business people view _____?	Positively	Negatively	Don't Know
From the list of words below please mark the items that you feel best describe the shopping environment in _____			
_Friendly	_Cooperative		
_Quiet	_Neglected	_Historical	Others: _____
_Relaxing	_Congested	_Uninviting	Comment: _____
_Unfriendly	_Economical	_Convenient	_____

Below is a list of items concerning the general shopping environment in \_\_\_\_\_. Please rate each item.

Quality places to eat	Good	Fair	Poor	Don't Know
Cleanliness of streets and sidewalks	Good	Fair	Poor	Don't Know
Convenience of shopping hours	Good	Fair	Poor	Don't Know
Friendliness of sales people	Good	Fair	Poor	Don't Know
Variety of goods sold	Good	Fair	Poor	Don't Know
Cost of goods sold	Good	Fair	Poor	Don't Know
Traffic flow in downtown	Good	Fair	Poor	Don't Know
Special sales or events	Good	Fair	Poor	Don't Know
Visual appearance of store exteriors	Good	Fair	Poor	Don't Know

## TECHNICAL ASSISTANCE

Which, if any of the following workshops would you attend if offered

- |   |   |
|---|---|
| <input type="checkbox"/> Customer satisfaction      | <input type="checkbox"/> Storefront design/Window displays        |
| <input type="checkbox"/> The internet and business  | <input type="checkbox"/> Healthcare options for small businesses  |
| <input type="checkbox"/> Marketing your business    | <input type="checkbox"/> Finance 101 for retailers                |
| <input type="checkbox"/> Developing a business plan | <input type="checkbox"/> Dealing with the seasonal business cycle |
| <input type="checkbox"/> Financing options          | <input type="checkbox"/> Tapping into downtown neighborhoods      |
| <input type="checkbox"/> Tax information            | <input type="checkbox"/> Computers and your business              |
| <input type="checkbox"/> Other: _____               |   |

What two things are the biggest impediments to business success in downtown \_\_\_\_?

What two things are the biggest facilitators of your success in downtown \_\_\_\_?