

Your Logo

Retaining and Expanding Community Businesses

A Survey of Local Retail Businesses

Date

Please complete and return this questionnaire
by fax or in the enclosed, stamped envelope
by **DATE** to:

OR

Complete and submit the questionnaire online by accessing **surveyURL**



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Please provide the following information.

Business Name: _____

Street Address: _____

City, State, Zip: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Website address: _____

Your Name: _____

Title: _____

Today's date: _____

*Answer only those questions with which you feel comfortable. Feel free to note comments in the margins.
Your responses will be confidential.*

Section A – Local Business Environment

1. What are the top three (3) reasons you choose to operate your business in COMMUNITY? (please choose only 3 responses and rank from 1 to 3)

- ☐ a. Location
- ☐ b. Access to your customers
- ☐ c. Access to your suppliers
- ☐ d. Access to business services
- ☐ e. Community Amenities
- ☐ f. Quality of housing
- ☐ g. Quality of life
- ☐ h. Safety services
- ☐ i. Safe environment
- ☐ j. Other (please specify) _____

2. What are the top three challenges you face as a business owner/operator in COMMUNITY?

3. Please rate the following amenities and services.

	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>	<u>Very Poor</u>
Transportation thoroughfares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and sewers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care services (hospitals, clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/cultural activities/entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow and ice removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date

Page 1

ID: _____



Your logo



Street repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/paramedic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police safety services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Rate the importance of the following amenities and services in COMMUNITY.

	<u>Very Important</u>	<u>Important</u>	<u>Not Important</u>	<u>No Opinion</u>
Transportation thoroughfares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and sewers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care services (hospitals, clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/cultural activities/entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow and ice removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/paramedic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police safety services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Would you pay more to improve any of the following amenities and services in COMMUNITY?

	<u>Yes</u>	<u>No</u>	<u>Possibly</u>
Transportation thoroughfares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water and sewers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care services (hospitals, clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation/cultural activities/entertainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow and ice removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/paramedic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police safety services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date

Page 2

ID:



Your logo



Section B – Future Plans

6. Do you have any plans to modernize or expand your business?

- ☐ a. Yes
- ☐ b. No

6a. Do you face constraints? (Check all that apply.)

- ☐ a. No constraints
- ☐ b. Financial
- ☐ c. Physical facility
- ☐ d. Insufficient space
- ☐ e. Parking
- ☐ f. Zoning and building regulations
- ☐ g. Lease or rent constraints
- ☐ h. Availability of suitable employees
- ☐ i. Other (please specify) _____

6b. What kind of modernization or expansion are you considering? (Check all that apply.)

- ☐ a. Additional floor space
- ☐ b. Inventory storage space
- ☐ c. Office space
- ☐ d. Parking area
- ☐ e. Adding another department, division or business
- ☐ f. Expansion into adjacent space
- ☐ g. Other (please specify) _____
- ☐ h. None

6c. When would the work be started?

- ☐ a. Within 6 months
- ☐ b. Between 6 - 12 months
- ☐ c. Between 1 - 3 years
- ☐ d. More than 3 years
- ☐ e. Not applicable

7. Are you currently considering moving, closing, selling, or merging with another company? (Check one.)

- ☐ a. Considering moving
- ☐ b. Considering closing (go to question 7c)
- ☐ c. Considering selling (go to question 7c)
- ☐ d. Considering acquiring or merging with another company (go to question 7c)
- ☐ e. None of the above (go to question 8)

7a. Why are you considering moving? (Check all that apply.)

- ☐ a. Changing market conditions
- ☐ b. Overcrowded facilities
- ☐ c. Land limitation for expansion
- ☐ d. Workforce issues
- ☐ e. Rigid code enforcement
- ☐ f. High taxes
- ☐ g. Lease expiration
- ☐ h. Retirement
- ☐ i. Other (please specify) _____

Date

Page 3

ID:



Your logo



7b. Where are you considering moving?

- ☐ a. Elsewhere in COMMUNITY
- ☐ b. Elsewhere in the County
- ☐ c. Outside the County, but in Ohio
- ☐ d. Outside Ohio, but in U.S.
- ☐ e. Outside U.S.

7c. When are you considering moving, closing, selling or merging with another company?

- ☐ a. Within 6 months
- ☐ b. Between 6 - 12 months
- ☐ c. Between 1 - 3 years
- ☐ d. More than 3 years

8. What impact would your plans for modernization, renovation, expansion, moving, closing, merging, or selling have on the number of employees in your COMMUNITY location?

- ☐ a. No change to number of employees
- ☐ b. Add employees; about how many? _____
- ☐ c. Reduce employees; about how many? _____

Section C – Business Operations

9. Do you typically have a significant increase in sales during any particular part of the year?

- ☐ a. Yes
- ☐ b. No (go to question 10)

9a. If yes, during what SEASON do your sales increase significantly? (Check all that apply.)

- ☐ a. Winter
- ☐ b. Spring
- ☐ c. Summer
- ☐ d. Fall

9b. If yes, do you hire more employees during this busy season?

- ☐ a. Yes
- ☐ b. No (go to question 10)

9c. If yes, approximately how many employees do you hire during this busy season?

Full-time

- ☐ a. 1 – 3
- ☐ b. 4 – 10
- ☐ c. 11 – 20
- ☐ d. More than 20

Part-time

- ☐ a. 1 – 3
- ☐ b. 4 – 10
- ☐ c. 11 – 20
- ☐ d. More than 20

10. Do you typically have a slow day of the week or time of day?

- ☐ a. Yes
- ☐ b. No (go to question 11)

10a. What have you done to help increase your sales during less busy days and hours?

- ☐ a. Advertised
- ☐ b. Offered product promotions
- ☐ c. Extended days and/or hours of operation

Date

Page 4

ID:



Your logo



- ☐ d. Changed product/service offerings and/or mix
☐ e. Other (please specify) _____

11. What is your most successful form of marketing? What form of marketing, if any, would you like to learn more about?

<u>Most Successful</u>	<u>Learn About</u>	
<input type="checkbox"/>	<input type="checkbox"/>	a. Direct mail
<input type="checkbox"/>	<input type="checkbox"/>	b. Directory listings
<input type="checkbox"/>	<input type="checkbox"/>	c. Newspaper advertisements
<input type="checkbox"/>	<input type="checkbox"/>	d. Television advertisements
<input type="checkbox"/>	<input type="checkbox"/>	e. Radio advertisements
<input type="checkbox"/>	<input type="checkbox"/>	f. Billboard and/or other signage
<input type="checkbox"/>	<input type="checkbox"/>	g. Internet marketing and advertising
<input type="checkbox"/>	<input type="checkbox"/>	h. Educational seminars
<input type="checkbox"/>	<input type="checkbox"/>	i. Sponsorship of activities and events
<input type="checkbox"/>	<input type="checkbox"/>	j. Word-of-mouth
<input type="checkbox"/>	<input type="checkbox"/>	k. Other _____

Section D - General Information

12. How long has this business been operating at its current location?

- ☐ a. Less than 1 year
☐ b. 1 – 5 years
☐ c. 5 – 10 years
☐ d. 10 – 20 years
☐ e. More than 20 years

13. Over the next three (3) years, do you think the following business factors will increase, stay the same, or decline?

	<u>Increase</u>	<u>Stay the Same</u>	<u>Decline</u>
Number of customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales - Total revenue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Profits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13a. If you expect any of these business factors to increase or decrease, what are the principal reasons for the changes?

14. What is your overall opinion of COMMUNITY as a place to do business?

<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>	<u>Very Poor</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Would you recommend COMMUNITY as a good business location?

- ☐ a. Yes
☐ b. No

16. Do you live in the COMMUNITY area?

Date

Page 5

ID:



Your logo



- ☐ a. Yes
☐ b. No

16a. If YES, do you live within the village limits?

- ☐ a. Yes
☐ b. No

17. Rate the overall quality of life in COMMUNITY.

<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Poor</u>	<u>Very Poor</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Where do the majority of your sales come from?

- ☐ a. Customers in COMMUNITY
☐ b. Customers within a 10-mile radius
☐ c. Customers beyond a 10-mile radius

19. If you could ask area consumers a question or two, what would you ask them?

In the space below or on a separate sheet of paper, please add any comments.

Thank you for completing this survey.

Date

Page 6

ID:



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