**Business Walk survey**

Date Submitted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the current state of your Business

* Slow/Poor
* Fair/ Steady
* Good/Increasing

What is the average number of employees (FTE’s) including yourself (or owner?)

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What do you like about doing business in the area?

* Local business support services
* Availability of labor
* Business friendly local government
* Clientele
* Cost of doing business
* Location
* Other

If other, please specify:

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What are the biggest challenges facing your business?

* Access to Financing
* Finding Employees
* Lack of Customers
* Lack of Space
* Local property taxes
* Local restrictions
* Marketing
* Succession Planning
* Other

If other, please specify

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What can be done to help your Business thrive?

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What specific information would you like to have access to locally?

* Financing Information
* Business Planning
* Labor Business Support Programs
* Location for Expansion
* Marketing and Sales information
* Succession Planning
* Other

If other, please specify:

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Are you a Chamber member? Yes No

If no, would you like membership information? Yes No

**Assessment**

Should this company be revisited to provide 1:1 Assistance?

* Yes
* No

 If yes within

* 30 days
* 60 days
* 90 days

Provide a legible, brief description of company’s need, e.g. Why are you suggesting a follow up visit?

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