

Golden Business Exit Survey

CONTACT INFORMATION

Business Name _____

(All future references to "your business" will refer exclusively to the business listed above.)

Business Owner(s) _____ Contact: _____

Business Physical Address _____

Business Mailing Address _____

Business Phone #1 _____ Business Phone #2 _____ FAX _____

Email _____ Website _____

BUSINESS INFORMATION

1. What type of business did you operate in Golden? _____

2. How satisfied were you with the location of your business? (● mark ONE)

Very Satisfied Satisfied Neutral Unsatisfied Very Unsatisfied

Why? _____

3. How long had your business been in operation? (● mark ONE, include time at this & any previous locations)

under 1 year 1-5 years 6-10 years 11-20 years over 20 years

If you know the date your business was established, please list it here (MM / YY) _____

4. How long had/have you been the owner of your business? (● mark ONE)

under 1 year 1-5 years 6-10 years 11-20 years over 20 years

5. What was your yearly gross revenue? (mark ONE)

Less than \$50,000 \$50,001-100,000 100,001-250,000
 \$250,000 – 500,000 \$500,001-750,000 \$750,000 +

6. Did your business own or lease the space in which it is located? Own Lease Lease, wanted to purchase

7. For your business, how many square feet were devoted to the following?

(The total should add up to the total square footage of the business)

- a. _____ sq. ft. Sales Space
- b. _____ sq. ft. Production Space
- c. _____ sq. ft. Office Space
- d. _____ sq. ft. Storage Space
- e. _____ sq. ft. Unused Space
- f. _____ sq. ft. Total Space

8. What are the hours of operation for your business?

Monday from _____ to _____

Tuesday from _____ to _____

Wednesday from _____ to _____

Thursday from _____ to _____

Friday from _____ to _____

Saturday from _____ to _____

Sunday from _____ to _____

9. Please describe the target market of your business. (● mark ONE for each category)

Gender Male Female

Age under 18 18-24 25-44 45-54 55-64 Over 64

Annual household income

<input type="checkbox"/> under \$15,000	<input type="checkbox"/> \$35,000 - \$49,999	<input type="checkbox"/> \$100,000 - \$149,999
<input type="checkbox"/> \$15,000 - \$24,999	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> over \$150,000
<input type="checkbox"/> \$25,000 - 34,999	<input type="checkbox"/> \$75,000 - \$99,999	

10. What percentage of employees of your business lived here in Golden? _____ %

11. How many people, including owners, did your business employ in each of the following categories?

(Full-time = 32 or more hours/week)

Full-time year-round _____ Part-time year-round _____ Seasonal _____

12. What were your thoughts on store hours?

- I am open all the hours I need to be
- I can't be open more hours for personal reasons
- I should be open more hours, but can't afford the staff
- I should be open more hours, but can't find good staff
- I would be open more hours if I were sure of sales
- I would be open more hours if everyone else were

13. What are the three busiest months of the year for this business? (● mark up to THREE)

- | | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September |
| <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

15. How many customers/clients visit your business per week during the summer months of May to October? (● mark ONE)

- none, all business via phone, Internet, etc.
- less than 50 50-250
- 250-500

16. How many customers/clients visit your business per week during the winter months of November to April? (● mark ONE)

- none, all business via phone, Internet, etc.
- less than 50 50-250
- 250-500 Over 500
- September

14. During a typical week, what were the five busiest times for your business? (● mark up to FIVE times total for the week)

	Before 11:00 a.m.	11:00 a.m.- 2:00 p.m.	2:00 p.m.- 5:00 p.m.	After 5:00
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. What are the two biggest non-work reasons people stop downtown? (i.e. specific establishment, attraction or activity)

a. _____ b. _____

26. Name two businesses you would most like to see come to downtown Golden. (i.e. specific chain or franchise).

a. _____ b. _____

27. With your business in mind, what four community assets would you have most liked to see developed/improved?

(● mark up to FOUR)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> River walk | <input type="checkbox"/> Performing Arts Center | <input type="checkbox"/> Expanded public parking |
| <input type="checkbox"/> Bike trails | <input type="checkbox"/> Skateboard park | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Kayak course | <input type="checkbox"/> Expanded "green space" | <input type="checkbox"/> Other _____ |

NEEDS ASSESSMENT

28. Please rate the degree to which you experienced the following business challenges in Golden? (● mark ONE answer for each item)

	Major Challenge (-3)	Minor Challenge (-2)	Don't Know (-1)	No Challenge (0)
Conflict with building owner or tenant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty recruiting or retaining employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expensive or unavailable products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expensive or unavailable utilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expensive employee wages or benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expensive rent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expensive shipping or transportation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient parking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-town competition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-town competition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor building condition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrictive business regulations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Could you or your employees have used information on or assistance with the following topics? (● mark ONE answer for each item)

	Definitely (2)	Probably (1)	Unsure (0)	Probably Not (-1)	Definitely Not (-2)
Business planning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory management.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advertising or marketing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee hiring or training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building improvements.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window displays or interior store design.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet or E-Commerce.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How useful to your business were these existing Downtown products and services? (● mark ONE answer for each item)

	Very Useful (3)	Useful (1)	Don't Know (-1)	Useless (-3)
Advertising or marketing of Downtown Golden as a shopping destination.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downtown public improvement projects (Downtown streetscape, bike racks)..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downtown business directories, brochures, maps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web site or Internet resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special event coordination (ex. Buffalo Bill Days, Farmers Market).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. Which other business incentives or assistance have you used?

(● mark ONE answer for each item)

	Have Used (3)	Will Use (1)	Don't Know (-1)	Won't Use (-3)
GURA grants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDCOM grants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free assistance from Small Business Development Center (SBDC).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How strongly do you agree or disagree with the following statements? (● mark ONE answer for each statement)

	Strongly Agree (2)	Somewhat Agree (1)	Neutral (0)	Somewhat Disagree (-1)	Strongly Disagree (-2)
I feel safe downtown, even at night.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local municipal services are well worth the level of local taxation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always try to buy products and services locally.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I always direct customers to other downtown businesses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I seek ways to cooperate with complementary downtown businesses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The existing downtown business mix helps my business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The look and feel of downtown helps my business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My building façade draws customers into my business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My window and store displays help my business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My advertising helps my business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees of my business show great customer service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downtown Golden is an excellent place to have a business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Please describe the factors that led to your decision to no discontinue operation in Golden.
