



Centerville Business Survey

I. Background information

Company Name: _____

Home Based Business License Commercial Business License

Address: _____

Website: _____

Business Phone: _____

Contact #1: _____

Title: _____

Email: _____

Direct Line: _____

Parent Company (if applicable): _____

Parent Company Address: _____

Prefers to Communicate: Business Phone Direct Line Email

Year Business was established: _____

Business Sector:

- | | | |
|--|--|--|
| <input type="checkbox"/> Advanced Manufacturing | <input type="checkbox"/> Aeronautics & Defense | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Building and Construction | <input type="checkbox"/> Consumer Goods Producer | <input type="checkbox"/> Consumer Services |
| <input type="checkbox"/> Convention/Tourism | <input type="checkbox"/> Diversified | <input type="checkbox"/> Energy/Energy Utilities |
| <input type="checkbox"/> Finance/Insurance/Real Estate | <input type="checkbox"/> Government | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Industrial Goods | <input type="checkbox"/> Retail Related Operations | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Communications | <input type="checkbox"/> Durable Goods Producer |
| <input type="checkbox"/> High End Business | <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Other: _____ | | |

How many employees at company (Centerville site only):

Full-time: _____

Part-time: _____

Leased: _____

Total Employees: _____

Are you a Chamber Member? Yes No Need more information

All information collected in this survey is to better serve your business and will be kept confidential.
The survey is being conducted by the City of Centerville's Economic Development Department.

Function of employees at company (Centerville site only):

- Management: _____
- Technical: _____
- Sales/Marketing: _____
- Clerical: _____
- Production: _____
- Other: _____

Number of jobs added or lost in past 3 years: _____

Hours of Operation: _____

Status of Facility: Home Commercial: Owned Commercial: Leased

II. Product/Service

What is your company's greatest achievement in the last three (3) years? _____

Do you see any product changes in your business in the next three (3) years? _____

What is the greatest threat, if any, to your product in the next three (3) years? _____

III. Workforce

How do you rate the availability of workers in this area:

1 2 3 4 5 Does Not Apply

How do you rate the quality of workers in this area:

1 2 3 4 5 Does Not Apply

How do you rate the stability of workforce in this area:

1 2 3 4 5 Does Not Apply

Is your company experiencing recruitment problems with any employee positions or skills:

Yes No Does Not Apply

If yes, what problems, positions, skills? _____

Is the number of unfilled positions: Increasing Decreasing Does Not Apply

Average Hourly Wage: \$_____ Entry-Level

IV. Market

Is the company's primary market:

Local Regional National International

Are total company sales: Increasing Stable Decreasing

Does the company plan to expand in the next three years: Yes No Does Not Apply

Where are your primary competitors located? _____

Does your business face constraints to any growth opportunities? _____

Do you anticipate any federal, state, or local legislation changes that will benefit or adversely affect your business in the next five years: _____

How will they affect your company? _____

V. Management

Has the company's ownership changes in the last 18 months, or do you anticipate a change? _____

What are Centerville's strengths as a place to do business? _____

What are Centerville's weaknesses as a place to do business? _____

Are there any barriers to your business growth in Centerville? _____

VI. Utility Services

Please rate your satisfaction with our City provided services. 5 indicates you are very satisfied with our services and 1 indicates you are very dissatisfied with our services.

Water	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Does Not Apply
Sewer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Does Not Apply
Trash	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Does Not Apply
Police Protection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Does Not Apply
Fire Protection	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Does Not Apply
Streets (Local)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Does Not Apply
Zoning Changes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Does Not Apply
Building Permits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> Does Not Apply

For any 1's (one) indicated above, please provide an explanation for your dissatisfaction: _____

Are there other services that Centerville can provide for the success of your business? _____

Additional Comments: _____
