

DOWNTOWN REVITALIZATION

 Key: = Select Multiple, = Select One

 DR1. How long have you been the owner of this business? **Select one.**

- Under 1 year
- 1 – 5 years
- 6 – 10 years
- 11 -20 years
- Over 20 years

 DR2. For this business, how many square feet are devoted to the following? (**Must be a number**)

_____ Sales Space

_____ Office Space

 DR3. What are the annual total sales at this location? (**Mark appropriate range**)

- \$0 - \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$250,000
- \$250,000 – 500,000
- \$500,000- \$1,000,000
- over \$1,000,000

DR4. What are the standard hours of operation for this business?

Day	From	To
Sunday:	_____	_____
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____

 DR5a. Please indicate the percentage of activity that is: (**Should total to 100%**)

- _____ % Foot traffic
- _____ % Telephone based
- _____ % Internet based
- _____ % Other

 b. What is your average weekly foot traffic (**# of customers**)?

- Less than 100
- 100 – 500
- 500 – 1000
- Over 1000
- None

c. What is the busiest day of the week for this business? **Select one.**

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Varies

d. What are the **two** busiest times of day for this business? **Select up to TWO times for each day.**

- 1 = Before 8:00 a.m.
- 2 = 8:00 a.m. - 11:00 a.m.
- 3 = 11:00 a.m. - 1:00 p.m.
- 4 = 1:00 p.m. - 5:00 p.m.
- 5 = After 5:00 p.m.
- 6 = Varies
- 7 = Closed

Day	1	2	3	4	5	6	7
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. What are the **three** busiest months of the year for this business? **Select up to THREE months.**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

DR6a. Do you typically plan major sales/specials for this business?

- Yes
- No **Go to question DR6c**

b. If Yes, for what month(s)? **Select all that apply.**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

c. Do you participate in and/or support community events and festivals that take place in the downtown/commercial district?

- Yes
- No **Go to question DR6f**

d. If yes, please specify which events you participate in:

e. If yes, please specify which events you support:

f. Do community events/festivals increase sales in your business?

- Yes
- No **Go to question DR7a**

g. If yes, please specify which events.

DR7. Gender:

- Male
- Female
- No distinction

DR8. Do you have specific target markets?

- Yes
- No

DR9. Market share by age group:

Rank Scale (1 - 4):
 0 = No target market
 1 = Most important
 4 = Least important

Column description (A - D):
 A = Youth (14 - 25)
 B = Young families (25 - 40)
 C = Baby boomers (40 - 60)
 D = Retirees and Seniors (60+)

Group Rank Criteria	A	B	C	D
Market share for business				
Potential for sales growth				
Most opportunity for growth				

DR10. Market share by type of customer:

Rank Scale (1 - 4):
 0 = No target market
 1 = Most important
 4 = Least important

Column description (A - D):
 A = People who work in the downtown
 B = Local residents
 C = Visitors/Tourists
 D = Seasonal residents and cottagers

Group Rank Criteria	A	B	C	D
Market share for business				
Potential for sales growth				
Most opportunity for growth				

DR11a. Do you track where your customers are from?

- Yes
 No **Go to question DR12a**

b. If Yes, how do you track them? Select one.

- Postal Code
 Telephone Number
 Other

c. Outside this community, name the top five communities where your customers come from:

DR12. Estimate the percentage of your customers that live within the following different radii of your business:

- 1 = 75%+
- 2 = 50% - 75%
- 3 = 25% - 50%
- 4 = 10% - 25%
- 5 = Under 10%

Distance	1	2	3	4	5
Within walking distance (400 metres)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within a 5 minute drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within a 15 minute drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within a 15 - 30 minute drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More than 30 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR13a. Please list six products and/or services that separate your business from your competition.

b. What is the main competitive edge of this business versus the competitors listed above? **Select top two.**

- Location
- Price
- Selection
- Service
- Hours
- Quality
- Name Brands
- Other (Specify): _____

c. Relative to other businesses in your trade, what price point do you target? **Select one.**

- Low-end
- Average - Mid-point
- High-end
- All price points

d. Where is the toughest competition for this business?

- In the downtown
 - Yes
 - No
- In the community
 - Yes
 - No
- In another community
 - Yes
 - No

e. Who are your toughest competitors?

National Franchises:

Yes

No

Local Independents:

Yes

No

Other (Specify):

Yes

No

f. What three existing downtown businesses/services (specify by name) complement this business the most?

g. With this business in mind, what three additional businesses/services (specify by name) would you most like to see available downtown?

h. Do you think the downtown can or should build on the current business mix and develop a cluster of stores/services offering related products to a similar market segment?

Yes

No **Go to question DR14a**

i. If Yes, please specify:

DR14a. Where do customers to this business typically park? **Select one.**

On the street right in closest available spot

In a municipal/public parking lot

In a customer parking lot you own or rent. How many spaces available?

Other (Specify):

b. Where do you and employees of this business typically park? **Select one.**

On the street in closest available spot

In a municipal/public parking lot

In a customer parking lot you own or rent. How may spaces available?

Other (Specify):

DR15. Do you know if your community offers any financial assistance programs to its businesses?

- Yes
 No **Go to question DR17a**
 Don't know

DR16. If Yes, indicate which of the following types of incentives are available and their potential applicability to your business. **Select all that apply.**

- 1 = Available (Note: Check this box if the Incentive is available, then select their applicability to your business)
 2 = Have used
 3 = Have not used
 4 = Plan to apply
 5 = Won't apply
 6 = Don't know

Incentives	1	2	3	4	5	6
Development Charges Exemptions:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Development Application Fee Exemptions:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sign Permit Exemption:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building Permit Fee Exemption:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grants and Loans - Design Assistance:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grants and Loans - Building Facade Program:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential conversion:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building rehabilitation:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brownfield redevelopment assistance:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brownfield Tax Increment Financing Program:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR17. Is your establishment experiencing any of these particular issues? **Select all that apply.**

- Accessibility
 Number of parking spaces
 Location of parking spaces
 Availability of parking spaces
 Parking enforcement
 Storefront appearance / window displays / signage
 Vagrancy, panhandling
 Vandalism, graffiti and litter
 Shop lifting
 Loitering
 Public safety services (lighting, security, police presence, etc)
 No issues
 Other (Specify): _____

DR18. How strongly do you agree or disagree with the following statements? **Select answer for each.**

- 1 = Strongly agree
- 2 = Somewhat agree
- 3 = Somewhat disagree
- 4 = Strongly disagree

Statements	1	2	3	4
I always try to buy products and services locally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I always direct customers to other downtown businesses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The existing downtown business mix helps this business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is plenty of convenient parking downtown.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Downtown is an excellent place to have a business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are plenty of good workers available here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would support a new retail promotions event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The look and feel of downtown helps this business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My building facade draws customers into this business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My window and store displays help this business.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This business is open when customers want to shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees of this business show great customer service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe downtown, even at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DR19. Downtown Revitalization Notes:

Thank you for your participation in this business survey. The Business Retention and Expansion leadership team values your participation and input. We endeavour to respond to your issues and needs in order that your business and the local economy can be improved.