

QUESTIONS



FOR NEW AND EXISTING BUSINESSES, ENTREPRENEURS AND ASPIRING ENTREPRENEURS

Thank you in advance for taking the time to assist us as we work with our local partners on developing a more formalized network or ecosystem to support the launch, growth and expansion of entrepreneurs within our community and nearby areas. Your insights and perspectives as a local entrepreneur are most appreciated as part of this effort.

1 How long have you been in business?

- Still in development / launch phase
- 13 years
- 3-5 years
- 5 years or greater

2 What stage best characterizes you and your business's current state?

- Still in formation / existence
- Launched / survival
- Success / growth
- Maturity / steadiness
- Settled / thinking of retirement or succession

3 What sector best describes your business or idea?

- Technology
- Retail
- Restaurant
- Service
- Large scale manufacturing
- Small scale manufacturing
- Artists / artisan
- Agricultural
- Wholesale
- Other (please specify)

4 How would you characterize the ownership structure of your business or idea? (please choose all that apply)

- Sole proprietorship
- Partnership
- Family owned
- Cooperatively owned
- Limited liability company
- Corporation
- Other (please specify)

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5 What forms of technical assistance from a public or private group have you used as part of your entrepreneurial journey? For the following, please check all that apply:

	Private Group	Public Group	Not Available	Unsure if Available
Business Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing / Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website / Online Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Networking / Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permits / Zoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Incubator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Work Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maker Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architectural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 What forms of financial assistance have you used as part of your entrepreneurial journal? For the following, please check all that apply:

	Private Group	Public Group	Not Available	Unsure if Available
Credit Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self, Family, Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Equity Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angel Investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venture Capital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crowdfunding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public/Non-Profit Funding Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Competition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micro Financing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minority Business Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7 What issues/barriers did you face in launching your business?
For the following, please answer all that apply:

	Yes	No
Securing Financing	<input type="radio"/>	<input type="radio"/>
Securing My Business Location	<input type="radio"/>	<input type="radio"/>
Building Condition	<input type="radio"/>	<input type="radio"/>
Obtaining Permits	<input type="radio"/>	<input type="radio"/>
Meeting Zoning Requirements	<input type="radio"/>	<input type="radio"/>
Having Enough Parking	<input type="radio"/>	<input type="radio"/>
Finding Employees	<input type="radio"/>	<input type="radio"/>
Retaining Employees	<input type="radio"/>	<input type="radio"/>
Finding Mentors	<input type="radio"/>	<input type="radio"/>
Selling Online	<input type="radio"/>	<input type="radio"/>
Lack of Technical Assistance	<input type="radio"/>	<input type="radio"/>
Other (please specify)		

8 What is your greatest current need for your business? (Or, if you can't choose one, your top three greatest needs for your business at the present moment?)

Single / Greatest Current Need:

Second Greatest Current Need: (optional)

Third Greatest Current Need: (optional)

9 How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or over
- Prefer not to answer

10 Where is the location of your business?

- Central Business District
- Outside of Central Business District