



MAIN STREET COMPANY INTERVIEW FORM

Information is confidential

COMPANY	CITY, STATE/ZIP
Date of Visit (MM/DD/YY)	Lead Interviewer
Contact Name	Assisted by
Appointment	Other Participants

PRODUCTS/SERVICES

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

2. Do you serve any special market niches or produce any customized products/services from this location?

☐ Yes

☐ No

If yes, please explain:

3. What type of businesses/products are your customers looking for that they are not finding in this community?

4. Does your company have any difficulty securing needed business services in the area?

☐ Yes

☐ No

If yes, what services?

5. Have there been any changes in distributor/supplier relationships that have negatively impacted your business in the last two (2) years?

☐ Yes

☐ No

Comments?

Are any distributor/supplier changes anticipated?

☐ Yes

☐ No

Comments?

6. Percentage of sales outside local market/region: ___Under 5% ___5%-20% ___21%-35% ___36%-50% ___Greater than 50%

Past year, sales outside local market

☐ Increasing

☐ Stable

☐ Decreasing

7. What is the range of total company sales?

- ☐ Below \$100,000
 ☐ \$100,000 - \$250,000
 ☐ \$250,001 - \$500,000
 ☐ \$500,001 - \$750,000
 ☐ \$750,001-\$1 million
☐ \$1 million - \$2 million
 ☐ \$2 million - \$5 million
 ☐ More than \$5 million

Are total sales for your operations:

- ☐ Increasing
 ☐ Stable
 ☐ Decreasing

What is the primary influence?

8. Does the company plan to expand or renovate this facility in the next three years?

- ☐ Expand
 ☐ Renovate
 ☐ None

If yes, Estimated investment

\$ _____

Estimated percentage-aesthetic

_____ %

Estimated percentage-equipment/technology

_____ %

Estimated percentage-structural

_____ %

Estimated facility size increase (if any)

_____ sq./ft.

Estimated number of jobs added or lost (-)

_____ FTE

Approximate date of improvements

_____ (mm/yy)

**FTE = Full Time
Equivalent**

9. Do you plan to open an additional location(s) in the next two (2) years?

- ☐ Yes
 ☐ No

Comments:

MARKETING

10. Is the company's advertising/promotion budget

- ☐ Increasing
 ☐ Stable
 ☐ Decreasing
 ☐ None

11. Does your company invest time/money in a cooperative marketing effort (advertising, events, promotions, etc.) with other area businesses?

- ☐ Yes
 ☐ No

Marketing Notes

MANAGEMENT

12. In the past 18 months has the company's ownership or senior management changed or are changes expected?

Changed ownership/senior management

- ☐ Yes
 ☐ No

Planned Change

- ☐ Yes
 ☐ No

Comments?

Has the local manager changed or is a change expected?

- ☐ Yes
 ☐ No

Comments?

13. Is the owner or one of the owners involved in the day-to-day operations of the business?

- ☐ Yes
 ☐ No

Management Notes

WORKFORCE

	Low	1	2	3	4	5	6	7	High
14. How do you rate the availability of workers in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you rate the quality of workforce in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you rate the stability of workforce in this area:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
As compared to other company facilities, how would you rate productivity in this facility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are projected employment needs for this facility:				<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing			
16. Is the number of unfilled positions:				<input type="checkbox"/> Increasing	<input type="checkbox"/> Stable	<input type="checkbox"/> Decreasing			
Approximate number of unfilled positions today: _____									
What positions are most difficult to fill and why?									
Current employment: Full time _____ Part time _____ Leased _____									
17. Does the business provide any of the following benefits? (Currently Question #22)	<input type="checkbox"/> Health Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401K/Profit Sharing <input type="checkbox"/> None								
	If benefits: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Both								
	If health benefit, what percentage of health benefit are covered by the employer? Individual % Family %								
Comments?									
18. Is company investment in employee training:	<input type="checkbox"/> Increasing <input type="checkbox"/> Stable <input type="checkbox"/> Decreasing <input type="checkbox"/> None								
Workforce Notes									

TECHNOLOGY

19. Is the community's technology infrastructure adequate for your company's growth plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Technology Notes		

COMMUNITY BUSINESS CLIMATE

20. What are the community's strengths as a place to do business?	
21. Are there any barriers to growth in this community	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, what?

22. Have there been any changes in the community or neighborhood impacting your business in the last two (2) years (demographic, physical, competition)?

☐ Yes ☐ No

Comments:

[Interviewer (circle one each): Is the comment about Community, Neighborhood, Both Was the comment: Positive, Negative, Both]

23. Do you anticipate any community or neighborhood changes?

☐ Yes ☐ No

Comments:

[Interviewer (circle one each): Is the comment about Community, Neighborhood, Both Was the comment: Positive, Negative]

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

☐ Yes ☐ No

If yes, what changes? How will they affect the company?

25. Has your attitude toward doing business in community changed during the last two (2) years?

☐ Yes ☐ No

If yes, how has your attitude changed?

[Interviewer (circle one): – Positive, Negative]

UTILITY SERVICES

26. How is the consumption of the following utilities changing?

Type of Utility	I*	S*	D*	Low
A) Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B) Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C) Waste Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D) Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E) Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F) Telecom (voice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G) Cellular service	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
H) Internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I) Internet speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* I = Increasing, S = Stable, D = Decreasing

Please rate your satisfaction with your utility providers

1	2	3	4	5	6	7	High
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please comment on any utility services with low satisfaction (3 or lower) or high (5 or above):

Utility service comment 1 (circle one)

A B C D E F G H I

Low/High Rank Comment 1: (Interviewer: Circle one – Positive, Negative)

Utility service comment 2 (circle one) A B C D E F G H I	Low/High Rank Comment 2: (Interviewer: Circle one – Positive, Negative)
Utility service comment 3 (circle one) A B C D E F G H I	Low/High Rank Comment 3: (Interviewer: Circle one – Positive, Negative)
Utility Services Notes	

COMMUNITY SERVICES

27. Please rate the quality of the following services provided by the community on a scale of 1 to 7, 7 being high.

	Low	1	2	3	4	5	6	7	High
A) Police protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
B) Fire protection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
C) Ambulance paramedic service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
D) Streetscape		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
E) Streets and roads (local)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
F) Highways (State & Federal)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
G) Traffic control		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
H) Public transportation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
I) Airline passenger service		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
J) Health care services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
K) Child care services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
L) Community college		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
M) College(s) and university(ies)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
N) Housing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
O) School (K–12)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
P) Property tax assessment (fair & equitable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
Q) Zoning changes and building permits		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
R) Regulatory enforcement (fair & equitable)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
S) Sign regulations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
T) Community planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
U) Chamber of Commerce or business association		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
V) Downtown/Main Street organization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
W) Economic development organization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA
X) Visitors bureau		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA

Please comment on any utility services with low satisfaction (3 or lower) or high (5 or above):	
Utility service comment 1 (<i>circle one</i>) A B C D E F G H I J K L M N O P Q R S T U V W X Y	Low/High Rank Comment 1: (<i>Interviewer: Circle one – Positive, Negative</i>)
Utility service comment 2 (<i>circle one</i>) A B C D E F G H I J K L M N O P Q R S T U V W X Y	Low/High Rank Comment 2: (<i>Interviewer: Circle one – Positive, Negative</i>)
Utility service comment 3 (<i>circle one</i>) A B C D E F G H I J K L M N O P Q R S T U V W X Y	Low/High Rank Comment 3: (<i>Interviewer: Circle one – Positive, Negative</i>)
Community Service Notes	

Thank you for your assistance.