

Business Information and Operations Survey

1. Business Name

First name

Last name

2. Business Address

Street address

City

State

Country

3. What are your hours of operation?

4. What are your busiest day(s) of the week? Select all that apply

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ Saturday

☐ Sunday

5. What is your busiest month?

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

6. What food industry are you in?

7. How many employees do you have?

8. Do you think your location affects your business?

☐ Yes

☐ No

9. Do you own or rent your facility?

☐ Own

☐ Rent

10. Do you have any issues with the following? Select all that apply

☐ Employees

☐ Building

☐ Supplies

☐ Utilities