

Business Information and Operations Survey

1. Business Name

First name

Last name

2. Business Address

Street address

City

State

Country

Select 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