



City of McHenry
Downtown Business Growth, Retention and Enhancement Survey

Business Name: _____

Address: _____

Contact Person: _____ Title: _____

Telephone: (____) _____ - _____ e-mail: _____

Mobile: (____) _____ - _____ website: _____

I. BUSINESS PROFILE

1. What form of organization is your business? (Check all that apply)

- a. Public Corporation
- b. Private Corporation
- c. Sole Proprietor
- d. Partnership
- e. Cooperative
- f. Non-Profit
- g. Family-Owned
- h. For Profit

2. What year did your business start? _____

3. Do you have multiple locations? (including outside the City of McHenry)

- a. Yes
- b. No

4. What product(s) or service(s) does your business provide? What category does your primary business activity fall into? (Check one)

- a. Retail
- b. Service
- c. Tourism/Hospitality
- d. Other

5. Are total company gross sales over the past 2-3 years....

- a. Increasing
- b. Stable
- c. Decreasing

- 6. Is the market share of your company product/service...**
- a. Increasing
 - b. Stable
 - c. Decreasing
- 7. Do you anticipate any legislative (Federal, State or Local) changes that will help or hurt your business?**
- a. Yes
 - b. No
 - c. Don't Know
- 8. Have you received any technical, educational or financial business assistance from outside sources?**
- a. Yes
 - b. No

II. EMPLOYEE PROFILE

- 1. How many full-time employees do you typically maintain at this location? (40 hrs/wk)**
- _____
- 2. How many part-time employees do you typically maintain at this location? (Less than 40 hrs/wk)**
- _____
- 3. Is the labor supply at this location adequate to fulfill your current needs?**
- a. Yes
 - b. No
- 4. Do you have difficulty recruiting new employees in the following categories?**
- a. Yes
 - b. No

III. BUSINESS CLIMATE

- 1. How would you rate the overall business climate in the City of McHenry?**
- a. Excellent
 - b. Good
 - c. Average
 - d. Poor
 - e. Very Poor
 - f. No Opinion

2. Are any changes expected for this location for the next three years?

- a. Yes b. No

Please specify: _____

5. Would you recommend locating in the City of McHenry to another business?

- a. Yes b. No c. Not sure

If no or unsure, please explain: _____

Additional comments are welcome and may be written on the reverse side of this form.

Completed by: _____ Title: _____ Date: ___/___/___

For immediate needs or concerns, please contact Douglas Martin at (815)363-2110 or e-mail dmartin@ci.mchenry.il.us.

Thank you for your participation!

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