



CITY OF OVIEDO BUSINESS SURVEY

1. Please provide us with your contact information.

Name and Title: _____

Company: _____

Address: _____

Address 2: _____

City / Town: _____

State: _____

ZIP: _____

Email Address: _____

Phone Number: _____

Fax Number: _____

2. Industry

- | | |
|---|--|
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Health & Life Sciences | <input type="checkbox"/> Research & Development |
| <input type="checkbox"/> Corporate Headquarters | <input type="checkbox"/> Wholesale Trade & Distribution |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Hospitality / Restaurant / Bar | <input type="checkbox"/> Personal Services (Barber, Health & Fitness, Salon) |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Professional Services (Attorneys, Doctors, Engineers) |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Other (please specify) |
- _____

3. Brief Description of Business Purpose

4. How many employees do you currently have? _____

5. Have you reduced staff or the number of hours employees work as a result of the local economic conditions?

- Yes
- No

If yes, how many people have you lost or how many hours, and in what job titles?

6. Have your revenues decreased in the last four quarters?

Yes

No

If yes, by what percent? _____

7. What percentage of your employees live in Oviedo?

_____ %

Winter Springs?

_____ %

Seminole County?

_____ %

8. In what ways have the local economic conditions impacted your business operations the most?

9. Would you like additional information on any of the topics listed below?

Export Counseling & Assistance

Expansion / Site Selection

Business Counseling

Job Creation / Retention

Industrial Revenue Bond Programs

Broadband Infrastructure

Workforce Training

Disaster Preparedness / Recovery

Employee Relocation Assistance

Demographic / Statistical Information

Access to Capital Resources

Permitting Assistance

Federal & State Programs

Other (please specify)

10. Have you considered restructuring your operation or methodology of conducting business to attract a different market or increase your market potential?

Yes

No

If yes, please explain.

11. What resources or assistance would you require to attract new business?

12. How do you prefer we contact you with the information requested above?
