

Main Street Business Inventory Form



BUSINESS CONTACT INFORMATION				SPACE INFORMATION			
Business Name				Rent or Own Space?:		Total Building Space: Sq. ft	
Owner Name				Years at Location:		Sale Space: Sq. ft	
Contact/Mgr Name				Years in Business Total:		Office/Utility Space: Sq. ft	
Mailing Address				Interior Condition (please circle): Needs Repair Adequate Excellent		Production Space: Sq. ft	
City, State, Zip						Storage Space: Sq. ft	
Phone #1						Residential Space: Sq. Ft	
Phone #2				Exterior Condition (please circle): Needs Repair Adequate Excellent		Un-Used Space: Sq. Ft	
Email							
Website Address							
Social Media Use				Are you interested in learning about local incentives for building improvements (please circle)? Yes/No If so, would you prefer to be contacted via phone or email?			
BUSINESS CONCEPT				MARKET AND MARKETING DATA			
Business Category:		NAIC#		Business Hours			
Primary Products and Services:					Open	Close	Closed (all day)
Type of Traffic: Destination Impulse Other				Sunday			
				Monday			
				Tuesday			
				Wednesday			
				Thursday			
				Friday			
				Saturday			
				Or, By Appointment Only? Yes/No			
				Customer Base (circle one): Retail or Service			
				% Male	% Female	% Children	
				% City	% County	% Outside County	
BUSINESS AND WORKFORCE DATA				Marketing Activities			
Total Number of Employees?:				Target Audiences			
Full	Part	Seasonal		% Newspaper/Magazine	% Children		
			Management	% Radio/TV	% Teens		
			Sales	% Social Media/Web	% 18 to 29		
			Food Preparation	% Email	% 30 to 44		
			Maintenance, Cleaning	% Direct Mail	% 45 to 59		
			Office, Administrative	% Billboard	% 60 to 69		
			Production	% Events and Sponsorship	% 70+		
			Other	% Other (please list)			
TOTAL SALES				Thank you! Please return this form to:			
Proprietary information, which pertains to specific businesses and their performance, will be kept entirely confidential.							
Annual Sales/Revenue \$							
Please provide operating budget or assets if not sales driven.							
Do you track sales? Yes/No If so, please circle method:							
Zip Code	City	County	Area Code				

INVENTORY DATE:

FORM #