



City of
SHOW LOW
Arizona
NAMED BY THE TURN OF A CARD

Show Low New Business License Survey

The City of Show Low is looking for ways to help you make your new business venture more successful. Please take a few minutes to provide us feedback. Your answers will be held strictly confidential. **Please return with your new business license application.**

1. Is this your first business start-up?
☐ Yes ☐ No
2. What is the nature of your business?

3. Does your business fill a specific niche not otherwise served?
☐ Yes ☐ No
If yes, what specific niche?

4. Does your business have a budget?
☐ Yes ☐ No
5. Do you have the ability to cover business expenses for at least six months?
☐ Yes ☐ No
6. Is your business home-based?
☐ Yes ☐ No
7. Did you find the City of Show Low codes and permitting process easy to understand and navigate?
☐ Yes ☐ No
If no, what problems did you encounter? Please be specific

8. Do you plan to hire employees?
☐ Yes ☐ No
If yes, how many will you hire? ☐ 1 ☐ 2-5 ☐ 6-10 ☐ Over 10
9. Do you understand how to report taxes and provide insurance?
☐ Yes ☐ No

OVER →

10. Do you have a business plan in place?
☐ Yes ☐ No
11. Do you have a system to record your sales?
☐ Yes ☐ No
12. Do you have a system to record your financial reports?
☐ Yes ☐ No
13. Do you have your business logo and market branding in place?
☐ Yes ☐ No
14. Do you have an established business base to sustain you?
☐ Yes ☐ No
15. Do you have a business website?
☐ Yes ☐ No
16. Is your business set up on social media platforms e.g. Facebook, Instagram, Twitter, etc.?
☐ Yes ☐ No
17. Would you like to receive information from local support organizations on any of the following topics?
- | | | |
|--|---|--|
| <input type="checkbox"/> Starting a business | <input type="checkbox"/> Business Plan | <input type="checkbox"/> Business Financing |
| <input type="checkbox"/> Managing a business | <input type="checkbox"/> Managing Employees | <input type="checkbox"/> Customer Relations |
| <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Cash Flow Management | <input type="checkbox"/> Tax Planning |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Government Contracting | <input type="checkbox"/> Franchising |
| <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> Technology/Computers | <input type="checkbox"/> International Trade |
| <input type="checkbox"/> Budgeting/Business Accounting | <input type="checkbox"/> eCommerce (doing business on the internet) | <input type="checkbox"/> City Licensing, Permitting and Zoning |
| <input type="checkbox"/> Other _____ | | |

Business Name: _____

Contact: _____

Phone Number: _____

Email Address: _____

Thank you very much for your input.