

## Business Needs Assessment Survey

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Facility Type: \_\_\_\_\_

Parent Company: \_\_\_\_\_  
Yrs. in Business in Las Vegas: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_

1. Did you have business insurance to cover your company?  Yes  No  Unsure
2. Do you plan to reopen in this location once repairs are complete?  Yes  No
3. Will you require additional financial assistance beyond your insurance coverage if any was provided?  Yes  No  Unsure
4. How long can you afford to be out of business?  3-6 months  6-12 months
5. Are you able to operate out of a temporary location?  Yes  No
6. What type of assistance are you looking for from the City of Las Vegas?  
\_\_\_\_\_  
\_\_\_\_\_
7. What is your education level?  High School Diploma  Bachelors Degree  
 Masters  PhD
8. Gender?  Male  Female 8b. Age Group?  18-25  25-40  40-55  55-Over
9. Would you like information on a business incubator for small businesses and start-ups in the City of Las Vegas?  Yes  No

Thanks for completing the Business Needs Assessment Survey please take this time to leave any comments or concerns:

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