The City of Long Beach

BEVERLY O'NEILL, MAYOR

Dear Business Owner:

On behalf of the City of Long Beach I want to commend you for your commitment to Long Beach and effectiveness as a business leader. Due in part to businesses like yours, we are a community rich in diversity and talent. It is essential that we work together to ensure the economic well being of Long Beach businesses.

Attached you will find a survey to help us learn more about your business needs and challenges, so that we can extend valuable resources such as recruitment/hiring assistance, employment transitional services, financial assistance, customized training, and technical guidance to businesses like yours.

Please take a few moments to complete and return the enclosed 2006 Business Retention survey.

All Information will remain confidential!

To show our appreciation for your participation, the first 100 survey responses received will be entered in the drawing to receive a free City of Long Beach Business License renewal certificate.

If you have any questions regarding this, please feel free to contact Gary Flaxman, Workforce Development Specialist, at (562) 570-3732.

Thank you for participating in this survey!

Sincerely,

Beverly O'Neill
MAYOR

Please detach here, fold, and return. Postage is paid. Or fax back to us at 562-570-3897.

Long Beach
Business Expansion and Retention Network

2006 Business Retention Survey

Please answer the following questions to provide the City with a snapshot of local business trends and to help us identify how we may be of assistance to your company. The first 100 survey responses received will be entered in the drawing to receive a free City of Long Beach business license renewal certificate. All information will remain confidential!

1. Please indicate the industry that most closely represents your business:
   - ☐ Agriculture
   - ☐ Arts, Entertainment or Recreation
   - ☐ Accommodation or Food Srvs
   - ☐ Admin Support, Waste Mgt., or Remediation Services
   - ☐ Construction
   - ☐ Education or Social Assistance
   - ☐ Finance or Insurance
   - ☐ Healthcare
   - ☐ Information
   - ☐ Manufacturing
   - ☐ Management of Companies
   - ☐ Professional Scientific, or Technical Services
   - ☐ Public Administration
   - ☐ Real Estate
   - ☐ Retail Trade
   - ☐ Transportation and/or Warehousing
   - ☐ Wholesale Trade
   - ☐ Other_____
2. How many employees does your firm employ? ☐ 1-4 ☐ 5-49 ☐ 50-99 ☐ 100-499 ☐ 500+
3. Has your business utilized any of the following City of Long Beach services in the last 5 years (Please check all that apply)?
   - ☐ Building Permits
   - ☐ Business Plan Development Assistance
   - ☐ Business Loan Assistance
   - ☐ Downsizing Assistance
   - ☐ Hiring Assistance
   - ☐ Enterprise Zone Tax Credits
   - ☐ Site Selection
   - ☐ Internet Job Search Specify_____
   - ☐ Other_____
4. What services would your business like assistance with (Please check all that apply)?
   - ☐ Building Permits
   - ☐ Business Loans
   - ☐ Business Plan Development
   - ☐ Business Expansion or Downsizing
   - ☐ One-on-One Consulting
   - ☐ On-the-Job Training
   - ☐ Recruitment/Hiring Assistance
   - ☐ Technical Assistance/Training
   - ☐ Site Selection
   - ☐ Internet Job Search Specify_____
   - ☐ Other_____
5. Which statement best describes your business concerns during the next 12 months (Please check all that apply)?
   - ☐ Difficulty recruiting qualified employees
   - ☐ Difficulty obtaining financing
   - ☐ Difficulty obtaining building permits
   - ☐ Difficulty providing healthcare for employees
   - ☐ Expect to lose a major product line
   - ☐ High rents are negatively impacting our business
   - ☐ Plan to move our operations out of Long Beach (If so, why?) _____
   - ☐ Plan to sell our business or close operations (If so, why?) _____
   - ☐ Plan to downsize existing operations
   - ☐ Other, please describe _____
6. What additional services could the City provide to improve your business expansion and/or retention needs?
   _____
   _____
7. Are you interested in attending an employer breakfast to hear more about our services? ☐ Yes ☐ No

Business Name:_____ Address:_____

Contact Name: _____

Contact Email Address:_____

Contact Phone:_____ Business Website:_____

THANK YOU FOR PARTICIPATING IN THIS SURVEY.

Please peal and fold together for a proper seal. ***Do not staple.***

SAMPLE