

1. Please identify the type of assistance your business has received while in the City of Richmond:

- Business Counseling
 - Financing
 - RichmondWorks Employment Services
 - None
 - Other, please specify
- _____
- _____

2. Do you need assistance?

Yes No

If yes, check below for desired services:
Business Counseling

- Workshops/Classes
- Business Plan
- Marketing
- Credit Repair
- Legal Consulting
- Financing
- Employee Recruitment
- Tax Credit Information
- Website Design/Maintenance

3. Are you interested in participating in a monthly Roundtable Mentoring session with other small business owners?

Yes No

Please send completed survey to:
Richmond Office of Economic Development
1401 Marina Way South
P.O. Box 4046
Richmond, CA 94804
Email: community_economic_development@ci.richmond.ca.us
Fax: 510.307.8149

Tell Us About Your Business

Name of Business:

Your Name

First Middle Last

Your Telephone Numbers:

Business: () - _____

Home: () - _____

Cell: () - _____

Business Address (Street, City, Zip):

Email Address:

How long have you been in business?

- Less than 1 Year
- 1-3 Years
- More than 3 Years

Type of Business:

- Services Manufacturing Retail
- Distribution Technology
- Other, please specify

Legal Structure of Business:

- Sole Proprietorship
- Partnership
- Limited Liability Corporation
- S-Corporation
- C-Corporation

