

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](mailto: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

