

BMS Business Inventory Form

CONTACT INFORMATION

Business Name:

Business Address:
 _____ Main Street, Boonton, NJ 07005 (check one: Street Level Upper floor Below street level)

Owner First Name:	Owner Last Name:	Owner Suffix (Jr., Sr., etc)

Business Phone:	Business Fax:

Email:	Website:

Social Media: (check all that you have established for your business)

Facebook
 Twitter
 Instagram
 Pinterest
 Flickr
 Linked-in
 Other: _____

Secondary Contact First Name:	Secondary Contact Last Name:	Title:

What is the preferred method of contact (receive news, announcements, etc.):
 Phone: _____ Email: _____ In-person Visit: _____

BUSINESS INFORMATION

Year Business Established _____	Years in Downtown _____	Number of Employees _____
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I use Internet for my business <input type="checkbox"/> Yes <input type="checkbox"/> No	I offer wireless Internet to customers <input type="checkbox"/> Yes <input type="checkbox"/> No I offer hardwired Internet to customers <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, is customer use free? Yes No

HOURS OF OPERATION

Day	Open	Close
Monday	_____ : _____ AM PM	_____ : _____ AM PM
Tuesday	_____ : _____ AM PM	_____ : _____ AM PM
Wednesday	_____ : _____ AM PM	_____ : _____ AM PM
Thursday	_____ : _____ AM PM	_____ : _____ AM PM
Friday	_____ : _____ AM PM	_____ : _____ AM PM
Saturday	_____ : _____ AM PM	_____ : _____ AM PM
Sunday	_____ : _____ AM PM	_____ : _____ AM PM
By Appointment		

BUILDING INFORMATION		
Total Business Square Feet: _____		Rent: \$_____/month
<input type="checkbox"/> Same as property owner		
Building Owner First Name:	Building Owner Last Name:	Building Owner Phone:
Building Owner Address:		Building Owner Email Address:

BUSINESS CATEGORY: (Please select all that apply)		
<input type="checkbox"/> Dining	<input type="checkbox"/> Shopping	<input type="checkbox"/> Wellness
<input type="checkbox"/> Personal Services	<input type="checkbox"/> Arts/Entertainment	<input type="checkbox"/> Religious / Spiritual
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Other: Please explain	

MOST PRESSING BUSINESS NEEDS:		
<input type="checkbox"/> Marketing/Advertising	<input type="checkbox"/> Operations/Administration	<input type="checkbox"/> HR/Staffing
<input type="checkbox"/> Inventory	<input type="checkbox"/> Foot traffic	<input type="checkbox"/> Social Media
<input type="checkbox"/> Signage	<input type="checkbox"/> Government relations	<input type="checkbox"/> Other: _____

OTHER INFORMATION:	
Do you have a 300 dpi logo? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you aware of www.designcrowd.com where you can have a logo designed for \$200? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to receive our monthly Business/Property Owner Newsletter via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you made any recent updates to the façade of your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what was the investment? \$ _____	
Do you have plans to rehab or refurbish the interior of your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have plans to rehab or refurbish the exterior of your building? <input type="checkbox"/> Yes <input type="checkbox"/> No	