

Main Street Business Information



Questions to be answered and this form submitted with the Main Street program's information.

Business Name: _____

Business Address: _____

Your Name: _____
(Your Position/Title)

Your Email Address: _____

Your Cell Phone Number: _____

Do you have a website? If so, what is the address: _____

Do you have any of the following social media platforms?

☐ Facebook ☐ Blog ☐ Twitter ☐ Pinterest ☐ Instagram

How long have you been in business? _____

How long have you been in this location? _____

Do you own the building?

☐ Yes ☐ No If no; length of lease? _____

Does the building have historic significance?

☐ Yes ☐ No If no; explain? _____

Do you have window displays?

☐ Yes ☐ No

If yes, how often do you change your window displays? _____

When did you remodel last? _____

Are you experiencing any problems with your location, the building itself, the design of your storefront and/or interior that you wish to share prior to the consultation?

Please return this form to your local Main Street Executive Director to include in the Main Street program's application.