

BUSINESS QUESTIONNAIRE

RE1970 04/2015

Wisconsin Department of Transportation

Business name		Address		Area code – phone Ext.	
Owner name		Address		Area code – phone	
Person contacted	Area code – phone	Interview date		Interviewed by	
Tenure <input type="checkbox"/> Owner, displaced person <input type="checkbox"/> Tenant, displaced person, rent:					
Business type:					
<input type="checkbox"/> Retail, type of business					
Sales product					
Specialty clientele					
<input type="checkbox"/> Wholesale, product mix					
Transportation requirements					
<input type="checkbox"/> Manufacturing, product type					
Source of materials					
<input type="checkbox"/> Service, what do you provide?					
Who is your competition?					
Who are your clientele?			Are your clients in one location?		
<input type="checkbox"/> Other, describe			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ownership structure:					
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Family Business	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Nonprofit
Number of employees	Length of time in operation		Other locations <input type="checkbox"/> Yes, how many: <input type="checkbox"/> No		
Land area			Gross sales		
No. of floors	Floor space sq. ft.	Business space sq. ft.		Storage space sq. ft.	
Mortgage amount	Mortgage term Years	Mortgage balance		Interest rate %	
Project ID			County		Parcel No.

Issues related to replacement site:		
Total floor space sq. ft.	Business space sq. ft.	Storage space sq. ft.
Type of facility needed		Building type
Special building requirements		Utility requirements
Parking	Land area	Zoning

Relocation preferences:	
Location	
Terms	Future expansion capabilities
Street accessibility for walk-in, trade or delivery	Rail access
Access to specialized utilities	Large disposal requirements
Landscaping	Structural capability
Traffic requirements	

Issues to be discussed during interview:
Identify personal and real property – use attachments, if necessary
What costs do you anticipate to adapt a new location to your business?
What costs are anticipated during the move?
What zoning and licensing requirements are necessary at the replacement site?
How can loss of downtime be minimized?
How long have you been at the current location?
How long do you estimate the move will take?
What special services may be required to relocate inventory and set up equipment in the new location?
You plan to relocate to what general area?
Do you have plans to upgrade or expand your business? <input type="checkbox"/> No <input type="checkbox"/> Yes, how?
Do you plan to modernize your equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes, what items?
Is there equipment that you own that you do not need to move to the replacement site? <input type="checkbox"/> No <input type="checkbox"/> Yes, what equipment?
Misc. notes; other items of discussion:

