



P.O. Box 163
Tenafly, New Jersey 07670
(201) 568-8857
www.tenaflychamberofcommerce.com

2005 Downtown Business Community Survey

Business Name: _____
Street Address: _____
Town: _____ State: _____ Zip: _____
Primary Phone: _____ Secondary Phone: _____
Website: _____ E-Mail: _____

(Addresses will not be distributed or sold. They will only be used for emergency contact.)

- 1) Do you get complaints from your customers regarding the difficulty of finding parking:
yes___ no___

- 2) Do you have adequate parking space for your employees: yes___ no___

- 3) Do you advertise your business by use of:
 - 1. Direct Mail: yes___ no___
 - 2. Hand Outs: yes___ no___
 - 3. Newspapers: yes___ no___
 - 4. Other: _____

- 4) Do you run special sales or events: yes___ no___

- 5) Are you satisfied with the cleanliness of the town: yes___ no___

- 6) Do you feel that the Mayor and Council do enough for the Business Community:
yes___ no___ If not, what more could they do for you:

- 7) Do you think the traffic pattern of the CBD is conducive to downtown shopping:
yes___ no___

- 8) Are you willing to stay open late on Thursday evening till 8pm:
 - 1. in general: yes___ no___
 - 2. For music concerts: yes___ no___
 - 3. For holidays: yes___ no___

9) Do you want to participate in any of these special events:

1. Mother's Day: yes___ no___
2. Father's Day: yes___ no___
3. Sidewalk Sale: yes___ no___
4. Ocktoberfest: yes___ no___
5. Holiday Events: yes___ no___

10)Would it help you and/or your business if the Chamber of Commerce offered:

1. Health Benefits: yes___ no___
2. Co-op Advertising: yes___ no___
3. Local Bulk Mail Rate: yes___ no___

11)Do you belong to the Chamber of Commerce: yes___ no___

If not, why: _____

Thank you for your support of the Tenafly Chamber of Commerce