

SURVEY OF EXISTING PHILMONT BUSINESSES

Name of your business: _____

In what year did you establish or locate your business in Philmont? _____

Questions with choice of response:

Describe your business, *(check all that apply)*

- | | | | |
|-----------------------|------|-----|--|
| Professional services | | | Formal office or shop |
| Wholesale | | | Hospitality (food services/inns) |
| Retail | | | Contractors/building or landscaping services |
| Manufacturing | | | Not for profit |
| Separate Space: | Rent | Own | Educational |
| Home-based: | Rent | Own | Other [specify] _____ |

What aspects of Philmont enhance your business?

(select the 4 most important in order of priority with 1 being the highest)

- | | |
|---|---------------------------|
| Location, (i.e., central to county) | Low costs |
| Size (small), quiet and/or historic | Labor force |
| Natural beauty | Networking |
| New people moving in | Municipal water and sewer |
| Proximity to agriculture (farming) | Government/regulations |
| Outdoor recreation (conservation/ park) | Other [specify] _____ |
| Restaurants | |

What aspects detract from your business?

(select the 4 most important in order of priority with 1 being the highest)

- | | |
|--|-----------------------|
| Local and township taxes | Lack of services |
| Lack of vehicular and pedestrian traffic | Lack of parking |
| Empty storefronts | Illicit activities |
| Disheveled poorly maintained properties | Other [specify] _____ |

Philmont’s comprehensive plan and zoning

- | | | |
|-------------------------------|-----|----|
| Valuable for your business? | Yes | No |
| Detrimental to your business? | Yes | No |
| Makes no difference | | |

How satisfied are you with your present location?

- Very satisfied
- Satisfied
- So so
- Not satisfied
- Totally displeased

Do you have plans to expand or reduce operations?

- | | | |
|---------------------|--------|--------|
| Yes - if so, which? | Expand | Reduce |
| No | | |
| Maybe | Expand | Reduce |

What types of businesses would you like to see come to Philmont to potentially improve your business? (if multiple, write in order of priority (maximum 4), with 1 being the highest)

- | | |
|-------------------------------------|----------------------------|
| Pharmacy | Bank |
| Grocery Store | Laundromat |
| Liquor Store | Dry Cleaner |
| Café/ more lunch options | Rental Manufacturing space |
| Marijuana Dispensary | Free events |
| Other Retail [please specify types] | Other _____ |
| _____ | |

Questions requiring written response:

What could the village do to help your business? _____

Questions for the business owner:

Village website: are you currently included with an accurate description? Yes No

If not, would you like to be included on the site’s new Philmont Business directory? Yes No

Current Link to website: <https://philmont.org/business-directory/>

Fill in and mail this form to: PEDG c/o P.T.Johnson
 81 Summit St. Hudson, NY 12534-3741

Email completed form, (print & save as pdf), to: PEDGphilmont@gmail.com