BETHANY Oklahoma

# BETHANY ECONOMIC DEVELOPMENT AUTHORITY

**Business Name** _____

**Owner Name** _____

**Business Address** _____

**Contact Email** _____

**Contact Phone** _____

☐ By checking this box I agree to receiving electronic mail notifications from BEDA

**Type of Business:**

☐ Retail ☐ Service- Based ☐ Manufacturing

☐ Professional Services Other _____

**Type of Business Location:**

☐ Retail/Storefront ☐ Office ☐ Industrial/Manufacturing

☐ Home-Based ☐ Warehouse Other _____

How familiar are you with the Bethany Economic Development Authority (BEDA)?

☐ Not Familiar ☐ Somewhat Familiar ☐ Very Familiar

Have you contacted the city before with a issue/concern?

☐ Yes ☐ No

If Yes, what was the issue and was it resolved?

_____

_____

How has the City of Bethany been meeting your water, trash, and/or sanitation needs?

☐ Not at all ☐ Minimally ☐ Suitably ☐ Above Average

What is your top concern as a business owner about the city

☐ Water/Trash/Sanitation Service ☐ City service rate and fees

☐ Codes and Ordinances Other _____

What is the largest limiting factor of owning or doing business in Bethany?

☐ Employment ☐ Expansion ☐ Marketing

☐ Location Other _____

Are you aware that the passage of Proposition 4 in February has limited BEDA's ability to provide capital assisstance to businesses in the form of low-interest loans and grants?

☐ Yes ☐ No

Have you received a grant or incentive from BEDA in the past?

☐ Yes ☐ No

If Yes, how impactful was it?

☐ Not impactful at all ☐ Somewhat impactful ☐ Very impactful

Are you interested in attending a Business Resource Event hosted by BEDA in the future?

☐ Yes ☐ No