

# Ocean Gate Main Street Resident Survey

The Recreation Committee is working on revitalizing (Ocean Gate Avenue) Main Street Shopping Corridor. Your participation will help us better understand your wants and needs. Thank you for helping us improve and revitalize Ocean Gate's Main Street Businesses.

<b>1. Please rate the economic health of the Main Street Area</b>	Very Strong <input type="checkbox"/>	Strong <input type="checkbox"/>	Moderate <input type="checkbox"/>	Weak <input type="checkbox"/>	Very Weak <input type="checkbox"/>																																																				
<b>2. In what type of dwelling do you live:</b> <input type="checkbox"/> Single Family (detached) home <input type="checkbox"/> Townhouse or Twin (attached) home <input type="checkbox"/> Apartment or Condo																																																									
<b>3. Do you: Own <input type="checkbox"/> / Rent <input type="checkbox"/></b>  How many years lived there _____	<b>What is your Age:</b> _____  What is your National Origin _____	<b>How many Persons Including children live in your Household</b>  _____	<b>Estimate Annual Income</b>  \$ _____																																																						
<b>4. How Frequently do you visit Main Street per week?</b> <input type="checkbox"/> 1-2 times / <input type="checkbox"/> 3-5 / <input type="checkbox"/> More <b>If you do not, please indicate why? (check all that apply)</b> <input type="checkbox"/> Traffic / <input type="checkbox"/> Crime / <input type="checkbox"/> Nothing I like / <input type="checkbox"/> Not attractive / <input type="checkbox"/> Not enough parking / <input type="checkbox"/> Confusing Signage <input type="checkbox"/> Limited Variety <input type="checkbox"/> Other _____																																																									
<b>5. If Main Street offered more of what you wanted would you visit more frequently?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																									
<b>6. Please indicate the importance of the following types of business you would visit if they were on Main Street</b>																																																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">Very Important</th> <th style="width: 10%; text-align: center;">Somewhat Important</th> <th style="width: 10%; text-align: center;">Not Important</th> </tr> </thead> <tbody> <tr><td>a. Eating and Drinking (Dinner/Pub/Ethnic/Formal)-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>b. Arts and Entertainment-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>c. Clothing and Accessories (Fashion/Jewelry)-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>d. Computers and Electronics-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>e. Personal Care and Beauty-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>f. Arts and Crafts-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>g. Dry Cleaners-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>h. Flowers / Gifts / Balloons-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>i. Stationery and Office-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>j. Toys and Hobbies-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>k. Health and Medical Services / Professionals-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>l. Financial Services / Wealth Management-----</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>							Very Important	Somewhat Important	Not Important	a. Eating and Drinking (Dinner/Pub/Ethnic/Formal)-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Arts and Entertainment-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Clothing and Accessories (Fashion/Jewelry)-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Computers and Electronics-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Personal Care and Beauty-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Arts and Crafts-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Dry Cleaners-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Flowers / Gifts / Balloons-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Stationery and Office-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Toys and Hobbies-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Health and Medical Services / Professionals-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Financial Services / Wealth Management-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>7. Of the above categories: Where do you most frequently shop for these items (list as many locations)?</b>  ( _____ )																																																									

**Thank you for your response.  
All information is strictly anonymous and confidential.**

NOTE: you may respond via Borough Web Site [www.oceangatenj.gov](http://www.oceangatenj.gov)  
or mail to Borough Hall Attn: Councilman Haug 801 Ocean Gate Ave. CN 100 Ocean Gate, NJ 08740