



DEPARTMENT OF BUSINESS LICENSE SURVEY

CASHIER PROCESS

Please take a moment to fill out this survey designed to provide us with your valuable feedback. Upon completion, please return to cashier or mail in with payment. Thank you!

	<u>Disagree</u>		<u>Agree</u>		
1. The cashier was courteous and helpful.....	1	2	3	4	5
2. The wait time to see the cashier was reasonable.....	1	2	3	4	5
3. The information that you needed was provided.....	1	2	3	4	5
4. Your questions were answered.....	1	2	3	4	5
5. Payments for licenses are easily made.....	1	2	3	4	5

Date _____

Our goal is to improve the cashier services

Suggestions: _____

If you desire to be contacted, please fill in information below:

Name: _____ Business Name: _____ License #: _____

Phone: _____ email: _____