

**The BEKIN**  
**workspace & creative**  
Questionnaire

Applicants Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Web Site \_\_\_\_\_

Is this for business or personal use? \_\_\_\_\_

What is the name of your business? \_\_\_\_\_

What type of work & activities would you be doing? \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

How many employees or helpers do you have? \_\_\_\_\_

Do you have customers/ visitors coming to your shop or storage? Yes or No How often? \_\_\_\_\_ For what purpose? \_\_\_\_\_

Would you need to use the elevator? Yes or No

How often? \_\_\_\_\_

For what purpose? \_\_\_\_\_

What type of supplies and materials would you have stored in your workshop?

\_\_\_\_\_ Anything flammable? Yes or NO

What type of machinery do you typically use?

\_\_\_\_\_

Approximate value of the machinery/ equipment in your shop? \$ \_\_\_\_\_

Do you carry independent insurance for your machinery/ equipment? Yes or No

What type of lighting and power do you anticipate needing?

\_\_\_\_\_

What type of noise does might you create? \_\_\_\_\_

From machinery (i.e. drills, saws, sewing machines, pounding, etc.)?

Does any of your work create unusual or intense odors \_\_\_\_\_

What type of hours do you typically keep? \_\_\_\_\_

How many days a week would you typically be in your shop? \_\_\_\_\_

When would you like to move in? \_\_\_\_\_

Approximately how many square feet do you require? \_\_\_\_\_

What is your approximate budget? \$ \_\_\_\_\_

Any other special requirements?

\_\_\_\_\_

\_\_\_\_\_

***These questions are useful in determining whether you're a good fit for the BEKIN and or to assess if you should be located in a particular space and or floor.***