

Marshall Main Street Program

BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: 511 Locust

Date: 7/20/2011

Reference No.: Lot 3 Block 39
0808 2406102008 Original Town
for Marshall

Prepared By: Eleanor Macke



B 511 Locust A
2011 by Evan Lycan

Name of Present Business: east side (B) King Chiropractor west side (A) LPL Financial

Type of Business: Chiropractic Services Investments

Present Building Owner: William & Lori King William & Lori King

Estimated Construction Date: 1980 by Dan Harper Business Vic B & Susan Saxton

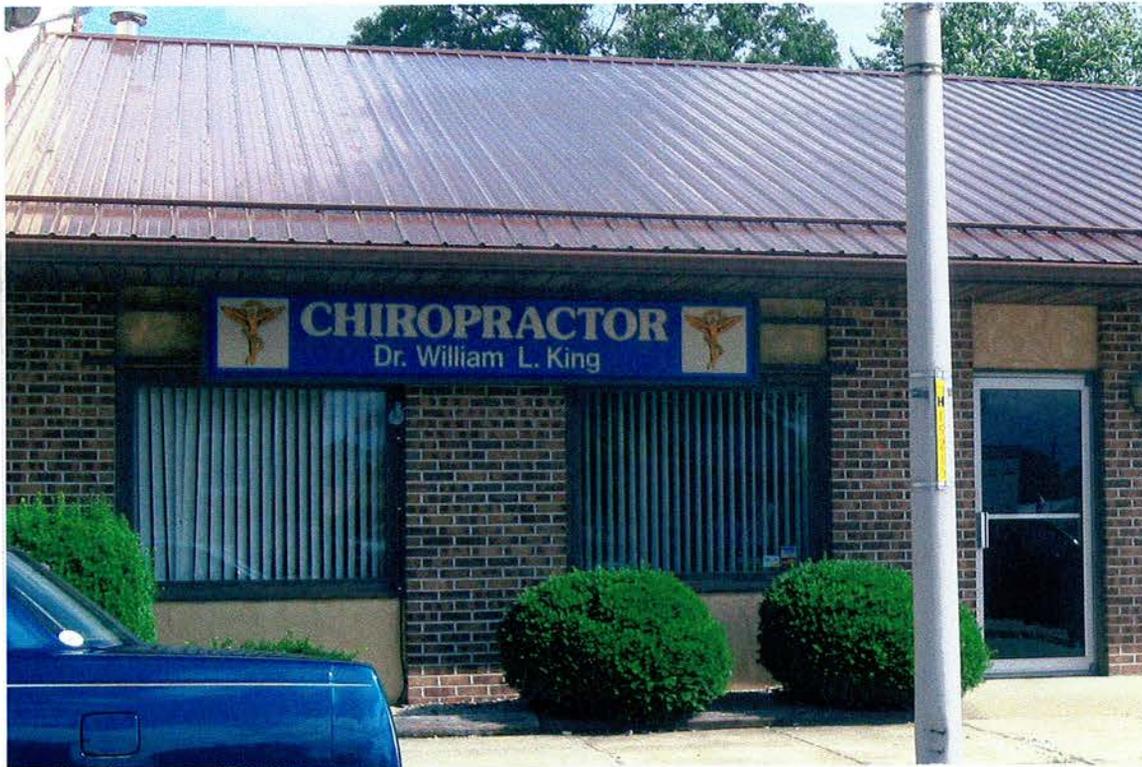
Original Business or Use: Dan Harper TV sales

Historic Name: Harper ~~was~~ building

Any drawings or pictures of early building available: empty lot for many years

Harper 1980 - 1985
leased to Ford Motor Credit 1985 -
purchased by Bill & Lori King 2000

King Chiropractic & LPL Eleanor Macke



Marshall Main Street Program

BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: 511 Locust St.

Date: 3-3-01

Reference No.: _____

Prepared By: Damian T. Macey



Building
owner
Bill & Lori

Name of Present Business: LP L Financial Services

Type of Business: Investment

Present Building Owner: William King

Estimated Construction Date: 1980

Original Business or Use: Appliance Sales - Dan Harper

Historic Name: _____

Any drawings or pictures of early building available: _____

Marshall Main Street Program

BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: 511 Locust St.

Date: 3-3-01

Reference No.: _____

Prepared By: Damian T. Macey

Awnings	<input type="checkbox"/>	First Floor	<input type="checkbox"/>	Second Floor
Material	<input type="checkbox"/> Canvas	<input type="checkbox"/> Aluminum		
	<input type="checkbox"/> Constructed	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Roofing Material	
Doors	<input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Metal	<input type="checkbox"/> Glass	
	<input checked="" type="checkbox"/> Clear glass in door 30% 95%	<input type="checkbox"/> Clear	<input type="checkbox"/> Mostly solid wood	
	<input type="checkbox"/> Sidelite	<input type="checkbox"/> Clear	<input type="checkbox"/> Stained, leaded, or beveled	
	<input type="checkbox"/> Transom	<input type="checkbox"/> Clear	<input type="checkbox"/> Stained, leaded, or beveled	
Cornice	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Decorative	<input type="checkbox"/> Style _____	
	<input type="checkbox"/> Brackets	<input type="checkbox"/> Panels, Windows	<input type="checkbox"/> Other _____	
Main Entrance	<input checked="" type="checkbox"/> Centered	<input type="checkbox"/> Off center to right	<input type="checkbox"/> Off center to left	
	<input type="checkbox"/> Entrance to upper floors	<input type="checkbox"/> Side entrance (Corner Building)		
Unique Ornamental Trim	<input type="checkbox"/> Bay	<input type="checkbox"/> Tower or Turret	<input type="checkbox"/> Balcony	
	<input type="checkbox"/> Arches	<input type="checkbox"/> Ornamental Column or Parts	<input type="checkbox"/> Decorative wooden	
	<input type="checkbox"/> Decorative Metal Works	<input type="checkbox"/> Decorative Stone Work	<input type="checkbox"/> Decorative Brick	
	<input type="checkbox"/> Outside Stairs	<input type="checkbox"/> Simple	<input type="checkbox"/> Decorative Metal	
	<input type="checkbox"/> Decorative Cross Beam	<input type="checkbox"/> Wood		
	<input type="checkbox"/> Decorative Rosettes			

Present Colors: Walls: Natural Brick Sidewall Vertical Siding
 (If corner)
 Windowtrim: Dark Brown
 Doors: Aluminum
 Awning: None
 Stairs: None

2nd Floor Use: Unused Storage Apt. Office

3rd Floor Use: N/A Unused Storage Apt. Office

Marshall Main Street Program

BUILDING SURVEY

Telephone (217) 826-9023

Structure Address: _____

Date: _____

Reference No.: _____

Prepared By: _____

Any original or early interior features still in tact (lights, tin ceiling, etc.)

Integrity of original structure:

- Unaltered
- Slight modification on the building
- Slight modification 1st floor only
- Major modification entire building
- Major modification 1st floor only

Ease to restore original appearance:

- Very easy Restore windows, take down awnings, etc.

- Moderate

- Difficult

- Very Difficult

Downtown Business Inventory

Who is doing business downtown now? The ER Committee needs an inventory of all businesses in the downtown district. This information will be used to update the market analysis for downtown Marshall. The Analysis will be used to better understand the current economic conditions and identify opportunities for growth. Please fill out the information and return it to the Main Street Office or call and we can pick it back up. Thank you.

Date: _____

Business: King Chiropractic Clinic

Year business started: _____ # of employees: Full time _____ Part time _____

Address: 511 Locust Street

Phone: 826-8100 email: _____

Website: _____

Owner: Bill King

Local contact if not owner: _____

Title: _____

Business Type: Chiropractor

Size of space in square feet: 36 sq. ft.

Marshall Downtown Property Inventory

Lot size, tax lot number, legal description:

Building size, # of stories, square feet of each floor:

Current tenants:

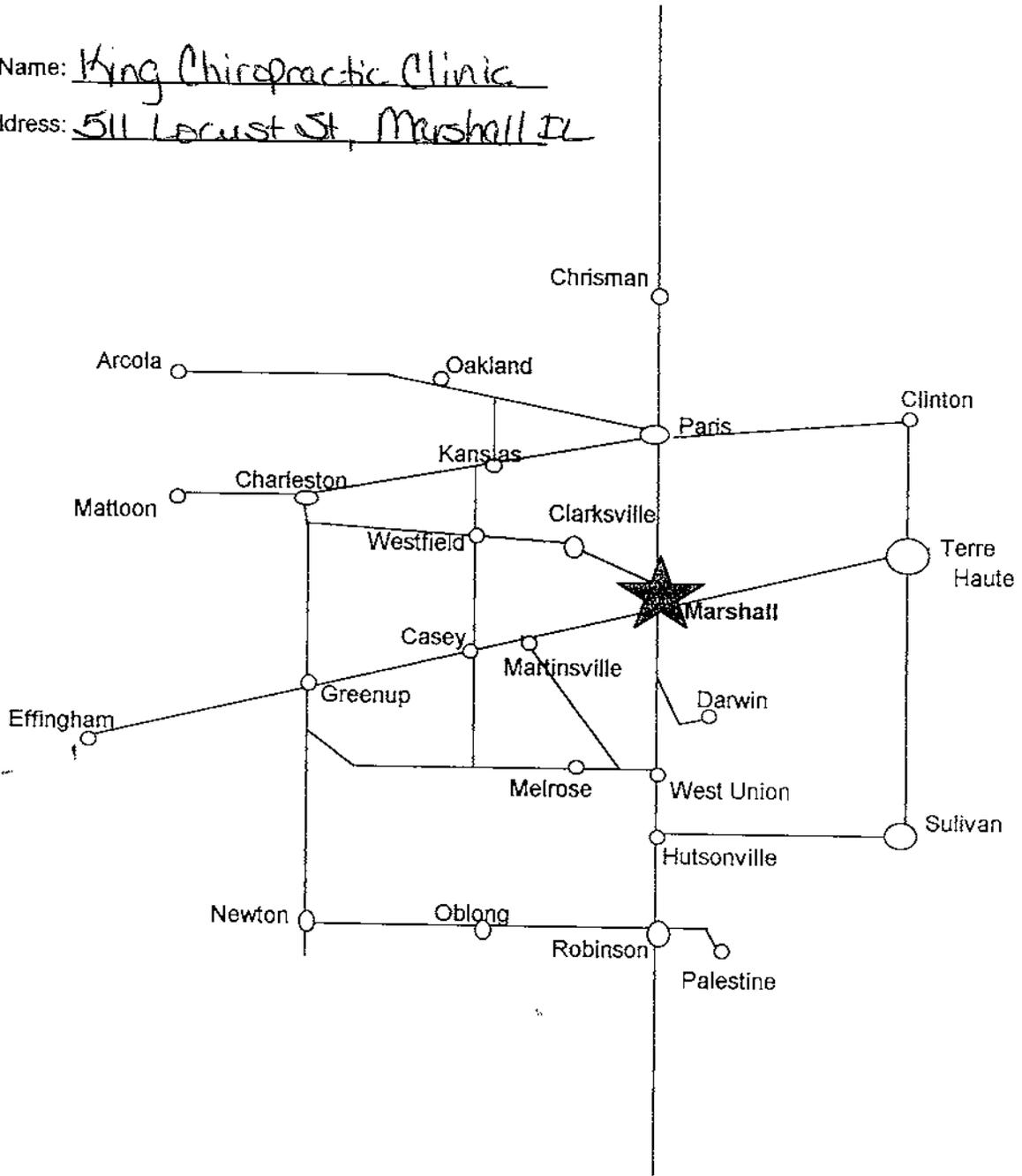
Rents:

Marshall Main Street Program

MARKET SURVEY: Where do your ^{client} customers come from?

Your Business Name: King Chiropractic Clinic

Address: 511 Locust St, Marshall IL



Please highlight or circle cities where your customers come from. Add, customer, cities not shown on this map.

If known, list the cities where your customers come from and the % of your business from each of those cities.

<u>Marshall</u>	<u>84 %</u>
<u>Robinson</u>	<u>1 %</u>
<u>West Union</u>	<u>2 %</u>
<u>Martinsville</u>	<u>5 %</u>

<u>Casey</u>	<u>1 %</u>
<u>Paris</u>	<u>2 %</u>
<u>Terre Haute, IN</u>	<u>5 %</u>
	<u>%</u>

Dak

Downtown Business Inventory

Who is doing business downtown now? The ER Committee needs an inventory of all businesses in the downtown district. This information will be used to update the market analysis for downtown Marshall. The Analysis will be used to better understand the current economic conditions and identify opportunities for growth. Please fill out the information and return it to the Main Street Office or call and we can pick it back up. Thank you.

Date: 2/14/06

Business: LPL Financial Service S

Year business started: 2000 # of employees: Full time 2 Part time 1

Address: 511 Locust St. PO Box 156

Phone: 6-8089 email: _____

Website: _____

Owner: Vic Bowyer & Susan Saxton

Local contact if not owner: X

Title: X

Business Type: Financial Investment S 700 -

Size of space in square feet: 1,000 sq. ft.
400 sq. ft. includes everything

Marshall Downtown Property Inventory (see Bill King)

Lot size, tax lot number, legal description:

Building size, # of stories, square feet of each floor:

Current tenants:

Rents:

Date 2/14/06

LPL

BUSINESS OWNER SURVEY

1. Profile of the business's primary customer

- Sex:
- Age: retired
- Household Income:
- Where They Live:

2. Business Operations

- Hours of Operation: M-F 9:30-4
- Best sales occur when? time of the day _____, day of the week _____, and month of year (Jan.-April)
- Percent increase or decrease in sales over last year: ↑ 11%
- Most effective form of media for advertising: none - referrals
- Number of full and part-time employees

3. Perception of downtown as a place to do business. Please indicate each attribute as *excellent, good, fair, or poor*

- Parking fair
- Cleanliness good
- Traffic good
- Shopping hours good - (fair - same)
- Promotions fair - do more on their own
- Crime good
- Quality of businesses good
- Cost of goods good
- Selection fair - more like Strs + Coffee + Soup
- Services good batique S

4. What types of other businesses do you feel the downtown area needs?

ADDRESS ~~567~~ 511 Locust

NAME OF BUSINESS LPL Financial Services

TYPE OF BUSINESS Investments

NUMBER OF STORIES 1

TYPE OF USE IF ANY 2ND FLOOR —

3RD FLOOR —

APPROXIMATE WIDTH OF BUILDING 18 FT.

ON CORNER LOT ? — YES NO

NUMBER OF PARKING PLACES IN FRONT 1

NUMBER OF PARKING PLACES ON SIDE —

UNIQUE FEATURES OF BUILDING:

New Construction - Brick Front

COMPLETED BY: Pat Barth

used 2006 - 2/14/06

Marshall Main Street Program

← Damien

MARKET SURVEY: Where do your customers come from?

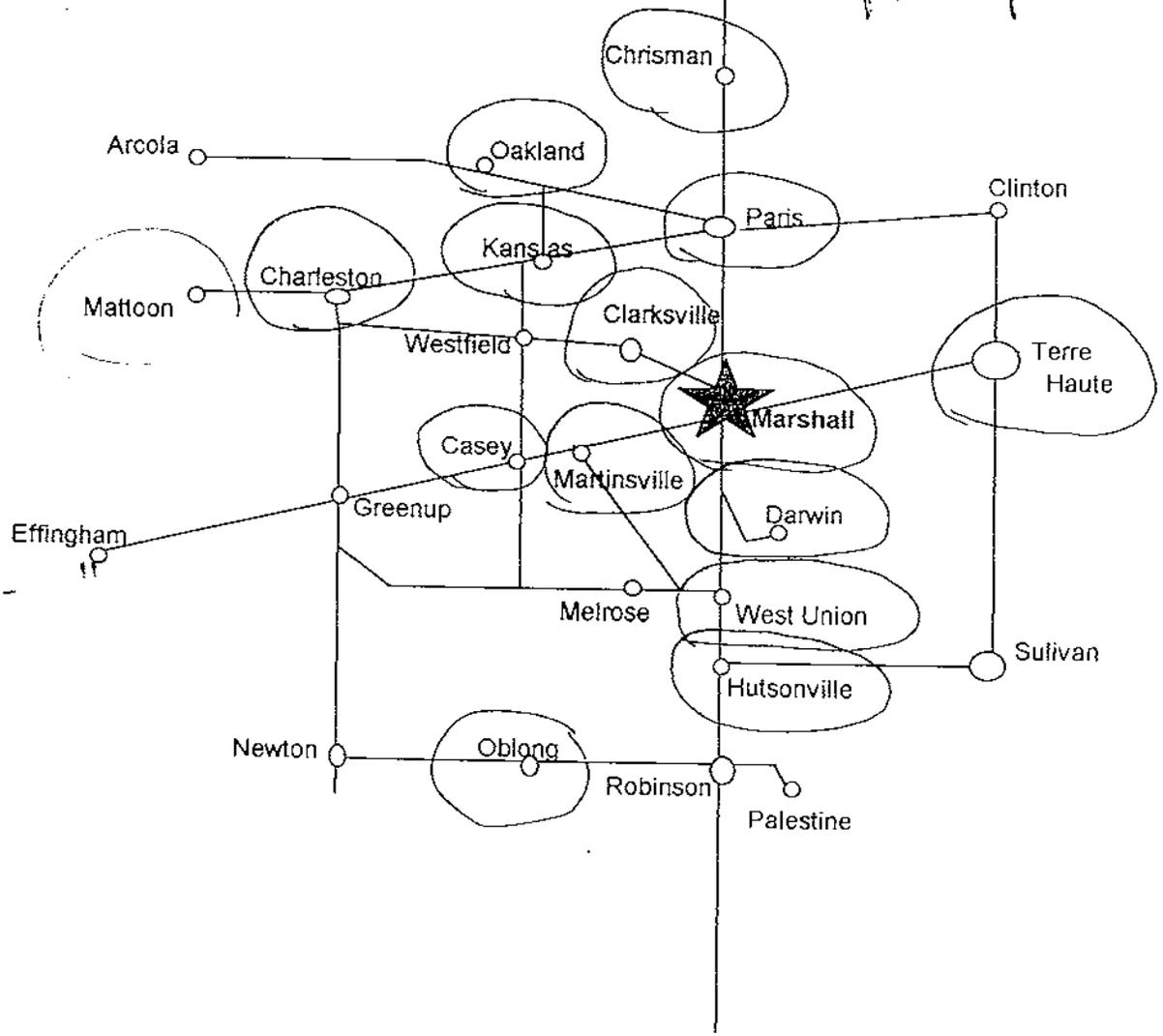
2000 - LPL

Your Business Name: LPL Financial Services

Address: 511 Locust St., Marshall

Ft - 2

Pt - 1



Please highlight or circle cities where your customers come from. Add, customer, cities not shown on this map.

If known, list the cities where your customers come from and the % of your business from each of those cities.

<u>Marshall</u>	<u>40</u> %			%
<u>Paris</u>	15 % <u>20</u> %			%
<u>Chrisman</u>	15 % <u>20</u> %			%
<u>Kansas</u>	15 % <u>20</u> %			%

511 Locust St. - LPL

- old picture

- businesses to date Dominic - 11 yrs.
Form Credit whole building
- Mortgages
- Harpers

- King File

LPL
Needs/Concerns:

Healthy DT
clean, safe -

Downtown Business Inventory

Who is doing business downtown now? The ER Committee needs an inventory of all businesses in the downtown district. This information will be used to update the market analysis for downtown Marshall. The Analysis will be used to better understand the current economic conditions and identify opportunities for growth. Please fill out the information and return it to the Main Street Office or call and we can pick it back up. Thank you.

Date: 3/8/06
Business: King Chiropractic (Inc.) operations
Year business started: 4/90 # of employees: Full time 2 Part time 1
Address: 511 Locust St.
Phone: _____ email: chiro@comwares.net
Website: N/A
Owner: _____
Local contact if not owner: _____
Title: _____
Business Type: _____
Size of space in square feet: _____

Marshall Downtown Property Inventory

Lot size, tax lot number, legal description:

Building size, # of stories, square feet of each floor:

Current tenants: LPL Financial
Rents: \$400 month included utilities

ings

3/8/06

BUSINESS OWNER SURVEY

1. Profile of the business's primary customer

- Sex: M - F
- Age: 40 - 60
- ~~Household Income:~~
- Where They Live: see chart

2. Business Operations

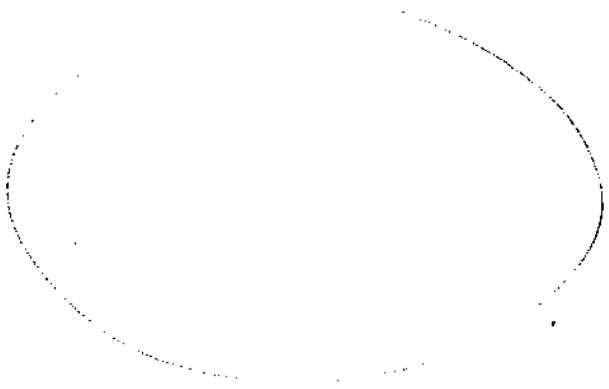
- Hours of Operation: M-F 9-5 ^{TW} NO Thurs. Sat. 9-12
- Best sales occur when? time of the day 9-11 4-5, day of the week M-F, and month of year December
- Percent increase or decrease in sales over last year: ↑ 30%
- Most effective form of media for advertising: Word of mouth - few newspapers
- ~~Number of full and part-time employees~~ see other sheet

3. Perception of downtown as a place to do business. Please indicate each attribute as excellent, good, fair, or poor

- Parking poor
- Cleanliness good
- Traffic good
- Shopping hours good
- Promotions good
- Crime - NA
- Quality of businesses good
- Cost of goods good
- Selection good
- Services good

4. What types of other businesses do you feel the downtown area needs?

Personal Business



ADDRESS 513 Locust

NAME OF BUSINESS King Chiropractic

TYPE OF BUSINESS Chiropractor

NUMBER OF STORIES 1

TYPE OF USE IF ANY 2ND FLOOR —

3RD FLOOR —

APPROXIMATE WIDTH OF BUILDING 36 FT.

ON CORNER LOT? — YES NO

NUMBER OF PARKING PLACES IN FRONT —

NUMBER OF PARKING PLACES ON SIDE 1

UNIQUE FEATURES OF BUILDING:

New Construction - Break front

COMPLETED BY: Pat Barth

Kings

Construc date —

- bus. you would like
to see DT.

