



Florida Department of Environmental Protection

CONCESSIONAIRE QUARTERLY EVALUATION

Park: Ichetucknee Springs State Park

Concessionaire: Cape Leisure Ichetucknee, Inc.

Fiscal Year: 2016/2017

Quarter: JFM

1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Previous Yr. Expenses	Current Yr. Expenses
A.	Food and retail	January	0	928.54	#DIV/0!	0	92.86
		February	0	469.55	#DIV/0!	0	46.96
		March	0	2871.29	#DIV/0!	0	287.13
	Subtotal		0	4269.38	#DIV/0!	0	426.95
B.	Tram and shuttle	January	0	0	#DIV/0!	0	
		February	0	0	#DIV/0!	0	
		March	0	0	#DIV/0!	0	
	Subtotal		0	0	#DIV/0!	0	0
C.	Watercraft rental	January	0	13821.91	#DIV/0!	0	1382.19
		February		6589.71	#DIV/0!	0	658.97
		March	0	20803.26	#DIV/0!	0	2080.33
	Subtotal		0	41214.88	#DIV/0!	0	2041.16
D.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
	Subtotal		0	0	#DIV/0!	0	0
E.					#DIV/0!		

					#DIV/0!		
					#DIV/0!		
Subtotal			0	0	#DIV/0!	0	0
F.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
Subtotal			0	0	#DIV/0!	0	0
G.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
Subtotal			0	0	#DIV/0!	0	0
H.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
Subtotal			0	0	#DIV/0!	0	0
I.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
Subtotal			0	0	#DIV/0!	0	0
J.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
Subtotal			0	0	#DIV/0!	0	0
K.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
Subtotal			0	0	#DIV/0!	0	0
TOTAL GROSS SALES			0	45484.26	#DIV/0!	0	2468.11

PLEASE ATTACH QUARTERLY SALES TAX RETURN & INCOME STATEMENT FOR THE QUARTER.

Comments required for change in gross sales:

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2. ACCOUNTING

		Yes	No	N/A
A.	Books of original entry are maintained daily and kept on file for audit purposes (3 years minimum).	Yes		
B.	Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum).	Yes		
C.	Inventories are conducted on a schedule acceptable to Park Manager's standards.	Yes		
D.	All invoices and checks are kept on file.	Yes		
E.	Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check.	Yes		
F.	Refunds are substantiated with a customer signed document using rubber stamp and ledger.	Yes		
G.	Adequate point of sale controls are used.	Yes		
H.	Sales personnel with access over cash are adequately supervised.	Yes		
I.	Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons.	Yes		
J.	Personnel with access over cash do not clear cash register.	Yes		
K.	All sales are rung up on cash register.	Yes		
L.	Cash register has visual display facing customer and showing total sales transaction.	Yes		
M.	Cash register has dual tape system.		NO	
N.	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers	Yes		
O.	Cash register drawers are closed after each transaction.	Yes		

P.	Pre-numbered receipts are used when specified by the agreement or when cash register is impractical.	Yes		
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Comments required for all NO responses:

M: Cash registers have single tape for receipts and are equipped with electronic journal.

3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
1	General Liability Insurance (Department and Trustees named as additional insured)	Yes		8/6/2017	\$1,000,000
2	Automobile Insurance (Department and Trustees named as additional insured)	Yes		6/29/2017	\$1,000,000
3	Workers' Compensation	Yes		8/6/2017	\$1,000,000
4	Other as needed				

B. List the type of security, expiration date, and amount.

Covington Specialty Insurance, Excess Umbrella Liability, expires 08/06/2017. Policy coverage \$5,000,000.00

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

C. Permits and Licenses

	Yes	No	Expire
Permits and Licenses are current	Yes		9/30/2017
Permit/License: SALES TAX	Yes		12/31/2017

Permit/License: DOH FOOD LICENSE	Yes		7/1/2017
Permit/License	N/A	N/A	

D. Commission Payments

	Yes	No	N/A
Payments are submitted accurately and on time.	Yes		

E. Other Required Reports and Documentation

		Yes	No	N/A	Expire	Amount
1	Annual Limited Engagement Documents are submitted accurately and by required deadline.	Yes			N/A	N/A
2	Annual Profit & Loss Statements are submitted accurately and by required deadline.	Yes			N/A	N/A
3	Monthly Gross Sales Reports are submitted accurately and by required deadline.	Yes			N/A	N/A
4	E-Verify Employment Eligibility Verification completed with copies of completed files for all personnel.	Yes			N/A	N/A
5	Sexual Offender Check completed with copies of completed files for all personnel.	Yes			N/A	N/A
6	Annual PCI Compliance Self-Assessment is complete, current, and on file.	Yes				
7	Safety Plan provided to Park Manager and is revised and approved annually.		NO		N/A	N/A

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

Comments required for all NO responses:

(7). Concessionaire needs to provide updated safety plan to park management.

		Yes	No	N/A
A.	Employees follow basic personal hygiene practices.	Yes		
B.	Food storage areas and refrigeration units are maintained in clean condition.	Yes		
C.	Food contact surfaces are properly maintained and cleaned.	Yes		
D.	All other surfaces are cleaned daily (food surface areas, floors, walls, etc.).	Yes		
E.	Cleaning/chemical supplies stored separately from food.	Yes		
F.	Cleaning/chemical supplies are in compliance with Environmental Protection Plan.	Yes		
G.	Leftovers are disposed of properly.	Yes		
H.	Food is stored properly and in appropriate containers.	Yes		
I.	Corrected all deficiencies noted in most recent health inspection.	Yes		

Comments required for all NO responses:

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5. ADA/SAFETY

		Yes	No	N/A
A.	Concessionaire is located on safe and accessible route.	Yes		
B.	First aid kit is available and maintained	Yes		
C.	Suggested, but not required for boating operations to have AED. AED available?	Yes		

D.	Operations are equipped with EECs.	Yes		
E.	Facility is free of public safety hazards.	Yes		
F.	Provide the name of their A & I Liaison.	Yes		
G.	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	Yes		
	Location of Posting: Concession building entrance	Yes	N/A	N/A
H.	Provided accessibility information in written publications such as website and brochures.	Yes		

Comments required for all NO responses:

6. OPERATIONS

		Yes	No	N/A
A.	Concessionaire provides the services outlined in the terms of the Agreement.	Yes		
B.	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement. (Any variances approved in writing.)	Yes		
C.	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.	Yes		
D.	Rate/Fee/Menu boards are properly maintained and prices are current.	Yes		
E.	Prices are fair and comparable with others in area, confirmed by Park Manager.	Yes		
F.	Merchandise is price marked.	Yes		
G.	All signage is appropriate, maintained and approved by Park Manager.		No	
H.	Sales area is neat, organized and clean.	Yes		
I.	Interpretive tour scripts are approved by Park Manager.	Yes		
J.	Website is well maintained, promotes a satisfactory image for the Park and provides information on fees and services accurately.	Yes		

K.	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials.	Yes		
L.	Concessionaire offers alternative menu items such as vegetarian and gluten-free.	Yes		
M.	Corrects all deficiencies noted by Agreement Manager.	Yes		
N.	Concessionaire is open to suggestions for improving service to visitors.	Yes		

Comments required for all NO responses:

G: Concession signage needs to be replaced. Location of signage to be designated by park manager.

7. STAFF

		Yes	No	N/A
A.	Employees are identified by either uniform or name badge, and personal appearance standards and uniforms are in compliance with the terms of the Agreement.	Yes		
B.	Employees are knowledgeable about the Park.	Yes		
C.	Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality.	Yes		
D.	Sufficient number of employees to service visitors.	Yes		
E.	Number of employees. 30	N/A	N/A	N/A

Comments required for all NO responses:

8. SPACE AND EQUIPMENT

		Yes	No	N/A
A.	Equipment maintenance is in compliance with terms of Agreement.	Yes		
B.	Building maintenance is in compliance with terms of Agreement.	Yes		
C.	Grounds maintenance is in compliance with terms of Agreement.	Yes		

Comments required for all NO responses:

9. CAPITAL IMPROVEMENTS

		Yes	No	N/A
A.	Schedule of Capital Improvements is maintained.	Yes		
B.	Capital Improvements are performed in accordance with the terms of the Agreement.	Yes		
C.	Any deviations from negotiated Capital Improvements are well documented and approved by the Department. Please attach documentation.	Yes		
D.	Capital Improvements are satisfactorily completed by scheduled deadline.	Yes		

Comments required for all NO responses:

10. CURRENT CONTACT INFO

Phone: _____ (321) 799-4020

Fax: _____ (321) 799-0250

Mailing Address: _____
8680 North Atlantic Ave.
Cape Canaveral, FL 32920

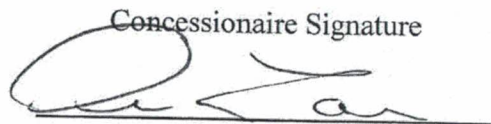
Email Address: _____
dland@capeleisurecorp.com

11. GENERAL COMMENTS

What plans are going well, and what could be improved?

Concession is well managed. Concession manager working toward expanding programs within the park to increase off season visitation.

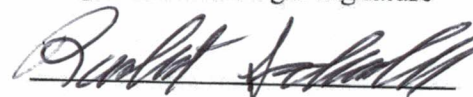
Concessionaire Signature



Date

4-26-17

Agreement Manager Signature



Date

4-26-17

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire