



Florida Department of Environmental Protection

CONCESSIONAIRE QUARTERLY EVALUATION

Park: Ichetucknee Springs State Park

Concessionaire: Cape Leisure Ichetucknee

Fiscal Year: 2019/2020

Quarter: JAS

**1. GROSS SALES:**

|          | Point of Sale          | Month     | Previous Yr.<br>Sales | Current Yr.<br>Sales | % +/-   | Previous Yr.<br>Expenses | Current Yr.<br>Expenses |
|----------|------------------------|-----------|-----------------------|----------------------|---------|--------------------------|-------------------------|
| A.       | Multiple POS Locations | July      | 404908.61             | 449243.27            | 10.95%  | 52638.12                 | 58456.63                |
|          |                        | August    | 281822.14             | 261627.9             | -7.17%  | 36644.68                 | 34066.63                |
|          |                        | September | 146019.75             | 85604.19             | -41.37% | 19012.57                 | 11183.54                |
| Subtotal |                        |           | 832750.5              | 796475.36            | -4.36%  | 108295.37                | 103706.8                |
| B.       |                        |           |                       |                      | #DIV/0! |                          |                         |
|          |                        |           |                       |                      | #DIV/0! |                          |                         |
|          |                        |           |                       |                      | #DIV/0! |                          |                         |
| Subtotal |                        |           | 0                     | 0                    | #DIV/0! | 0                        | 0                       |
| C.       |                        |           |                       |                      | #DIV/0! |                          |                         |
|          |                        |           |                       |                      | #DIV/0! |                          |                         |
|          |                        |           |                       |                      | #DIV/0! |                          |                         |
| Subtotal |                        |           | 0                     | 0                    | #DIV/0! | 0                        | 0                       |
| 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 |  |  | 832750.5 | 796475.36 | -4.36%  | 108295.37 | 103706.8 |

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

Comments required for change in gross sales:

|  |
|--|
|  |
|--|

## 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.                                                                                         | Yes |    |     |
| 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 |  |  |
|----|------------------------------------------------------------------------------------------------------|-----|--|--|

Comments required for all NO responses:

M. Registers are a POS system with electronic journal. F. Concession uses a refund form.

### 3. REPORTING/DOCUMENTATION

#### A. Insurance/Security

|   |                                                                                   | Yes | No | Expire   | Amount  |
|---|-----------------------------------------------------------------------------------|-----|----|----------|---------|
| 1 | General Liability Insurance (Department and Trustees named as additional insured) | Yes |    | 8/6/2020 | 1000000 |
| 2 | Automobile Insurance (Department and Trustees named as additional insured)        | Yes |    | 8/6/2020 | 1000000 |
| 3 | Workers' Compensation                                                             | Yes |    | 8/6/2020 | 1000000 |
| 4 | Other as needed Watercraft Liability                                              | Yes |    | 4/4/2020 | 1000000 |

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

Umbrella/Excess Liability, Philadelphia Insurance Co, \$5000000.00

**PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER**

#### C. Permits and Licenses

|                                  | Yes | No  | Expire   |
|----------------------------------|-----|-----|----------|
| Permits and Licenses are current | Yes |     | 6/1/2020 |
| Permit/License DPBR Food License | Yes | N/A | 6/1/2020 |

|                |     |     |  |
|----------------|-----|-----|--|
| Permit/License | N/A | N/A |  |
| 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 |    |     | 6/30/2020 | N/A    |
| 2 | Annual Profit & Loss Statements are submitted accurately and by required deadline.                       | Yes |    |     | 4/30/2020 | 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 |    |     | 5/23/2020 |        |
| 7 | Safety Plan provided to Park Manager and is revised and approved annually.                               | Yes |    |     | 4/30/2020 | N/A    |

**PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER**

Comments required for all NO responses:

## 4. HEALTH/SAFETY

Comments required for all NO responses:

## 5. ADA/SAFETY

DRP-128 (Effective 03-31-2017)

|    |                                                                                                                                           |     |     |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| 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 near restrooms                                                                                   | Yes | N/A | N/A |
| H. | Provided accessibility information in written publications such as website and brochures.                                                 | Yes |     |     |

Comments required for all NO responses:

C: AED provided by park.

## 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.                                                                | Yes |    |     |
| 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:

## 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. 70                                                                                                                                     | Yes | 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: 321-799-0230

Mailing Address: 8680 North Atlantic Ave Email Address: [dleblanc@capeleisurecorp.com](mailto:dleblanc@capeleisurecorp.com)  
Cape Canaveral, FL 32920  
\_\_\_\_\_

**11. GENERAL COMMENTS**

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

Concession continues to streamline operations and improve services to visitors.

Concessionaire Signature

Date

Agreement Manager Signature

Date

**Distribution:**

[Email to Operational Services](#)

Email to District

Email to Concessionaire

Comments required for all NO responses:

#### 10. CURRENT CONTACT INFO

Phone: 321-799-4020 Fax: 321-799-0230

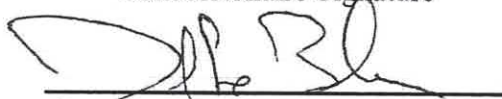
Mailing Address: 8680 North Atlantic Ave Email Address: dleblanc@capeleisurecorp.com  
Cape Canaveral, FL 32920  
\_\_\_\_\_  
\_\_\_\_\_

#### 11. GENERAL COMMENTS

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

Concession continues to streamline operations and improve services to visitors.

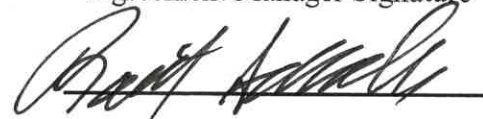
Concessionaire Signature



Date

11/5/19

Agreement Manager Signature



Date

11/5/19

#### Distribution:

Email to Operational Services

Email to District

Email to Concessionaire