

Florida Department of Environmental Protection

CONCESSIONAIRE QUARTERLY EVALUATION

Park: Ichetucknee Springs State Park		Concessionaire: Cape Leisure Ichetucknee		
Fiscal Yea	ar: 2019/2020	Quarter:	AMJ	

1. GROSS SALES:

			Previous Yr.	Current Yr.		Previous Yr.	Current Yr.
	Point of Sale	Month	Sales	Sales	% +/-	Expenses	Expenses
A.	Multiple POS locations	April	89299.79	0	-100.00%	10908.59	0
		May	211373.67	87296	-58.70%	25747.78	11403.48
		June	345894.9	272244.66	-21.29%	42099.09	35446.81
		Subtotal	646568.36	359540.66	-44.39%	78755.46	46850.29
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	646568.36	359540.66	-44.39%	78755.46	46850.29

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

Co	mments	requi	red fo	or cł	nange	e in	gross	s sale	es:	
			-		-	_	-			7

A:	Due to park closure and reduced capacities per COVID protocols, the concession is experiencing a reduction in revenue.

2. ACCOUNTING

		Yes	No	N/A
	Books of original entry are maintained daily and kept on file for audit purposes (3 years			
A.	minimum).	Yes		
	Source documents, including cash register tapes, are maintained on file for audit purposes			
B.	(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		
	Purchases for supplies or services by the Concessionaire are made by check or through an imprest			
E.	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		
	Responsibilities for receiving, depositing and recording cash receipts are assigned to different			
I.	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	

	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking		
N.	customers	Yes	
O.	Cash register drawers are closed after each transaction.	Yes	
	Pre-numbered receipts are used when specified by the agreement or when cash register is		
P.	impractical.	Yes	

Comments required for all NO responses:

	1	1			
M: Register	s are a POS system an	d have an electronic jo	ournal.		

3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
	General Liability Insurance (Department and Trustees named as additional				
1	insured)	Yes		8/6/2021	1000000.00
2	Automobile Insurance (Department and Trustees named as additional insured)	Yes		8/6/2021	1000000.00
3	Workers' Compensation	Yes		8/6/2021	1000000.00
4	Other as needed Watercraft Liability	Yes		4/4/2021	1000000.00

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

Umbrella Liability-\$5000000.00- Expires 8/6/202
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PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

C. Permits and Licenses

	Yes	No	Expire
Permits and Licenses are current	Yes		6/1/2021
Permit/License Non-Seating food license	Yes		6/1/2021
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
	Annual Limited Engagement Documents are submitted					
1	accurately and by required deadline.	Yes			6/30/2021	N/A
	Annual Profit & Loss Statements are submitted accurately and					
2	by required deadline.	Yes			4/30/2021	N/A
	Monthly Gross Sales Reports are submitted accurately and by					
3	required deadline.	Yes			N/A	N/A
	E-Verify Employment Eligibility Verification completed with					
4	copies of completed files for all personnel.	Yes			N/A	N/A
	Sexual Offender Check completed with copies of completed					
5	files for all personnel.	Yes			N/A	N/A
	Annual PCI Compliance Self-Assessment is complete, current,					
6	and on file.	Yes			5/23/2021	
	Safety Plan provided to Park Manager and is revised and					
7	approved annually.	Yes			4/30/2021	N/A

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

Comments required for all NO responses:

4. HI	EALTH/SAFETY			
		Yes	No	N/A
A. B. C. D. E. F. G.	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		
Com	ments 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 near restrooms	Yes		
H.	Provided accessibility information in written publications such as website and brochures.	Yes		

Comment	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		
	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement.			
B.	(Any variances approved in writing.)	Yes		
	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet			
C.	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	
	Website is well maintained, promotes a satisfactory image for the Park and provides information		
J.	on fees and services accurately.	Yes	
	Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable		
K.	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:

	Concession is operating with reduced capacities and services due to COVID-19 protocols.	
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7. STAFF

		Yes	No	N/A
	Employees are identified by either uniform or name badge, and personal appearance standards and			
A.	uniforms are in compliance with the terms of the Agreement.	Yes		
B.	Employees are knowledgeable about the Park.	Yes		
	Employees are courteous, helpful, and ensure an understanding and use of the principles of			
C.	hospitality.	Yes		
D.	Sufficient number of employees to service visitors.	Yes		
E.	Number of employees. 35	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 Yes	No	N/A
A. Equipment maintenance is in compliance with terms of Agreement. B. Building maintenance is in compliance with terms of Agreement.		No	N/A
	Yes	No	N/A
B. Building maintenance is in compliance with terms of Agreement.	Yes Yes	No	N/A
 B. Building maintenance is in compliance with terms of Agreement. C. Grounds maintenance is in compliance with terms of Agreement. 	Yes Yes	No	N/A
B. Building maintenance is in compliance with terms of Agreement. C. Grounds maintenance is in compliance with terms of Agreement. Comments required for all NO responses:	Yes Yes Yes	No	N/A
 B. Building maintenance is in compliance with terms of Agreement. C. Grounds maintenance is in compliance with terms of Agreement. 	Yes Yes Yes	No	N/A
B. Building maintenance is in compliance with terms of Agreement. C. Grounds maintenance is in compliance with terms of Agreement. Comments required for all NO responses:	Yes Yes Yes	No	N/A
B. Building maintenance is in compliance with terms of Agreement. C. Grounds maintenance is in compliance with terms of Agreement. Comments required for all NO responses:	Yes Yes Yes	No	N/A
B. Building maintenance is in compliance with terms of Agreement. C. Grounds maintenance is in compliance with terms of Agreement. Comments required for all NO responses:	Yes Yes Yes	No	N/A

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		
	Any deviations from negotiated Capital Improvements are well documented and approved by the			
C.	Department. Please attach documentation.	Yes		
D.	Capital Improvements are satisfactorily completed by scheduled deadline.	Yes		

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. CURRENT CONTACT INFO		F	321 799 0230
Phone:	321 799 4020	Fax:	321 799 0230
Mailing Address:	8680 North Atlantic Ave.	Email Address:	dleblanc@capeleisurecorp.com
	Cape Canaveral, FL 32920		
7.			
1. GENERAL COMMENTS			
That plans are going well, and what could	d be improved?		
oncession contues to provide high qualit	by services while maintaining all COVID	-19 protocols.	
Concessionaire Signature	Date	Agreement Manage	er Signature Date
Concessionaire Signature	Date	Agreement Manage	er Signature Date

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire