



Florida Department of Environmental Protection

CONCESSIONAIRE QUARTERLY EVALUATION

Park: Ichetucknee Springs State Park

Concessionaire: Cape Leisure Ichetucknee

Fiscal Year: 2019/2020

Quarter: OND

**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 locations | October  | 47970.18              | 46797.31             | -2.44%  | 6291.12                  | 6138.65                 |
|          |                    | November | 16951.86              | 22158.85             | 30.72%  | 2258.74                  | 2935.65                 |
|          |                    | December | 1735.6                | 18869.75             | 987.22% | 280.63                   | 2508.07                 |
| Subtotal |                    |          | 66657.64              | 87825.91             | 31.76%  | 8830.49                  | 11582.37                |
| 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 |  |  | 66657.64 | 87825.91 | 31.76%  | 8830.49 | 11582.37 |

**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 |  |  |

Comments required for all NO responses:

M: POS have electronic journal.

### 3. REPORTING/DOCUMENTATION

#### A. Insurance/Security

|   |   | Yes | No | Expire   | Amount  |
|---|---|-----|----|----------|---------|
| 1 | General Liability Insurance (Department and Trustees named as additional insured) | Yes |    | 8/6/2020 | 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 |     |     |        |
| Permit/License                   | N/A | N/A |        |
| 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. |     | No |     |

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.                           |     | No |     | 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 | N/A    |
| 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:

D,E: Concession payments October 2020 commission payment and Schedule was submitted late. November 2020 payment returned NSF.

#### 4. HEALTH/SAFETY

|    |  | 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:

## 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. Jason Outten   | 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 |
| 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.   | 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. 8  | Yes | N/A | N/A |



Comments required for all NO responses:

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## 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.   |     | No |     |

Comments required for all NO responses:

|   |
|---|
| C: Concession food trailer must be made ADA accessible. Requires ADA access via Mobi-mat or other means. Deck must be safe and ADA. |
|---|

## 9. CAPITAL IMPROVEMENTS

|    |  | Yes | No | N/A |
|----|--|-----|----|-----|
| A. | Schedule of Capital Improvements is maintained.  |     |    | N/A |
| 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.  
Cape Canaveral, FL 32920

Email Address: dleblanc@capeleisurecorp.com

**11. GENERAL COMMENTS**

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

Concession continues to provide high quality visitor services. Food trailer access must be safe and comply with FPS and ADA standards.

Concessionaire Signature



Date

1/24/20

Agreement Manager Signature



Date

1-27-20

**Distribution:**

Email to Operational Services

Email to District

Email to Concessionaire