

Florida Department of Environmental Protection

CONCESSIONAIRE QUARTERLY EVALUATION

Park: Ichetucknee Springs State Park	Concessionaire:	Cape Leisure Ichetucknee
Fiscal Year: 20	020/2021 Quarter:	JAS

1. GROSS SALES:

			Previous Yr.	Current Yr.		Previous Yr.	Current Yr.
	Point of Sale	Month	Sales	Sales	% +/-	Expenses	Expenses
A.	Multiple POS Locations	July	449243.27	400089.14	-10.94%	58456.63	52066.59
		August	261627.9	283496.97	8.36%	34066.63	36909.61
		September	85604.19	140678.37	64.34%	11183.54	18343.19
		Subtotal	796475.36	824264.48	3.49%	103706.8	107319.39
B.					#DIV/0!		
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		Subtotal	0	0	#DIV/0!	0	0
C.					#DIV/0!		
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		Subtotal	0	0	#DIV/0!	0	0
D.					#DIV/0!		
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		Subtotal	0	0	#DIV/0!	0	0
E.					#DIV/0!		

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F.				#DIV/0!		
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G.				#DIV/0!		
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H.				#DIV/0!		
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	Subtot	al 0	0	#DIV/0!	0	0
I.				#DIV/0!		
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	Subtot	al 0	0	#DIV/0!	0	0
J.				#DIV/0!		
				#DIV/0!		
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	Subtot	al 0	0	#DIV/0!	0	0
K.				#DIV/0!		
				#DIV/0!		
				#DIV/0!		
	Subtot		0	#DIV/0!	0	0
	TOTAL GROSS SALES	796475.36	824264.48	3.49%	103706.8	107319.39

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

Comments required for change in gross sales:	

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:

M:	Registers	are POS	systems	with	electronic	journal.

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	Umbrella	Liability	-\$5000000	.00- Ex	pires	8/6/2021
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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		4/4/2021
Permit/License Non-Seating food license	Yes	N/A	4/4/2021

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:									

1	HEA	T	TH	/C A	FETY
4.	$\Gamma \cap \Gamma A$, , ,	$A \rightarrow A$	

		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. Employe	es 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:		

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 red	uired for all	NO responses:
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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. 30	Yes	N/A	N/A

Comments required for all NO responses:

8. SPACE AND EQUIPMENT			
	Yes	No	N/A
	T.7		

A.	Equipment maintenance is in compnance with terms of Agreement.	168	
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		
	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		

Comments required for all NO responses:		

Phone:	321 799 4020	Fax:	321 799 0230	
Mailing Address:	8680 North Atlantic Ave. Cape Canaveral, FL 32920	Email Address:	dleblanc@capeleisurecorp.cor	<u>m</u>
11. GENERAL COMMENTS What plans are going well, and what con The concession remains well managed a	ald be improved? and operated well above expectations during	g the current COVID pandem	nic.	
Concessionaire Signature	Date	Agreement Manager	Signature	Date

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire

*	*			7
CURRENT CONTACT INFO				
Phone:	321 799 4020	Fax:	321 799 0	230
Mailing Address:	8680 North Atlantic Ave.	Email Address:	dleblanc@capeleis	urecorp.com
_	Cape Canaveral, FL 32920			A
Concessionaire Signature	Date	Agreement Manage	r Signature	Date

DRP-128 (Effective 03-31-2017)

Email to Concessionaire