



Florida Department of Environmental Protection

CONCESSIONAIRE QUARTERLY EVALUATION

Park: Anastasia State Park

Concessionaire: Cape Leisure – Anastasia

Fiscal Year: 2023/2024

Quarter: OND

1. GROSS SALES:

| | Point of Sale | Month | Previous Yr. Sales | Current Yr. Sales | % +/- | Previous Yr. Expenses | Current Yr. Expenses |
|----------|-----------------------------|----------|-----------------------|----------------------|---------|--------------------------|-------------------------|
| A. | Grill | October | \$11,070.91 | \$12,456.96 | 12.52% | | |
| | | November | \$6,760.98 | \$9,025.57 | 33.49% | | |
| | | December | \$7,023.41 | \$7,416.80 | 5.60% | | |
| Subtotal | | | 24855.3 | 28899.33 | 16.27% | 0 | 0 |
| B. | Retail | October | \$15,909.71 | \$14,844.23 | -6.70% | | |
| | | November | \$8,878.28 | \$13,902.37 | 56.59% | | |
| | | December | \$12,048.08 | \$14,300.21 | 18.69% | | |
| Subtotal | | | 36836.07 | 43046.81 | 16.86% | 0 | 0 |
| C. | Beach & Bicycle Rentals | October | \$1,834.45 | \$2,105.95 | 14.80% | | |
| | (Previous Year: Golf Carts) | November | \$982.00 | \$1,267.00 | 29.02% | | |
| | | December | \$883.90 | \$1,237.15 | 39.96% | | |
| Subtotal | | | 3700.35 | 4610.1 | 24.59% | 0 | 0 |
| D. | WaterSports Rentals | October | \$7,656.05 | \$8,947.10 | 16.86% | | |
| | | November | \$3,210.00 | \$3,711.00 | 15.61% | | |
| | | December | \$4,149.00 | \$2,513.66 | -39.42% | | |
| Subtotal | | | 15015.05 | 15171.76 | 1.04% | 0 | 0 |
| E. | Vending Machines | October | \$0.00 | \$0.00 | #DIV/0! | | |
| | | November | \$0.00 | \$0.00 | #DIV/0! | | |
| | | December | \$469.48 | \$1,688.26 | 259.60% | | |
| Subtotal | | | 469.48 | 1688.26 | 259.60% | 0 | 0 |

| | | | | | | | |
|-------------------|------------------------------------|----------|----------|------------|-----------|---|---|
| F. | Pavilion Rentals/Interactive Camps | October | -\$25.00 | \$1,075.00 | -4400.00% | | |
| | | November | \$375.00 | \$100.00 | -73.33% | | |
| | | December | \$200.00 | \$275.00 | 37.50% | | |
| Subtotal | | | 550 | 1450 | 163.64% | 0 | 0 |
| G. | WS Day Camp Park Admissions 2023 | October | | | #DIV/0! | | |
| | | November | | | #DIV/0! | | |
| | | December | | | #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 |
| TOTAL GROSS SALES | | | 81426.25 | 94866.26 | 16.51% | 0 | 0 |

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). | X | | |
| B. | Source documents, including cash register tapes, are maintained on file for audit purposes (3 years minimum). | X | | |
| C. | Inventories are conducted on a schedule acceptable to Park Manager's standards. | X | | |
| D. | All invoices and checks are kept on file. | X | | |
| E. | Purchases for supplies or services by the Concessionaire are made by check or through an imprest fund replenished by check. | X | | |
| F. | Refunds are substantiated with a customer signed document using rubber stamp and ledger. | X | | |
| G. | Adequate point of sale controls are used. | X | | |
| H. | Sales personnel with access over cash are adequately supervised. | X | | |
| I. | Responsibilities for receiving, depositing and recording cash receipts are assigned to different persons. | X | | |
| J. | Personnel with access over cash do not clear cash register. | | X | |
| K. | All sales are rung up on cash register. | X | | |
| L. | Cash register has visual display facing customer and showing total sales transaction. | X | | |
| M. | Cash register has dual tape system. | | X | |
| N. | Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers | X | | |
| O. | Cash register drawers are closed after each transaction. | X | | |
| P. | Pre-numbered receipts are used when specified by the agreement or when cash register is impractical. | X | | |

Comments required for all NO responses:

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| J. Only Managers can clear register. |
| M. New POS system prints customer copy then saves all receipts to server therefore dual tape is not necessary to be in compliance. |

3. REPORTING/DOCUMENTATION

A. Insurance/Security

| | | Yes | No | Expire | Amount |
|---|---|-----|----|----------|----------------|
| 1 | General Liability Insurance (Department and Trustees named as additional insured) | X | | 8/6/2024 | \$1,000,000.00 |
| 2 | Automobile Insurance (Department and Trustees named as additional insured) | X | | 8/6/2024 | \$1,000,000.00 |
| 3 | Workers' Compensation | X | | 8/6/2024 | \$1,000,000.00 |
| 4 | Other as needed | X | | 8/6/2024 | \$5,000,000.00 |

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

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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 | X | | |
| Permit/License: FL Annual Resale Certificate for | N/A | N/A | 12/31/2024 |
| Permit/License: Business and Professional Reg | N/A | N/A | 6/1/2024 |
| Permit/License: License to Retail Salt Water P | N/A | N/A | 6/30/2024 |

D. Commission Payments

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

E. Other Required Reports and Documentation

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

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

Comments required for all NO responses:

4. HEALTH/SAFETY

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

Comments required for all NO responses:

5. ADA/SAFETY

| | | Yes | No | N/A |
|----|---|-----------------------------|-----|-----|
| A. | Concessionaire is located on safe and accessible route. | X | | |
| B. | First aid kit is available and maintained | X | | |
| C. | Suggested, but not required for boating operations to have AED. AED available? | X | | |
| D. | Operations are equipped with EECs. | X | | |
| E. | Facility is free of public safety hazards. | X | | |
| F. | Provide the name of their A & I Liaison. | Dan LeBlanc/Samantha Schott | | |
| G. | Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities. | X | | |
| | Location of Posting: Entrance at store / on counter | N/A | N/A | N/A |
| H. | Provided accessibility information in written publications such as website and brochures. | X | | |

Comments required for all NO responses:

6. OPERATIONS

| | | Yes | No | N/A |
|----|---|-----|----|-----|
| A. | Concessionaire provides the services outlined in the terms of the Agreement. | X | | |
| B. | Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement. (Any variances approved in writing.) | X | | |
| C. | Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand. | X | | |
| D. | Rate/Fee/Menu boards are properly maintained and prices are current. | X | | |
| E. | Prices are fair and comparable with others in area, confirmed by Park Manager. | X | | |
| F. | Merchandise is price marked. | X | | |
| G. | All signage is appropriate, maintained and approved by Park Manager. | X | | |
| H. | Sales area is neat, organized and clean. | X | | |
| I. | Interpretive tour scripts are approved by Park Manager. | X | | |
| J. | Website is well maintained, promotes a satisfactory image for the Park and provides information on fees and services accurately. | X | | |
| K. | Concessionaire utilizes disposable serving supplies produced from recyclable or biodegradable materials. | X | | |
| L. | Concessionaire offers alternative menu items such as vegetarian and gluten-free. | X | | |
| M. | Corrects all deficiencies noted by Agreement Manager. | X | | |
| N. | Concessionaire is open to suggestions for improving service to visitors. | X | | |

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. | X | | |
| B. | Employees are knowledgeable about the Park. | X | | |
| C. | Employees are courteous, helpful, and ensure an understanding and use of the principles of hospitality. | X | | |
| D. | Sufficient number of employees to service visitors. | X | | |
| E. | Number of employees. 8 | N/A | 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. | X | | |
| B. | Building maintenance is in compliance with terms of Agreement. | X | | |
| C. | Grounds maintenance is in compliance with terms of Agreement. | X | | |

Comments required for all NO responses:

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|--|
| Laundry machines are not fully operable. |
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9. CAPITAL IMPROVEMENTS

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

Comments required for all NO responses:

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10. CURRENT CONTACT INFO

Phone: (904)461-9322

Fax: (904)461-9323

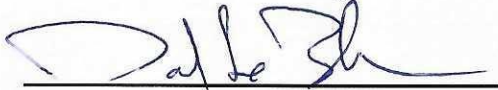
Mailing Address: 1340A A1A South
St. Augustine, FL 32080

Email Address: dleblanc@capeleisurecorp.com

11. GENERAL COMMENTS

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

Concessionaire Signature



Date

2/26/24

Agreement Manager Signature

Michael Watkins

Date

02/26/2024

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire