

Florida Department of Environmental Protection

CONCESSIONAIRE QUARTERLY EVALUATION

Park: Florida Caverns State Park		Concessionaire: Florida Caverns Gift Shop		
	Fiscal Year: 2022/2023	Quarter:	OND	

1. GROSS SALES:

			Previous Yr.	Current Yr.		Previous Yr.	Current Yr.
	Point of Sale	Month	Sales	Sales	% +/−	Expenses	Expenses
A.	2022	July	\$183,699.55	\$187,448.61	0.00%	\$114,002.59	\$161,213.65
		August	\$88,154.68	\$101,994.25	15.70%	\$72,891.94	\$160,675.64
		September	\$66,039.17	\$86,904.99	31.60%	\$100,381.41	\$94,103.70
		Subtotal	\$337,893.40	\$376,347.85	11.38%	\$287,275.94	\$415,992.99
B.		October	\$80,928.57	\$76,185.59	-5.86%	\$71,383.52	\$85,954.73
		November	\$81,279.40	\$64,817.64	-20.25%	\$92,641.34	\$104,149.79
		December	\$70,961.72	\$59,770.52	-15.77%	\$76,586.15	\$73,153.01
		Subtotal	\$233,169.69	\$200,773.75	-13.89%	\$240,611.01	\$263,257.53
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		Subtotal	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00
D.					#DIV/0!		
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		Subtotal	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00
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		Subtotal	0	0	#DIV/0!	0	0
G.					#DIV/0!		
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		Subtotal	0	0	#DIV/0!	0	0
H.					#DIV/0!		
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					#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!		
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					#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		\$571,063.09	\$577,121.60	1.06%	\$527,886.95	\$679,250.52

Comments required for change in gross sales:						

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

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		
В.	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		
Н.	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:		

3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
	General Liability Insurance (Department and Trustees named as additional				
1	insured)	X			
2	Automobile Insurance (Department and Trustees named as additional insured)		X		
3	Workers' Compensation	X			
4	Other as needed				

В	List the	type of	security	expiration	date	and	amount
ݐ.	List tile	type or	security,	capitation	auto,	una	annount.

General Liability - State Farm Amount \$1,000,000 Expiration 02/20/2023	
Compensation Insurance Insurance Company of the West Amount \$1,000,000 Expiration 06/05/2023	

Workers'

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

C. Permits and Licenses

	Yes	No	Expire
Permits and Licenses are current			
	X		12/31/2022
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.			
	X		

E. Other Required Reports and Documentation

		Yes	No	N/A	Expire	Amount
1	Annual Limited Engagement Documents are submitted				N/A	N/A
	accurately and by required deadline.	X				
2	Annual Profit & Loss Statements are submitted accurately and				N/A	N/A
	by required deadline.	X				
3	Monthly Gross Sales Reports are submitted accurately and by				N/A	N/A
	required deadline.	X				

4	E-Verify Employment Eligibility Verification completed with			N/A	N/A
	copies of completed files for all personnel.	X			
5	Sexual Offender Check completed with copies of completed			N/A	N/A
	files for all personnel.	X			
6	Annual PCI Compliance Self-Assessment is complete, current,				
	and on file.	X			
7	Safety Plan provided to Park Manager and is revised and			N/A	N/A
	approved annually.	v			
		X			

Comments	required	for all	NO	responses:
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PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

4. HEALTH/SAFETY

		Yes	No	N/A
A.	Employees follow basic personal hygiene practices.	X		
В.	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.			Х
Н.	Food is stored properly and in appropriate containers.			Х

•	Corrected all deficiencies noted in most recent health inspection.	X		
om	ments required for all NO responses:			
A]	DA/SAFETY			
		Yes	No	N/A
	Concessionaire is located on safe and accessible route.	Х		
	First aid kit is available and maintained.	Х		
	Suggested, but not required for boating operations to have AED. AED available?			
	Operations are equipped with EECs.	X		
	Facility is free of public safety hazards.	X		
	Provide the name of their A & I Liaison. Brenda Shirah	Х		
	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	X		
	Provided accessibility information in written publications such as website and brochures.	X		
om	ments required for all NO responses:	Į.		

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.	V		
C.	(Any variances approved in writing.) Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet	X		
D.	demand. Rate/Fee/Menu boards are properly maintained and prices are current.	X		
Е.	Prices are fair and comparable with others in area, confirmed by Park Manager.	X		
F.	Merchandise is price marked.	X		
		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.			
N.	Concessionaire is open to suggestions for improving service to visitors.	X		
		X		

Comn	nents required for all NO responses:			
7. ST	AFF			
		Yes	No	N/A
A.	Employees are identified by either uniform or name badge, and personal appearance standards	103	140	14/11
	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. 20	X		
				I
Comn	nents required for all NO responses:			
8. SP.	ACE 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.			

Com	ments required for all NO responses:			
9. C	APITAL IMPROVEMENTS			
		Yes	No	N/A
A.	Schedule of Capital Improvements is maintained.	X		
В.	Capital Improvements are performed in accordance with the terms of the Agreement.	Х		
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		
Com	ments required for all NO responses:			

10. CURRENT CONTACT INFO)		
Phone:	(850) 526-2650	Fax:	
	Brenda Shirah, Manager		
Email Address:	floridacavernsgiftshop@gmail.com		
			.
Mailing Address:	Florida Caverns Gift Shop LLC		
	3345 Caverns Road, Marianna, FL 32446		
		_	
11. GENERAL COMMENTS			
What plans are going well, and what	at could be improved?	~	
Concessionaire Signature	Brenda Shirah, Manager	Agreement Manager Signature	Bryan Kaczmarek, APM
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Date 1/31/23		Date 31 64 202	3
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Distribution:

Email to Operational Services

Email to District

Email to Concessionaire



Florida Department of Environmental Protection

CONCESSIONAIRE QUARTERLY EVALUATION

Park: Florida Caverns State Park		Concessionaire: Florida Caverns Gift Shop		
Fiscal	Year: 2021/2022	Quarter: AMJ		

1. GROSS SALES:

			Previous Yr.	Current Yr.		Previous Yr.	Current Yr.
	Point of Sale	Month	Sales	Sales	º/o +/-	Expenses	Expenses
A.	2021	July	\$0.00	\$183,699.55	0.00%	\$21,671.37	\$114,002.59
		August	\$32.22	\$88,154.68	273502.36%	\$14,595.45	\$72,891.94
		September	\$54.24	\$66,039.17	121653.63%	\$20,988.71	\$100,381.41
		Subtotal	\$86.46	\$337,893.40	390708.93%	\$57,255.53	\$287,275.94
B.		October	\$38,910.05	\$80,928.57	107.99%	\$11,640.13	\$71,383.52
		November	\$45,686.68	\$81,279.40	77.91%	\$35,853.81	\$92,641.34
		December	\$37,139.57	\$70,961.72	91.07%	\$43,354.30	\$76,586.15
		Subtotal	\$121,736.30	\$233,169.69	91.54%	\$90,848.24	\$240,611.01
C.	2022	January	\$45,390.64	\$61,569.80	35.64%	\$117,647.31	\$83,362.10
		February	\$18,438.63	\$75,740.60	310.77%	\$106,740.85	\$82,379.13
		March	\$76,199.79	\$131,713.10	72.85%	\$139,504.22	\$82,770.88
		Subtotal	\$140,029.06	\$269,023.50	92.12%	\$363,892.38	\$248,512.11
D.		April	\$67,306.67	\$100,151.16	48.80%	\$66,602.17	\$103,350.41
		May	\$94,693.67	\$100,687.67	6.33%	\$47,887.53	\$93,897.24
		June	\$141,360.66	\$158,329.16	12.00%	\$97,328.24	\$144,437.25
		Subtotal	\$303,361.00	\$359,167.99	18.40%	\$211,817.94	\$341,684.90
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		Subtotal	0	0	#DIV/0!	0	0

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Comments required for change in gross sales:					

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

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		
В.	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		
Н.	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		
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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	
	Each customer is offered a sales receipt and all points of sale have a clearly visible sign asking customers	X	
О.	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.	Х	

Comments required for all NO responses:		

3. REPORTING/DOCUMENTATION

A. Insurance/Security

		Yes	No	Expire	Amount
	General Liability Insurance (Department and Trustees named as additional				
1	insured)	X			
2	Automobile Insurance (Department and Trustees named as additional insured)		X		
3	Workers' Compensation	X			
4	Other as needed				

В.	List	the	tvpe	of	security.	expiration	date.	and amount.
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General Liability - State Farm Amount \$1,000,000 Expiration 02/20/2023
Compensation Insurance Insurance Company of the West Amount \$1,000,000 Expiration 06/05/2023

Workers'

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C. Permits and Licenses

	Yes	No	Expire
Permits and Licenses are current			
	X		12/31/2022
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.			
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E. Other Required Reports and Documentation

		Yes	No	N/A	Expire	Amount
1	Annual Limited Engagement Documents are submitted				N/A	N/A
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2	Annual Profit & Loss Statements are submitted accurately and				N/A	N/A
	by required deadline.	X				
3	Monthly Gross Sales Reports are submitted accurately and by				N/A	N/A
	required deadline.	X				

4	E-Verify Employment Eligibility Verification completed with			N/A	N/A
	copies of completed files for all personnel.	X			
5	Sexual Offender Check completed with copies of completed			N/A	N/A
	files for all personnel.	X			
6	Annual PCI Compliance Self-Assessment is complete, current,				
	and on file.	X			
7	Safety Plan provided to Park Manager and is revised and			N/A	N/A
	approved annually.	v			
		, A			

Comments	required	for all	NO	responses:
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4. HEALTH/SAFETY

		Yes	No	N/A
A.	Employees follow basic personal hygiene practices.	X		
В.	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
Н.	Food is stored properly and in appropriate containers.			Х

	Corrected all deficiencies noted in most recent health inspection.	X		
om	ments required for all NO responses:			
A]	DA/SAFETY			
		Yes	No	N/A
,	Concessionaire is located on safe and accessible route.	х		
	First aid kit is available and maintained.	х		
	Suggested, but not required for boating operations to have AED. AED available?			
	Operations are equipped with EECs.	X		
	Facility is free of public safety hazards.	Х		
	Provide the name of their A & I Liaison. Brenda Shirah	Х		
	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	Х		
	Provided accessibility information in written publications such as website and brochures.	Х		
m	ments required for all NO responses:	<u> </u>		

6. OPERATIONS

		Yes	No	N/A
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В.	Concessionaire maintains and posts operating days/hours as outlined in terms of the Agreement. (Any variances approved in writing.)	х		
C.	Inventories comply with agreed upon merchandise standards and are sufficiently stocked to meet demand.	X		
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G.	All signage is appropriate, maintained and approved by Park Manager.	X		
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N.	Concessionaire is open to suggestions for improving service to visitors.	X		

C				
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7. ST	AFF			
		Yes	No	N/A
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В.	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.	N/A	N/A	N/A
				•
Com	ments required for all NO responses:			
8. SP	ACE AND EQUIPMENT			1
		Yes	No	N/A
A.	Equipment maintenance is in compliance with terms of Agreement.	X		
В.	Building maintenance is in compliance with terms of Agreement.	v		
C.	Grounds maintenance is in compliance with terms of Agreement.	X		

Com	ments required for all NO responses:			
9. C	APITAL IMPROVEMENTS			
		Yes	No	N/A
A.	Schedule of Capital Improvements is maintained.	X		
В.	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		
Com	ments required for all NO responses:			

10. CURRENT CONTACT INFO)		
Phone:	(850) 526-2650	Fax:	
	Brenda Shirah, Manager		
Email Address:	floridacavernsgiftshop@gmail.com		
Mailing Address:	Florida Caverns Gift Shop LLC		
	3345 Caverns Road, Marianna, FL 32446	<u> </u>	
11. GENERAL COMMENTS			
What plans are going well, and what	at could be improved?		
Concessionaire Signature	Brenda Shirah, Manager	Agreement Manager Signature	Bryan Kaczmarek, APM
3Am		Dynael	
Date 01/14/2022		Date L. 2022	

Email to Concessionaire

Email to Operational Services

Distribution:

Email to District