



Florida Department of Environmental Protection
CONCESSIONAIRE QUARTERLY EVALUATION

Park: Florida Caverns State Park

Concessionaire: Florida Caverns Gift Shop

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.	2023	July	\$187,448.61	\$239,449.36	0.00%	\$161,213.65	\$172,535.55
		August	\$102,092.30	\$114,757.70	12.41%	\$160,675.64	\$202,932.77
		September	\$86,904.99	\$101,949.24	17.31%	\$94,103.70	\$126,537.53
		Subtotal	\$376,445.90	\$456,156.30	21.17%	\$415,992.99	\$502,005.85
B.	2023	October	\$76,185.59	\$95,829.69	25.78%	\$71,383.52	\$102,956.84
		November	\$64,817.64	\$106,443.23	64.22%	\$104,149.79	\$95,609.21
		December	\$59,770.52	\$90,543.12	51.48%	\$73,153.01	\$183,404.28
		Subtotal	\$200,773.75	\$292,816.04	45.84%	\$248,686.32	\$381,970.33
		TOTAL GROSS SALES	\$577,219.65	\$748,972.34	29.76%	\$664,679.31	\$883,976.18

Comments required for change in gross sales:

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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		
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:

3. REPORTING/DOCUMENTATION

A. Insurance/Security

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

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

FCGS General Liability -- State Farm -- Amount \$1,000,000 -- Expiration 02/20/2024	FCGS
Workers' Compensation Insurance -- Insurance Company of the West -- Amount \$1,000,000 -- Expiration 06/05/2024	Sweet Beans Food
Truck -- General Liability-- Expiration 03/06/2024	

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

C. Permits and Licenses

	Yes	No	Expire
FCGS Permits and Licenses are current	x		
Sweet Beans Food Truck Food Permit	x		6/1/2024
Sweet Beans Food Truck Safe Serve	x		9/1/2028
Annual Food Permit	x		1/4/2025
Livery Operator Permit	x		11/18/2024
Annual Resale Certification for Sales Tax	x		12/31/2023

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			EXP 01/2024	
7	Safety Plan provided to Park Manager and is revised and approved annually.	x			N/A	N/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		
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
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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. Suggested, but not required for boating operations to have AED. AED available?	x		
C.	Operations are equipped with EECs.	x		
D.	Facility is free of public safety hazards.	x		
E.	Provide the name of their A & I Liaison. <i>Brenda Shirah</i>	x		
F.	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	x		
G.	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:

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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. 22	x		

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:

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:

Capital improvements completed in this quarter:

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3. Best Buy - \$5180.41 - SunbriteTV Pro 2 43 Inch HD Outdoor TV Full sun - for safety video
4. Best Buy - \$322.48 - Sanus Elite wall mount, hardware and labor - required for TV mount

10. CURRENT CONTACT INFO

Phone: (850) 526-2650

Fax: _____

Email Address: Brenda Shirah, Manager
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 could be improved?

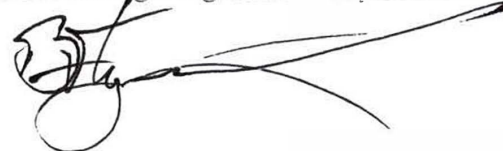
Concessionaire Signature *Brenda Shirah, Manager*



Date

01/11/2024

Agreement Manager Signature *Bryan Kaczmarek, APM*



Date

11 JAN 24

Distribution:

Email to Operational Services

Email to District

Email to Concessionaire



Florida Department of Environmental Protection
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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		
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Comments required for all NO responses:

3. REPORTING/DOCUMENTATION

A. Insurance/Security

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FCGS
Sweet Beans Food

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C. Permits and Licenses

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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
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I.	Corrected all deficiencies noted in most recent health inspection.			x
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N.	Concessionaire is open to suggestions for improving service to visitors.	x		
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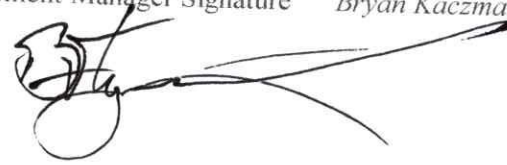
Concessionaire Signature

Brenda Shirah, Manager



Agreement Manager Signature

Bryan Kaczmarek, APM



Date

01/11/2024

Date

11 JAN 24

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Florida Department of Environmental Protection
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--

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. 19	x		

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:

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:

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 could be improved?

Concessionaire Signature

Brenda Shirah, Manager



Date 10/17/23

Agreement Manager Signature

Bryan Kaczmarek, APM



Date 17 Oct 2023

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: 2022/2023

Quarter: AMJ

1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Previous Yr. Expenses	Current Yr. 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
C.	2023	January	\$61,569.80	\$81,466.14	32.32%	\$83,362.10	\$72,958.39
		February	\$75,740.60	\$79,455.12	4.90%	\$82,379.13	\$58,333.53
		March	\$131,713.10	\$176,568.14	34.06%	\$82,770.88	\$101,177.58
		Subtotal	\$269,023.50	\$337,489.40	25.45%	\$248,512.11	\$232,469.50
D.		April	\$100,151.16	\$120,284.20	20.10%	\$103,350.41	\$136,504.32
		May	\$100,687.67	\$131,358.65	30.46%	\$93,897.24	\$94,792.00
		June	\$158,329.16	\$190,524.54	20.33%	\$144,437.25	\$96,029.14
		Subtotal	\$359,167.99	\$442,167.39	23.11%	\$341,684.90	\$327,325.46
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			\$1,199,254.58	\$1,356,778.39	13.14%	\$1,118,083.96	\$1,239,045.48

Comments required for change in gross sales:

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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		
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:

--

3. REPORTING/DOCUMENTATION

A. Insurance/Security

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

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

FCGS General Liability - State Farm -- Amount \$1,000,000 -- Expiration 02/20/2024	FCGS
Workers' Compensation Insurance -- Insurance Company of the West -- Amount \$1,000,000 -- Expiration 06/05/2024	Sweet Beans Food
Truck -- General Liability -Expiration 03/06/2024	

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

C. Permits and Licenses

	Yes	No	Expire
FCGS Permits and Licenses are current	x		12/31/2023
Sweet Beans Food Truck Food Permit	x		6/1/2024
Sweet Beans Food Truck Safe Serve	x		8/13/2023
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 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				
7	Safety Plan provided to Park Manager and is revised and approved annually.	x			N/A	N/A

Comments required for all NO responses:

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		
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
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Comments required for all NO responses:

New concessions inspected 06/01/2023

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. Suggested, but not required for boating operations to have AED. AED available?	x		
C.	Operations are equipped with EECs.	x		
D.	Facility is free of public safety hazards.	x		
E.	Provide the name of their A & I Liaison. <i>Brenda Shirah</i>	x		
F.	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	x		
G.	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. 17	x		

Comments required for all NO responses:

--

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		

10. CURRENT CONTACT INFO

Phone: (850) 526-2650

Fax: _____

Email Address: Brenda Shirah, Manager
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 could be improved?

Concessionaire Signature

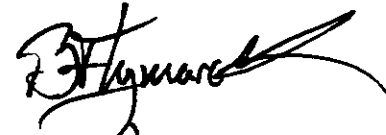
Brenda Shirah, Manager



Date July 18, 2023

Agreement Manager Signature

Bryan Kaczmarek, APM



Date 18 July 2023

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: 2022/2023

Quarter: JFM

1. GROSS SALES:

	Point of Sale	Month	Previous Yr. Sales	Current Yr. Sales	% +/-	Previous Yr. Expenses	Current Yr. 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
C.		January	\$61,569.80	\$81,466.14	32.32%	\$83,362.10	\$72,958.39
		February	\$75,740.60	\$79,455.12	4.90%	\$82,379.13	\$58,333.53
		March	\$131,713.10	\$176,568.14	34.06%	\$82,770.88	\$101,177.58
		Subtotal	\$269,023.50	\$337,489.40	25.45%	\$248,512.11	\$232,469.50
D.					#DIV/0!		
					#DIV/0!		
					#DIV/0!		
		Subtotal	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00
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			\$840,086.59	\$914,611.00	8.87%	\$776,399.06	\$911,720.02

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		
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:

--

3. REPORTING/DOCUMENTATION

A. Insurance/Security

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

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

General Liability - State Farm -- Amount \$1,000,000 -- Expiration 02/20/2024	Workers'
Compensation Insurance -- Insurance Company of the West -- Amount \$1,000,000 -- Expiration 06/05/2023	

PLEASE INCLUDE COPIES OF INSURANCE POLICIES IF UPDATED FROM LAST QUARTER

C. Permits and Licenses

	Yes	No	Expire
Permits and Licenses are current	x		12/31/2023
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 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				
7	Safety Plan provided to Park Manager and is revised and approved annually.	x			N/A	N/A

Comments required for all NO responses:

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		
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. Suggested, but not required for boating operations to have AED. AED available?	x		
C.	Operations are equipped with EECs.	x		
D.	Facility is free of public safety hazards.	x		
E.	Provide the name of their A & I Liaison. <i>Brenda Shirah</i>	x		
F.	Accessibility and inclusion policy is made available to everyone. Employees are knowledgeable on accommodating persons with disabilities.	x		
G.	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. 16	x		

Comments required for all NO responses:

--

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:

--

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:

--

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 could be improved?

Concessionaire Signature

Brenda Shirah, Manager



Date 4/19/23

Agreement Manager Signature

Bryan Kaczmarek, APM



Date

19 April 2023

Distribution:

[Email to Operational Services](#)

Email to District

Email to Concessionaire