

Business Records and Documents Checklist

BUSINESS VALUATION:

Please provide as many of the following documents as possible

- Last 3 years of Profit & Loss Statements
- Most Current year-to-date Profit & Lost Statement
- Last 3 years of Business Tax Returns
- Current Balance Sheet
- Sales by Month or Quarter for the Last Two Years
- Completed Business Information Questionnaire (attached)
- List of any equipment rented or leased. Terms of lease.

BUSINESS INFORMATION & QUESTIONNAIRE

To be completed by the owner of the business.

Instructions: Please complete the following questionnaire to the best of your knowledge. The following questions are designed to help disclose the pertinent information that should be considered when selling/valuing a business. Please disregard any questions that are not applicable to your particular type of business.

It is difficult to include all pertinent questions that may be relevant. Please be sure to include any other information that may be material. If there is not enough room to fully answer a question, finish your answer on section 16.

Subject Business: _____

Owner (s) Name: _____ Date: _____

Business Address: _____

City: _____ Zip: _____

Telephone: _____
Home Bus. Fax

Cell e-mail

1. Please describe what your restaurant niche and give a brief history: _____

2. In your view what are the positives and negatives of the business? _____

3. What is the current ownership structure: Sole Proprietor S-Corporation
 C-Corporation Partnership
 Other: _____

4. When was the business established? _____

Current Owner Since: _____

5. What are the hours of Operation: _____

6. What license or permits are required to operate the business? (Please attach copies)

7. How many employees?

Part-time: _____ Full-Time: _____

Managers: _____ Manager's rate of pay/salary: _____

Do you have any written employment agreements or special employment conditions with any employees? () Yes () No If yes, please describe: _____

8. Please list all owners or family members working for the business, average hours worked per week, job title/description, and the rate of pay/salary:

Name: _____ Avg. Hours: _____ Salary: _____
Job Description: _____

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Job Description: _____

Name: _____ Avg. Hours: _____ Salary: _____
Job Description: _____

9. Regarding the business space: How many seats? _____

Monthly Base Rent: _____ Monthly CAM/NNN? _____

Est. Square Feet: _____ Annual Rent Increases? _____

Expires in: _____ Options to Renew? _____

If you own, what will be the monthly rental rate you will lease for? \$ _____

10. Describe the condition of the business space. Are there any defects, building repairs, plumbing, electrical or sewer problems? () Yes () No If yes, please describe: _____

11. Describe the condition of the equipment and fixtures. Is anything obsolete or in need of repair or replacement? () Yes () No What is the estimated cost?

12. List as a percentage the customers/clients that represent more than 10% of the gross revenues?

1. _____ % 2. _____ %
3. _____ % 4. _____ %

