

Listing Profile

Dear Client:

The information below helps quickly prepare the valuation analysis and setup the advertising for your business. Answer these questions honestly and with as much detail as possible. The better the information, the more prepared your agent will be when buyers start asking Questions, and the better chances of selling your business.

Thank you.

DOCUMENTS NEEDED

1. If the business has good tax returns, then Restaurant Realty Company needs the following information to complete a valuation analysis:

- A. 3 years of tax returns.
- B. 3 years of income statement plus latest year to date income statement.
- C. 3 years of sales by month plus latest sales by month for current year.
- D. Copy of lease.
- E. Furniture and Equipment List - Itemize 100% of all items and mark excluded for personal items.
- F. List of Trade Inventory with values
- G. Copy of the latest health inspection report.
- H. 3 Years of Sales Tax Returns .

2. For Business not having good tax returns, please provide the following:

- A. 3 Years Profit and Loss Statement, if any.
- B. Copy of lease.
- C. Furniture and Equipment List - Itemize 100% of all items and mark excluded for personal items.
- D. Copy of the latest health inspection report.
- E. 3 Years of Sales Tax Returns.
- F. List of Trade Inventory with value

LISTING DATA

Retail Name: _____

Retail Address: _____

City: _____ State: _____ County: _____

How did you find us?: _____
(Circle One) Newsletter / Website / Newspaper / Referral / Network / Google / Bizben
Bizquest / Bizbuysell / Other (_____)

OWNER INFORMATION

Business Entity (Circle One): Sole Proprietor / S Corp / C Corp / LLC / LLP / Partnership

Name of Entity: _____

Owner's Name 1: _____ Owner's Name 2: _____

Owner's Name 3: _____ Owner's Name 4: _____

OWNER INFORMATION (Continued)

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Website: _____

OPERATIONS

of Full time Employee: _____ # of Part time employee: _____

of family member working: _____ How many days open per week: _____

Hours of Operation: _____

Year Established: _____ Year Purchased: _____

Parking Space: _____ Liquor License Type: _____

LEASE AND LOCATION INFORMATION

Term (e.g. 3 yr remaining 5 yr option)

Inside Sq.Ft: _____ Outside Sq.Ft:

Base Rent: _____ CAM/NNN:

Comments:

Percentage Lease: Y / N

Lease Percentage: _____

Security Deposit: _____ Land Lord/Manager _____

Name: Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Contact: _____

LEASE AND LOCATION INFORMATION (Continued)

Neighboring Retail Stores:

FINANCIAL INFORMATION

Year to date sales: \$ _____ What Month is This for?

Monthly Gross Sales: \$ _____

Annual Gross: Last Year \$ _____ 2 yrs ago \$ _____ 3 yrs ago \$ _____

COG %: Last Year _____ % 2 yrs ago _____ % 3 yrs ago _____ %

% Payroll Cost %*: Last Year _____ % 2 yrs ago _____ % 3 yrs ago _____ %

Average Trade Inventory: \$ _____

* Excludes Payroll Taxes and Workers Comp.

REAL ESTATE INFORMATION (IF INCLUDED IN SALE)

Lot Dimension: _____ Lot Acreage: _____ Lot Sq.Ft.: _____

Legal Sq.Ft of Building: _____ Total Building Sq.Ft.: _____

Residential Sq.Ft: _____ Retail Store Sq.Ft: _____

of Rental Units: _____

Gross possible monthly rent: \$ _____ Actual monthly rent \$ _____

Property Zoning _____ Annual Estimated Gross Income \$ _____

Seller: _____

Date: _____

Seller: _____

Date: _____