



## contact person

FIRST NAME	LAST NAME	CELL PHONE
EMAIL ADDRESS		OTHER PHONE

## type of food service

<b>CHOOSE ONE (1)</b> Dine-In Restaurant      Food Truck Fast Food Restaurant      Pop-Up Restaurant Bar and Grill      Ghost Kitchen Catering Service      Self-Serve Buffet	<b>CHOOSE ALL THAT APPLY</b> Family-Oriented      Coffee Bar      Karaoke Night Adults Only      Ice Cream/Yogurt      Pool Tables/Other Games Formal Dining      Cafeteria Style      Arcade Machines Casual Dining      Live Music      Tabletop Games
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## concept

WHAT IS THE GENERAL CONCEPT OF YOUR FOOD SERVICE BUSINESS?

## location

<b>TYPE OF LOCATION</b> Static Mobile	<b>ADDRESS (INC. CITY/ST/ZIP) OR OTHER DETAILS (AREA, REGION, ETC)</b>	<b>HOW MANY SEATS DO YOU HAVE?</b>	<b>DO YOU HAVE A FLOOR PLAN?</b> Yes      No
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## brand identification

<b>NAME OF BUSINESS</b>	<b>DO YOU HAVE A LOGO?</b> Yes      No
<b>WHAT ARE YOUR OFFICIAL COLORS? PROVIDE HEX, RGB, OR CMYK CODES IF POSSIBLE.</b>	
<b>LIST ANY ICONS OR OTHER SYMBOLS THAT ARE REPRESENTATIVE OF YOUR BRAND</b>	<b>DO YOU HAVE A BUSINESS CARD?</b> Yes      No

## meal service

<b>CHOOSE ALL THAT APPLY</b> Breakfast      Dinner Brunch      After Hours Lunch      All Meal Services	<b>WILL YOU OFFER KID'S MEALS?</b> Yes No	<b>WILL YOU OFFER DAILY SPECIALS?</b> Yes No	<b>CHOOSE ALL THAT APPLY</b> Dine-In      Curbside Pickup      Table Service Takeout      In-House Delivery      Counter Service Drive-Thru      Third-Party Delivery
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## menu

<b>WHAT TYPE(S) OF FOOD WILL YOU SERVE?</b>	<b>CHOOSE ONE (1) TYPE OF MENU</b> Static Menu      A La Carte Menu Du Jour Menu      Table d' Hote Menu Cycle Menu      Prix Fixe Menu	<b>DOES EACH MEAL SERVICE HAVE A SEPARATE MENU?</b> Yes      No	<b>DO YOU HAVE THESE OTHER MENUS?</b> Desserts      Cocktails Beverages      Appetizers Wines      Daily Specials
<b>MENU FORMAT (CHOOSE ALL THAT APPLY)</b> Paper      Paper Menu Board      Paper Take Home Menu QR Code      Digital Menu Board      Menu on Website	<b>PAPER MENU TYPE</b> N/A      Plain Paper Laminated      In a Binder	<b>IS YOUR MENU ALREADY CREATED?</b> Yes      No	



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## hours of operation

WHAT ARE YOUR HOURS OF OPERATION AND WHAT MEAL SERVICE OCCURS DURING THOSE HOURS?

MONDAY		TO		+		TO		BK	BR	LN	DN	AH
TUESDAY		TO		+		TO		BK	BR	LN	DN	AH
WEDNESDAY		TO		+		TO		BK	BR	LN	DN	AH
THURSDAY		TO		+		TO		BK	BR	LN	DN	AH
FRIDAY		TO		+		TO		BK	BR	LN	DN	AH
SATURDAY		TO		+		TO		BK	BR	LN	DN	AH
SUNDAY		TO		+		TO		BK	BR	LN	DN	AH

BK = BREAKFAST BR = BRUNCH LN = LUNCH DN = DINNER AH = AFTER HOURS

## marketplace summary

DESCRIBE THE TYPE OF CUSTOMERS YOU DO HAVE OR WILL HAVE? HOW OLD ARE THEY? WHERE DO THEY LIVE? WHAT DO THEY DO?

WHY IS YOUR MENU/FOOD/CONCEPT RELEVANT FOR THIS MARKET?

## competitor analysis

HOW BIG IS YOUR MARKET RADIUS IN BLOCKS/MILES?	HOW MANY OTHER RESTAURANTS ARE IN THAT AREA?	HOW MANY OFFER SIMILAR FOOD OR MENU TO YOURS?	LIST THE TOP 3 - 5 RESTAURANTS THAT YOU CONSIDER TO BE YOUR MAJOR COMPETITORS.
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COMPLETE THE FOLLOWING FOR EACH OF YOUR TOP COMPETITORS YOU LISTED ABOVE

RESTAURANT NAME	SEATS	MEALS	ENTREE \$	HOURS	ADVANTAGE/OPPOTURNITY/CHALLENGE
		BK DN BR AH LN	\$ \$\$ \$\$\$		
		BK DN BR AH LN	\$ \$\$ \$\$\$		
		BK DN BR AH LN	\$ \$\$ \$\$\$		
		BK DN BR AH LN	\$ \$\$ \$\$\$		
		BK DN BR AH LN	\$ \$\$ \$\$\$		

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## marketing and promotion

WHAT IS THE OVERALL MARKETING MESSAGE FOR YOUR BUSINESS?			
WHICH TYPES OF <b>ONLINE</b> PROMOTION DO YOU USE?		WHICH TYPES OF <b>OFFLINE</b> PROMOTION DO YOU USE?	
Website	Review Sites (Yelp, TripAdvisor, etc.)	Business Sign	Customer Loyalty/Reward Program
Social Media	Google Business Listing	Print Advertising	In-House Promotions
Email Campaign	Pay-Per-Click (PPC) Ads	TV/Radio Advertising	Community Involvement
WHAT IS YOUR WEBSITE DOMAIN NAME?	WHAT SOCIAL MEDIA PLATFORMS?	WHAT DELIVERY/TAKEOUT SERVICES?	
	Facebook    Twitter    YouTube Instagram    Pinterest    TikTok	ASAP    GrubHub    Toast Takeout DoorDash    UberEats    Postmates	
HOW WILL/DO YOU PROMOTE YOUR <b>ONLINE</b> PROMOTIONS?		HOW WILL/DO YOU PROMOTE YOUR <b>OFFLINE</b> PROMOTIONS?	

## staff summary

DESCRIBE YOUR PERSONAL ROLE, AS OWNER, IN THE DAILY OPERATIONS OF YOUR BUSINESS	DO YOU HAVE AN EMPLOYEE HANDBOOK?	Yes					
		No					
	DO YOU HAVE A SAFETY AND SANITATION GUIDE?	Yes					
		No					
COMPLETE THE FOLLOWING FOR EACH STAFF POSITION. ADD ADDITIONAL STAFF IF NEEDED.							
STAFF MEMBER	QTY	HRLY WAGE	HRS/WK EA	STAFF MEMBER	QTY	HRLY WAGE	HRS/WK EA
Executive Chef				Marketing Staff			
Sous Chef				I.T. Staff			
Manager				Human Resources			
Executive Chef				Accounting Staff			
Assistant Manager							
Wait Staff							
Host/Hostess							

## technology summary

POINT OF SALE (POS)	CREDIT CARD PROCESSOR
STAFF SCHEDULING	INVENTORY MANAGEMENT
SECURITY SYSTEM	PAYROLL PROCESSING



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## vendors and suppliers

PRODUCE VENDOR	PROTEIN VENDOR
GLASSWARE SUPPLIER	DISHES SUPPLIER
SILVERWARE SUPPLIER	UNIFORM SUPPLIER
LINENS SUPPLIER	PAPER PRODUCTS
KITCHEN TOOLS	WASTE REMOVAL

## insurance coverage

WHO HANDLES YOUR INSURANCE? CHECK YOUR LOCAL LAWS TO ENSURE YOU HAVE ALL REQUIRED INSURANCE COVERAGE	
PROPERTY INSURANCE	FIRE COVERAGE
PERSONAL PROPERTY	BUSINESS EXPENSE
WORKERS' COMPENSATION	

## licenses and permits

INCORPORATION PAPERS (INC, LLC, ETC)	Yes No N/A	CITY OR STATE BUSINESS LICENSE	Yes No N/A	CITY OR STATE BUSINESS LICENSE	Yes No N/A
FEDERAL TAX ID/ EIN	Yes No N/A	STATE TAX ID/ EIN	Yes No N/A	CERTIFICATE OF OCCUPANCY	Yes No N/A
FOOD SERVICE (HEALTH DEPARTMENT)	Yes No N/A	LIQUOR PERMIT/ LICENSE	Yes No N/A	ENTERTAINMENT VENUE PERMIT/LICENSE	Yes No N/A
SIGN PERMIT	Yes No N/A	OTHER		OTHER	

## financial

DO YOU HAVE A MONTHLY BUDGET?	DO YOU KNOW YOUR MONTHLY FOOD COST?	DO YOU KNOW YOUR PROFIT MARGIN ON EACH MENU ITEM?	DO YOU LOOK AT YOUR DAILY SALES NUMBERS?	DO YOU HAVE A CURRENT OR PROJECTED P&L?	DO YOU HAVE ACCESS TO YOUR BALANCE SHEET?
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
DO YOU HAVE TO YOUR CASH FLOW REPORT?	DOES YOUR POS GIVE YOU SALES DATA?	DO YOU USE A SEPARATE ACCOUNTING SOFTWARE? IF YES, WHICH ONE?	DO YOU KNOW YOUR SALES PER SQ FT OR REVENUE PER SEAT?	DO YOU HAVE OR PLAN TO GET ANY BANK LOANS?	
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No