



BUSINESS INFORMATION

Business Owner: _____ Business Name: _____

Owner Phone #: _____ Business Phone #: _____

Address: _____

How long in business/established? ____ / ____ Reason for sale: _____

Gross Monthly Sales: _____ Ownership: Sole Prop / Partnership / Corporation / LLC

Rent: _____ CAM/NNN: _____ Yrs left on lease / Exp Date ____ / ____ Options: _____

ABC License included in price? Y / N:
41 (Beer & Wine) / 47 (Restaurant Liquor) / 48 (Bar & Nightclub) Other: _____

Sq Ft: _____ Max Occ: _____ Parking Spaces: _____

FT Empl: _____ Part-T Empl: _____ # Days open: _____ Owner hours per week: _____

Is business a franchise Y / N? Must franchisor approve sale? Y / N Transfer Fee: _____

Any rented equipment? Y / N
Item: _____ \$ _____ term: _____
Item: _____ \$ _____ term: _____
Item: _____ \$ _____ term: _____

Notes: _____

EXPENSES

	Monthly	Last Year	2 Years Ago
Cost of goods			
Base Rent			
CAM/NNN			
Payroll			
Gas			
Electricity			
Repairs			
Insurance			
Other			
Other			
TOTAL			