



2016 RESTAURANT SURVEY OF THE OUTER BANKS

Your participation is greatly appreciated.

All information provided by you is strictly confidential

Restaurant Name: _____

Contact Name: _____

Email: _____

Please answer the following questions regarding your restaurant establishment using your Company December 31, 2015 year-end financials:

1. How many restaurant seats do you have? _____
2. How many bar seats do you have? _____
3. What is the total of your average check **per customer**? \$ _____
4. Do you sell retail merchandise? Yes _____ No _____
5. Do you close down operations during the "off season"? "Off-season" is generally between November-February.
*If yes, approximately how many days were you closed in 2015? _____

6. Total Annual Sales

- | | |
|--------------------|----------|
| A. Food sales | \$ _____ |
| B. Beer/wine sales | \$ _____ |
| C. Liquor sales | \$ _____ |
| D. Retail | \$ _____ |

7. Total Annual Cost of Sales

- | | |
|--------------------|----------|
| A. Food costs | \$ _____ |
| B. Beer/wine costs | \$ _____ |
| C. Liquor costs | \$ _____ |
| D. Retail Costs | \$ _____ |

8. Labor Costs-For this section "Non-Owner" is defined as any compensation paid to Company Shareholder(s)/Officers or Managing Members.

- | | |
|--|----------|
| A. Total Non-Owner Wages | \$ _____ |
| B. Total Non-Owner Payroll Taxes | \$ _____ |
| C. Casual Labor | \$ _____ |
| D. Owner/Officer Wages | \$ _____ |
| E. Total Non-Owner Health Insurance & Other Benefits | \$ _____ |
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9. **Benefit Costs**

A. Do you offer a Company Health Insurance Plan to your full-time employees?

Yes___ No___

B. Do you offer a Company Retirement Plan to your full-time employees? (401K, SIMPLE, IRA, etc.)

Yes___ No___

10. **Facilities Expenses**

A. Total Annual Rent **or** Mortgage Payments (principal + interest) \$ _____

B. Total Square Footage _____

C. Number of Locations _____

D. Total Utility Costs (water, propane/natural gas, electric, septic, **excluding telephone**)

\$ _____

11. **Other Costs**

A. Total Advertising costs \$ _____

Of the total advertising costs, how much was spent on:

1. Print \$ _____

2. Radio/Television \$ _____

3. Internet Advertising
(includes consulting, social media & pay-per-click) \$ _____

C. Credit Card Merchant Fees \$ _____

D. Linen Costs \$ _____

E. Do you use a POS system? *Yes___ No___

*If yes, what system do you use? _____

12. **Demographics**

In which of the following segments would you classify your restaurant?

____Casual Dining Full Service

____Fine Dining/White Tablecloth

____Limited Service (establishment whose patrons generally order/select items & pay before eating)

13. **Earnings**

A. What were your 2015 net earnings (EBITDA)? \$ _____

(Earnings before interest, taxes, depreciation, amortization)

Please return to:

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