



2017 RESTAURANT SURVEY OF THE OUTER BANKS

Your participation is greatly appreciated.
All information provided by you is strictly confidential.

Restaurant Name: _____

Contact Name: _____

Email: _____

Number of locations _____

Please answer the following questions regarding your restaurant establishment using your Company December 31, 2016 year-end financials:

1. How many restaurant and bar (if applicable) seats do you have?

Restaurant seats _____ Bar seats _____

2. Do you close down operations during the "off season"? "Off-season" is generally between November-February.

Circle: NO/YES

* If yes, time period you were closed for in 2016? _____

3. Please check the line that best describes your restaurant.

_____ Casual Dining - Full Service

_____ Fine Dining - White Tablecloth

_____ Limited Service (establishment whose patrons generally order & pay before eating)

4. Total Revenue (Sales) & Cost of Sales for 2016?

	<u>Annual Sales</u>	<u>Annual Cost of Sales</u>
A. Food & beverage	\$ _____	\$ _____
B. Beer & wine	\$ _____	\$ _____
C. Liquor	\$ _____	\$ _____
D. Retail (merchandise)	\$ _____	\$ _____

5. Total Labor Costs for 2016. Please list expenses for business owner(s) in separate column. Owners includes shareholders and LLC members as well.

	<u>Employees</u>	<u>Owner(s)</u>
A. Total Wages	\$ _____	\$ _____
B. Total Payroll Taxes	\$ _____	\$ _____
C. Total Health Insurance and Benefits	\$ _____	\$ _____
D. Casual Labor (non-employees)	\$ _____	\$ _____



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6. Please check the line that best represents your average entrée price per meal served.

<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>
Not open _____	Not open _____	Not open _____
\$0-10 _____	\$0-10 _____	\$0-10 _____
\$11-15 _____	\$11-15 _____	\$11-15 _____
\$16-20 _____	\$16-20 _____	\$16-20 _____
\$21-25 _____	\$21-25 _____	\$21-25 _____
>\$25 _____	>\$25 _____	>\$25 _____

7. Did you raise your menu prices for the 2017 Season (Yes/No)?

If Yes, approximate percentage increase? _____

8. What was your total rent expense for 2016? If no rent was paid, then total mortgage payments for the year (includes principal & interest).

A. Total Annual Rent or Annual Mortgage Payments \$ _____

9. What were your total utility costs for 2016?

(i.e. water, propane/natural gas, electric, septic, exclude telephone)

\$ _____

10. What were the Total Net Earnings available to Business Owner(s) in 2016?

\$ _____

(Net Earnings = Net Income/(Loss) "bottom line" plus owner wages & benefits, interest exp., income taxes, depreciation, and amortization).

11. When filing your income taxes, did your business take advantage of the favorable "De Minimis" tax rules for expensing equipment (Yes or No)? _____

12. What are the greatest challenges you face as a business leader (e.g. government regulation: local, state, federal; seasonal employment; marketing; technology: use/cyber security) Please rank #1 as greatest challenge.

Please return to:

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