

**SAN FRANCISCO RECREATION & PARK DEPARTMENT  
CONCESSIONAIRE FINANCIAL STATEMENT**

<b>Reporting Period</b>		
<b>Concession Name</b>		
<b>Concessionaire Name</b>		
<b>Address</b>		
<b>City/State/ZIP Code</b>		
<b>Telephone Number</b>	<b>Fax Number</b>	<b>Email Address</b>
<b>Contract or Permit Number</b>	<b>Effective Date</b>	<b>Expiration Date</b>
<b>Park Unit</b>		

*The undersigned declares and certifies that the financial statements and supporting schedules are correct.*

**Authorized Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Title**

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- Schedule A: Annual Income Statement**
- Schedule B: Balance Sheet**
- Schedule C: Capital Expenditures and Schedule of Depreciation**
- Schedule D: Departmental Income**
- Schedule E: Expense Detail**
- Schedule F: Statement of Monthly Gross Sales/Receipts**

**SAN FRANCISCO RECREATION & PARK DEPARTMENT  
CONCESSIONAIRE FINANCIAL STATEMENT**

**SCHEDULE A: ANNUAL INCOME STATEMENT**

Concession Name/Park Unit	Concessionaire (Owner) Name	
	<u>This Year (20__)</u>	<u>Last Year (20__)</u>
<b>GROSS REVENUE</b>		
Less: Returned Sales and Allowances		
Less: Sales Taxes		
<b>NET REVENUE</b>		
Less: Cost of Goods Sold		
<b>GROSS PROFIT</b>		
<b><i>DIRECT EXPENSES (see Schedule D)</i></b>		
Direct Labor (not including Management Salaries)		
Repair & Maintenance		
Operating Supplies		
Other Direct Expenses		
<b>TOTAL DIRECT EXPENSES</b>		
<b><i>GENERAL &amp; ADMINISTRATIVE EXPENSES</i></b>		
Owner-Manager's Salary		
Management Salaries (excluding owner/manager)		
Insurance		
Office Supplies		
Telephone & Telecommunications		
Utilities (Heat, Light, Water)		
Other (identify on Schedule E)		
<b>TOTAL GENERAL &amp; ADMINISTRATIVE EXPENSES</b>		
<b><i>FIXED EXPENSES</i></b>		
Rent to State		
Interest		
Rent (identify on Schedule E)		
Property Tax		
Depreciation		
Amortization (identify on Schedule E)		
Other (identify on Schedule E)		
<b>TOTAL FIXED EXPENSES</b>		
<b>PRE-TAX INCOME</b>		
<b><i>INCOME TAXES (Optional)</i></b>		
Federal Tax		
State Tax		
Local Tax		
<b>TOTAL INCOME TAXES</b>		
<b>NET INCOME (State whether pre- or post tax)</b>		

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**SCHEDULE B: BALANCE SHEET**

<b>Concession Name/Park Unit</b>	<b>Concessionaire (Owner) Name</b>
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	<u>This Year (20__)</u>	<u>Last Year (20__)</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	_____	_____
Marketable Securities	_____	_____
Accounts Receivable	_____	_____
Merchandise Inventory	_____	_____
Notes Receivable	_____	_____
Prepaid Expenses	_____	_____
Other Current Assets	_____	_____
<b>TOTAL CURRENT ASSETS</b>	_____	_____
<b>NONCURRENT (FIXED) ASSETS</b>		
Equipment (Personal Property)	_____	_____
Real Property	_____	_____
Less Accumulated Depreciation	_____	_____
Net Depreciable Equipment/Property	_____	_____
Other Fixed Assets (list)	_____	_____
<b>TOTAL NONCURRENT ASSETS</b>	_____	_____
<b>TOTAL ASSETS</b>	_____	_____
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts Payable	_____	_____
Salaries & Wages Payable	_____	_____
Short-Term Notes Payable	_____	_____
Interest Payable	_____	_____
Advance Deposits	_____	_____
Other Current Liabilities	_____	_____
<b>TOTAL CURRENT LIABILITIES</b>	_____	_____
<b>LONG TERM LIABILITIES</b>		
Long Term Debt	_____	_____
Other Long Term Liabilities	_____	_____
<b>TOTAL LONG TERM LIABILITIES</b>	_____	_____
<b>TOTAL LIABILITIES</b>	_____	_____
<b>EQUITY</b>		
Owner's Capital	_____	_____
Stockholder's Equity	_____	_____
Retained Earnings	_____	_____
<b>TOTAL EQUITY</b>	_____	_____
<b>TOTAL LIABILITIES AND EQUITY</b>	_____	_____

**SAN FRANCISCO RECREATION & PARK DEPARTMENT  
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**SCHEDULE C: CAPITAL EXPENDITURES AND SCHEDULE OF DEPRECIATION**

Description of Asset (1)	Acquisition Date (2)	Acquisition Cost (3)	Depreciation Method (4)	Total Years of Useful Life (5)	Accumulated Depreciation (6)	Depreciation This Period (7)	Accumulated Depreciation (8)	Balance (9)
							(6) + (7)	(3) - (8)

**REAL PROPERTY AND IMPROVEMENTS**

<b>TOTAL REAL PROPERTY</b>								

**PERSONAL PROPERTY (FURNITURE, FIXTURES AND EQUIPMENT)**

<b>TOTAL PERSONAL PROPERTY</b>								

**ADDITIONS THIS YEAR (CAPITAL EXPENDITURES)**

					n/a			
					n/a			
					n/a			
					n/a			
<b>TOTAL ADDITIONS THIS YEAR</b>								

**TOTAL EQUIPMENT/PROPERTY**

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**REPLACEMENTS/DISPOSALS THIS YEAR**

Description of Asset	Date of Replacement/ Disposal	Replacement/ Disposal Price
<b>TOTAL</b>		

**SAN FRANCISCO RECREATION & PARK DEPARTMENT  
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**SCHEDULE D: DEPARTMENTAL INCOME**

DEPARTMENT	Department A (a)	Department B (a)	Department C (a)	Department D (a)	TOTAL
<b>GROSS REVENUE</b>					
Less: Returns & Allowances					
Less: Sales Taxes					
<b>Net Sales</b>					
Less: Cost of Goods Sold					
<b>GROSS PROFIT</b>					
<b><i>DIRECT EXPENSES</i></b>					
<b><i>DIRECT LABOR</i></b>					
Wages					
Payroll Taxes and Benefits					
<b>TOTAL DIRECT LABOR</b>					
Repair & Maintenance (including labor)					
Operating Supplies					
<b><i>OTHER DIRECT EXPENSES</i></b>					
Transportation					
Laundry					
Uniforms					
Commissions					
Entertainment					
<i>(List additional items)</i>					
<i>(List additional items)</i>					
<i>(List additional items)</i>					
<b>TOTAL OTHER DIRECT</b>					
<b>TOTAL DIRECT EXPENSES</b>					
<b>DEPARTMENTAL INCOME (LOSS)</b>					

(a) Enter department type - e.g., food & non-alcoholic beverages, alcoholic beverages, retail sales, equipment rentals, vending

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**SCHEDULE E: G&A AND OTHER FIXED EXPENSE DETAIL**

	<u>This Year (20__)</u>	<u>Last Year (20__)</u>
<b>OTHER GENERAL &amp; ADMINISTRATIVE EXPENSES</b>		
Advertising	_____	_____
Travel	_____	_____
Security	_____	_____
Legal Fees	_____	_____
Insurance	_____	_____
Accounting & Auditing Fees	_____	_____
<i>(List additional G&amp;A Expense)</i>	_____	_____
<i>(List additional G&amp;A Expense)</i>	_____	_____
<i>(List additional G&amp;A Expense)</i>	_____	_____
<i>(List additional G&amp;A Expense)</i>	_____	_____
<b>TOTAL OTHER GENERAL &amp; ADMINISTRATIVE EXPENSES</b>	_____	_____
<b>OTHER FIXED EXPENSES</b>		
<i>(Itemize Fixed Expenses)</i>	_____	_____
<i>(Itemize Fixed Expenses)</i>	_____	_____
<i>(Itemize Fixed Expenses)</i>	_____	_____
<i>(Itemize Fixed Expenses)</i>	_____	_____
<i>(Itemize Fixed Expenses)</i>	_____	_____
<b>TOTAL OTHER FIXED EXPENSES</b>	_____	_____

Describe Rent Payments here:
Describe Amortization expenses here:
Describe Overhead expenses here:

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**SCHEDULE F: STATEMENT OF MONTHLY GROSS SALES/RECEIPTS**

	Department A (a)	Department B (a)	Department C (a)	Department D (a)	Department E (a)	Department F (a)	Total from All Depts.
January							0
February							0
March							0
April							0
May							0
June							0
July							0
August							0
September							0
October							0
November							0
December							0
<b>TOTAL (1)</b>	0	0	0	0	0	0	0
<b>Percent Rent (2)</b>							
<b>Rent (in dollars) (1) x (2)</b>	0	0	0	0	0	0	0

If the Total in the "Total from All Sources" column above does not match the Income Statement "Gross Revenue," please explain below.