

APPENDIX A-1

CONCESSIONAIRE SERVICES QUALIFICATION STATEMENT

NAME OF BUSINESS: _____

ADDRESS: _____

IF ADDITIONAL PAGES ARE NECESSARY FOR ANY QUESTION, PLEASE IDENTIFY EACH QUESTION RESPONDED TO ON THE ADDITIONAL PAGE(S).

BUSINESS ENTITY: (check appropriate box)

- Corporation
- Limited Liability Company
- Limited Liability Partnership
- Partnership
- Individual

OWNERS/OPERATORS: If a corporation or limited liability company, list names and addresses of shareholders, members, directors, managers and officers and identify their title/role.

NAME	TITLE/ROLE	ADDRESS

PARTNERS: If a Partnership or Limited Partnership, list the names and addresses of the partners and specify if a general or limited partner for Limited Partnerships.

NAME	ADDRESS	IF A LLP, SPECIFY GP or LP

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TRADE NAMES: If an individual or partnership doing business under a firm name, is a business certificate on file in Sullivan County?

In another county?

At the state level?

PRIOR COUNTY CONTRACTS: Have you ever contracted with the County of Orange? 0 Yes 0 No If so, for what and when?

How many years have you or your firm been in business under your present business name?

Have you, or your firm, ever failed to complete any work awarded to you or had a contract cancelled or terminated early? If so, where and why?

In what other line(s) of business are you or your firm financially interested?

Briefly summarize the experience of the principal individuals of your organization relating to the subject matter of this proposal?

INDIVIDUAL'S NAME*	PRESENT POSITION	YEARS OF EDUCATION	NATURE OF INVOLVEMENT WITH PROPOSED SERVICES (DAYS/TIME ON SITE, ETC.)

*Include resume or bio for each individual in your proposal.

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Explain how you inspected the Concession Facilities and evaluated/calculated the offerings under your Proposal.

If the License is awarded to you or your firm, who will be the working manager s)/supervisor(s)?

NAME*	ADDRESS	PRESENT POSITION	NATURE OF INVOLVEMENT WITH PROPOSED SERVICES (DAYS/TIME ON SITE, ETC.)

*Include resume or bio for each individual in your proposal.

LIQUOR LICENSE.

Do you currently possess an on-premises liquor license: 0 YES 0 NO

Have you ever had a liquor license cancelled, suspended, revoked or surrendered? 0 YES* 0 NO *

If yes, please explain.

If not currently in possession of an on-premises liquor license, would you qualify for the granting of an on-premises liquor license (please provide documentation confirming eligibility)? YES NO

It is the responsibility of the Offeror to examine the New York State Liquor Authority and Division of Alcoholic Beverage Control rules and regulations to determine eligibility for obtaining approval for an on-premises liquor license. Ineligibility to receive an on-premises liquor license will disqualify the Offeror and inability of the successful Offeror to obtain and maintain a liquor license may result in termination of the Concession License Agreement.

Detail your experience with planning and executing banquets and other special events.

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(Use Additional Sheets if Necessary.)

List the projects that your firm has under contract and/or has performed in the past five (5) years that you feel will qualify you for this type work (the list should cover the professional references and large banquet references required in the Proposal Submission Requirements section of this RFP):

TYPE OF WORK	DATE PERFORMED	APPROX. CONTRACT AMT.	NAME, ADDRESS AND PHONE NUMBER OF REFERENCE

Please enclose with your Proposal a proposed sample contract that you would use for such events.