

Hospitality Business For Sale

All information is required. Either as a checklist or to be completed in full.

Business Name: _____

Trading As: _____

Director(s): _____

Lease Details

Lease Term: _____

Rent: _____ + GST

(incl. gst Annual / Weekly Excluding / Including: Outgoings / Insurance / Power / Parking / Other)

Working Owner Staff Details

Working Owner(s): _____ Hours: _____

Full Time	Position
Part Time	Position

General Staff Details

Position	Hours per week	Hourly Rate
W/O 1		
W/O 2		
W/O 3		
W/O 4		
W/O 5		
W/O 6		

Finances

Weekly Sales: \$ _____ Annual _____

Weekly Wages: \$ _____

Annual Profit: \$ _____

Opening Hours + Type of Customers

Opening Hours

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

Type of Customers: _____

Restraint of Trade: _____

Notes: _____
