



Town of Vernon Assessor's Office

8 Park Place, Vernon, CT 06066
 Tel: (860) 870-3625
 Fax: (860) 870-3586
 E-mail: dwheeler@vernon-ct.gov

**Restaurant
 Income and Expense Survey for Calendar Year 2019**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.
Please submit prior to June 1st, 2020 to avoid a 10% Assessment Penalty

Property Name _____

Property Address _____

Owner _____

Telephone Number _____

General Data:

<u>Property Classifications (check all that apply):</u>				
<u>Ownership</u>	<u>Affiliation</u>	<u>Menu-type</u>	<u>Liquor Service</u>	<u>Location</u>
<input type="checkbox"/> Owner-Occupied	<input type="checkbox"/> Independent	<input type="checkbox"/> Full Menu	<input type="checkbox"/> Full Bar	<input type="checkbox"/> Free Standing
<input type="checkbox"/> Leased	<input type="checkbox"/> Franchise	<input type="checkbox"/> Limited Menu	<input type="checkbox"/> Beer & Wine	<input type="checkbox"/> Shopping Ctr.
		<input type="checkbox"/> Fast Food	<input type="checkbox"/> Food Only	<input type="checkbox"/> Mixed-Use

Seating: Dining Room: _____ Bar: _____ Outdoor/Patio: _____
 Total Number of Seats: _____
 Net Rentable Area: _____ Sq. Ft.
 If Free Standing, Gross Building Area: _____ Sq. Ft.

Lease Information:

Property leased including land, building and equipment. Yes No
 Property leased including land and building but no equipment. Yes No
 Property leased as land only. Yes No
 Property leased as an empty shell. Yes No

Date of lease signing: _____ Length of lease: _____

Payer of Build-Out: Landlord Tenant
 Cost of Build-Out (restaurant interior excluding equipment): \$ _____

Current Base Annual Rent
 Percentage Rent Yes No Amount: \$ _____
 CAM Yes No Amount: \$ _____
 Annual Escalation Yes No Amount: \$ _____



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(Restaurant Property Cont'd.)

Annual Expenses:

		Paid By Landlord	Paid By Tenant
Real Estate Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Personal Property Taxes	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Non-Ad Valorem Fees	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Building Insurance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Gas (cooking)	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Heat	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Trash/Recycling	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Repairs & Maintenance	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Parking/Grounds	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Administrative, Legal & Accounting	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

Comments and/or additional information (renewed options, purchase options, etc.) may be attached.

_____/_____
 Signature/Position / Date