BE 114

11/22/2021

**BET Business Application Form**

Date:

Applicant’s Name:

Applicant’s address:

Applicant' phone numbers

Work #:

Home #:

Name of facility applicant is applying for:

Facility number:

**DESCRIPTION OF BUSINESS**

1. What is your vision and or mission statement for this business?

2. What are the hours of operation for this business? If you are applying for a vending business, what are the hours that the vending machines are available for customer usage?

3. How does your background/business experience help to prepare you for this particular business?

**MENU SERVICE**

1. List the breakfast menu items with pricing that will be offered. If you are applying for a vending business, identify your vending menu items / mix in this section:

2. List the lunch menu items and pricing that will be offered. If you are applying for a vending business, what is the pricing you anticipate using for every type of vending machine which is part of this business.

3. Will you have daily specials? If so, please provide examples of at least four. If you are applying for a vending business, please identify any vending specials you plan on implementing.

4. Who is going to cashier? How many PLUs will you program into your cash register? How many customers per minute can be served? If you are applying for a vending business, identify who is going to program and perform maintenance on the vending machines.

**BUSINESS LOCATION INFORMATION**

1. Provide details of access to business (entrance to building, street name, area of town and public transportation availability).

2. What are the demographics of the building’s population?

3. When did this location become a BET business opportunity?

4. Has the host management team had negative experiences with the BET business? What are you going to do to change that and/or prevent it from happening?

**MARKETING STRATEGY**

1. How will you attract, hold, and increase the business’s share of the market?

2. Who are your competitors?

3. What pricing strategy have you devised?

4. What kind of sales promotions will you offer?

**STAFFING PLAN**

1. How many employees will you have on the management team?

2. How many employees will you keep on the payroll (full time & part time)?

3. What salary, benefits, vacations, and holidays will you offer your employees?

4. What are the projected work schedules for your employees?

5. What are the duties of each employment position in your business?

6. Will you have distinctive uniforms for your employees? If so, please describe.

7. What are the current staffing positionsand their duties at this business?

**FINANCIAL PLAN**

1. What food cost percentage, labor cost percentage and miscellaneous expense percentage do you anticipate for this business?

2. What is your projected cash flow (sales, etc.)?

3. What is your projected profit range (percentage and dollar amount) for this business?

4. What start up expenses do you anticipate?

5. What amount of initial resale and miscellaneous inventory do you anticipate? Will you need financial assistance from the Texas Workforce Commission/Vocational Rehabiliation Division (TWC/VRD) to purchase the initial inventory amounts? If financial assistance will be requested, please enclose loan application with appropriate documentation.

6. What kind of license and permits will you need and what is the cost for them?

7. What is your projected average daily customer count for each meal served in this business? If you are applying for a vending business, what are your projected average daily vending sales?

8. What is your anticipated average check for this business? If you are applying for a vending business, how will you manage cash refund and customer complaint systems?

**BOOKKEEPING**

1. How and who will prepare your monthly financial records?

2. What method do you have for documenting and tracking daily sales?

3. What method do you have for tracking vending machine sales? If this business does not have vending machines to service, supply information on any vending commissions received from this business including commission amounts, number of vending machines, percentage used to calculate commissions and current service provider. If there are no vending machines that are part of this business, write Not Applicable.

4. How often do you anticipate paying your sales tax (monthly, quarterly)?

*I agree to implement and operate the business in accordance with everything I documented in this business application.*

Signature of applicant Date