



National Business
Brokers & Consultants

BUSINESS REVIEW QUESTIONNAIRE

BUSINESS IDENTIFICATION

Business/Corporate Name _____

Business Address: _____

City State Zip

Doing Business As: _____

Federal ID # _____

Principal Business Activity _____

Business Telephone Number _____

FAX Number _____

HOME Number _____

Cell Phone Number _____

Date of Inception of Business _____

How Long Have You Owned Business _____

Name of Owners _____

Business Web Site/URL _____

Owner E-mail Address _____

BUSINESS INFORMATION

1. Please provide a history/overview of the business. _____

2. Are you a sole proprietorship; is this a partnership, S Corporation, or C Corporation?

3. What are your reasons for selling? _____

4. Is this a franchisee operation? Yes or No
5. Who is your major competition? _____

6. Is, or are there any companies or individuals you would not sell to? _____

7. Is your customer base local or regional? _____

8. Do you advertise your business locally, regionally? Yes or No If YES, How?
Yellow pages Internet TV Radio Shopper Mail Other (Please Explain)

9. What percentage of your business is repeat clientele? _____

10. Can you provide me with marketing materials used to promote your business? _____

11. What are your normal business hours? Monday – Friday Hours: _____
Saturday _____
Sunday _____

12. Do you know your market share in this area? _____

13. Are your annual sales sensitive to inflation? Yes or No

14. Enter Monthly sales volume for the past 12 months:

January	_____	July	_____
February	_____	August	_____
March	_____	September	_____
April	_____	October	_____
May	_____	November	_____
June	_____	December	_____

15. Are you on a calendar or fiscal year? _____ If fiscal when does your year end? _____

16. What were your annual sales revenues the past three years?

17. Do you have a business plan? Yes or No

If yes, can you provide us with a copy? _____

18. What percent of your sales volume is represented by:

Services	_____	%
Retail	_____	%
Wholesale	_____	%
Supplies	_____	%
Manufacturing	_____	%
Other	_____	%

LEASING/REAL ESTATE

19. Do you own or lease the premises? Own Lease

20. What is the square footage of your facility? _____

21. If you own the property, is the real estate also for sale? Yes or No

22. If you want to sell the real estate, when was the last appraisal? _____
Can you provide us with a copy? Yes or No

23. If you own the property do you pay yourself current market rent rates? Yes or No

24. If it is not the current market, is the rent rate: High or Low
25. If you lease, to whom do you pay rent? _____
 How much? _____
 When is it due? _____
26. Are there any unusual provisions in the lease such as percentage of sales, etc.? _____

27. Is the lease transferable to a new owner? Yes or No
28. If yes is there a transfer fee and if so how much? _____
29. Is there a paid damage or other deposit? Yes or No
30. Does the landlord know you are considering selling your business? Yes or No
31. Will the lease amount remain the same for a new tenant? Yes or No
32. What is the insurance coverage on the building? _____
 And what for the contents? _____
33. Does the landlord pay the building insurance? Yes or No
34. Does the landlord pay taxes on the building or do you? _____
35. Is this a NET-NET-NET lease? Yes or No
36. If the property is owned, attach a legal description.
37. If the property is leased, provide a copy of the lease for review.

IF A FRANCHISE

38. Are there licensing fees? Yes or No
 What is the full initial cost of the franchise? _____
 What do these costs cover? _____
39. What on-going costs are paid to the franchiser? _____
40. Is there a Transfer Fee? Yes or No
 If so, how much? _____
 And who is responsible to pay the fee? _____
41. How many days or weeks of training are provided by the franchiser? _____
 Where is the training done? _____
 What is the expense? _____
42. Are there any royalty, training or cooperative advertising costs required? Yes or No
 If so what are the fees or cost? _____

43. Is the unit required to be remodeled or equipment upgraded? Yes or No
 If so, when is this scheduled or required to be completed by? _____
44. Are you required to purchase supplies from the franchiser or from a designated Supplier? Yes or No
45. Would the business succeed without the benefits offered by the franchiser in the way of brand recognition, purchasing cooperative, etc.? Yes or No
46. What is the current financial condition of the franchiser? _____

EMPLOYEE STRUCTURE

List the number and breakdown of employees (including owners)

	Number of Staff	Average Salary	Years in Position
A. Management	_____	_____	_____
B. Sales	_____	_____	_____
C. Clerical	_____	_____	_____
D. Other	_____	_____	_____
E. Other	_____	_____	_____

47. If you sell and leave the business, what impact will that have on a new owner in regard to your clientele? _____
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48. Are any employees being trained to take over management? Yes or No
49. Do any of the employees have special license? Yes or No
 If yes, what type of license? _____

OWNER INCOME & BENEFITS

50. Do you take a monthly/annual salary? Yes or No
 How much? _____
51. Do you have a fringe benefit package? Yes or No
 What is its value? _____
52. Do you lease an auto or truck for business? Yes or No
53. Do you pay auto insurance, key man insurance, health insurance or miscellaneous out of the business? Yes or No
 If Yes, how much for each? _____
54. What amount do you claim for travel/seminar expenses annually? _____
55. What other expenses do you claim that may or may not be incurred by a new owner? _____
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56. Any other family members paid by the business? Yes or No

57. Are there any family members that don't work in the business that are paid by the business? Yes or No

If yes how much were they paid? _____

BUSINESS ASSETS

58. Please provide a list of your business assets and approximate fair market value.

59. Do you have any outstanding debts? Yes or No

60. Are any of your outstanding debts assumable? Yes or No

If yes, how much? _____

61. Any loans on start-up costs on equipment? Yes or No

If yes, To whom are the loans payable? _____

62. What were the initial loan amounts / Current balances? _____

63. What are the terms? _____

64. What serves as collateral? _____

Receivables

65. What are you owed and by whom? _____

66. What is the probability of collecting? Excellent Good Fair Poor

67. How long have the bills been overdue? _____

68. Any accounts aging that should be listed as past due 30, 60, 90, 120, etc? Yes or No

If yes list here? _____

Payables

69. Do you currently owe others or have outstanding loans? Yes or No

70. Whom do you owe? _____

71. If you pay your bills on time, is there a discount? Yes or No

72. If bills are past due, when were they due? _____

73. Do you owe interest or penalties? Yes or No

74. Are any bills disputed? List payables as 30, 60, 90, 120 past due. _____

STRUCTURE OF SALE

- 75. Do you expect the sale to be a Stock Sale or an Asset Sale? Yes or No
- 76. How do you want the sale structured? CASH CASH & SELLER CARRY
If you Seller Carry, how much will you require down? _____
- 77. What are your future plans? _____

- 78. Are you willing to sign a NON-COMPETE AGREEMENT? Yes or No
- 79. Will you remain for a period of time to train a new owner through a transition period? Yes or No If YES, How long? _____
- 80. Will you sign a consulting agreement if the new owner requests more time? Yes or No
- 81. Are there any patent rights that are assignable at this time? Yes or No
- 82. Are there any trade name and/or trademark assignments to transfer? Yes or No
- 83. Are there any copyright assignments to be transferred? Yes or No
- 84. Do you know of anyone (friend-competitor-interested party) who would be interested in buying your business? Yes or No If Yes, Who? _____

- 85. What is the approximate amount of inventory included in the sale? \$ _____
- 86. What is the approximate Fair Market Value of your Furniture, Fixtures & Equipment? \$ _____
- 87. Any additional information that would assist in selling your business?

