**APPENDIX B**

**BUSINESS QUESTIONNAIRE**

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| **1.** | **BASIC DETAILS OF YOUR BUSINESS** |
|  | Name of Organisation: |  |
|  | Contact name for enquiries about this Questionnaire: |  |
|  | Job Title of Contact: |  |
|  | Company Address:Post Code: |  |
|  | Telephone number: |  |
|  | Fax number: |  |
|  | E-mail address: |  |
|  | Website address: |  |
|  | Company Registration number: |  |
|  | Date of Registration: |  |
|  | Registered address, if different from the above:Post Code: |  |
|  | Are you registered for VAT?If so, please provide Registration number:  |  |
|  | Is your organisation: | i) a public limited company? |  |
| ii) a limited company? |  |
| iii) a partnership |  |
| iv) other (please specify)  |  |
| **2.** | **INSURANCE**  |
| 2.1 | Please confirm whether you would be willing to take out the appropriate level of insurance cover as set out at Paragraph 2.11, Section B, of the Invitation to Tender if you are successful in securing the concession? |   Yes/No |
| **3.** | **FINANCIAL INFORMATION**  |
| 3.1 | What was your turnover in each of the last two financial years | £………… for year ended --/--/-- | £……… for year ended --/--/---- |
| **4.** | **BUSINESS ACTIVITIES** |
| 4.1 | Please provide details of any previous or existing contracts similar to the proposed concession. |
| **5.** | **PROFESSIONAL AND BUSINESS STANDING**Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s)? |
| 5.1 | Bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | Yes / No |
| 5.2 | A conviction (or convictions ) for a criminal offence related to business or professional conduct | Yes / No |
| 5.3 | Legal or administrative finding of commission of an act of grave misconduct in the course of business | Yes / No |
| 5.4 | Failure to provide information required or providing inaccurate/misleading information when participating in a procurement exercise | Yes / No |
| **6.**  | **REFERENCES**Please provide details of two referees who could vouch for your professionalism, quality and reputation. (Please ensure the referee is prepared to provide a reference or speak to the Council if we wish to contact them). |
|  |  | Referee One | Referee Two |
| 6.1 | Referee Name/ Organisation: |  |  |
| 6.2 | Referee phone number and email |  |  |
| **7.** | STAFFING |  |
| 7.1 | Please provide information on the training (including food hygiene) and experience of the staff who will be employed in managing and operating this concession.  | EnclosedYes/No |
| **8.** | I declare that to the best of my knowledge the answers submitted in this Questionnaire are correct. I understand that the information will be used in the process to assess my organisation’s suitability when evaluating Tenders. I understand that the Council may reject this Questionnaire if there is a failure to answer all relevant questions fully or if I provide false/misleading information  |
| **FORM COMPLETED BY** |
| 8.1 | Name: |  |
| 8.2 | Position (Job Title): |  |
| 8.3 | Date: |  |
| 8.4 | Telephone number: |  |
| 8.5 | Signature(s) and Status |  |
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