**School of Applied Sciences**

**Company/Institution Fact Sheet**

*To be filled on the computer*

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| **Company Name:**  |
| **Address:** |
| **Phone Number(s):** | **Website:**  |
| **Owner(s) / Partner(s) Name:** **(1)****(2)****(3)** |
| **Franchising Company Name:** |
| **Marketing Affiliation:** |
| **Other Properties Owned (If any):** |
| **Owner/Director Name / Last Name:** **Phone: E-Mail:**  |
| **Your Supervisor’s Name:****Phone: E-Mail:**  |
| **HR Director/Manager Name:****Phone: E-Mail:**  |
| **Star Rating:**  | **Number of Seats / Covers:** | **Date of Establishment:**  | **Date of Last Renovation:**  |
| **Number of Full Time Staff:**  | **Number of Part Time Staff:** |
| **Trade Union(s)** **- (If any):** |
| **Number of Guests per Month:** | **Average Check****per Month:** | **Revenue per Employee per Month:** |
| **Types of Menus Served:** |
| **Employee Turnover Rate:** |
| **Guest Turnover Rate** | **Food cost** |
| **Breakfast** |  |  |
| **Lunch** |  |  |
| **Dinner** |  |  |