

BEVERAGE MANAGEMENT SERVICES

P. O. Box 1050

Clearwater, SC 29822

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FAX (803) 593-5459

Date: September 30, 2005

PROPOSAL

- 1) **Set-up infrastructure of control system, which includes establishment and creation of the following:**
- 1) **Dead Stock inventory analysis, create system and forms**
 - 2) **Bottle arrangement system into 7-section concept**
 - 3) **Liquor Requisition "empties" control form for behind bar**
 - 4) **Ending Inventory Count form**
 - 5) **Usage/Cost Inventory Control form**
 - 6) **Implement "1 for 1" inventory control concept for bottle beer/wine/champagne**
 - 7) **Label speed racks, Doghouse and Storeroom – each brand**
 - 8) **Storeroom Perpetual form**
 - 9) **Bottle Beer Storeroom Perpetual form**
 - 10) **Analysis of Drink Price List for correct pricing, all beverages**
 - 11) **Order Form for all beverage alcohol products**
 - 12) **Daily Bottle Beer Count form for behind bar**
 - 13) **Daily Spill/Promo form for behind bar and monthly report**
 - 14) **Bartender Manual, custom designed to fit specs of property**
 - 15) **Drink Recipe Manual, designed for regional drink preferences**
 - 16) **Daily Bartender Log Book (4 month supply)**
 - 17) **Daily Operations/Management Log Book (3 month supply)**
 - 18) **Daily Security Log Book (4 month supply)**
 - 19) **Training session with Bartenders – 2 to 4 hours.**
 - 20) **Management training throughout week– all forms, manuals, etc.**
 - 21) **Create New Hire personnel packet**

COST TO SET UP SYSTEM - per Club. (Different pricing for chains)

***Installation of System* - 1 week Consultant Fee \$2,500.00 (5 day, 40 hour + week) which includes the above 21 items PLUS reimbursement of all travel and accommodation expenses (i.e., round trip airfare, rental car, hotel/motel). Make check payable to: BEVERAGE MANAGEMENT SERVICES. Total estimated Travel Expenses plus partial payment of \$1,000 from Consulting Fee as Deposit due prior to arrival and implementation of System. \$1,500 Consultant Fee Balance due on last day of the 1 week Installation.**

Agreed:

_____ **For:** _____ **Date:** _____

Dates of Consulting week: From _____ to _____

Accepted: Bob Johnson for BEVERAGE MANAGEMENT SERVICES _____