

EVALUATION QUESTIONNAIRE

C-STORE VALUATIONS
VALUATIONS • ADVISORY • EDUCATION

Fax
541-823-0079

E-Mail:
reb@cstorevalue.com

TO:

FROM:

DATE:

Please complete the following questions for each location and return by
OVERNIGHT MAIL, FAX or E-MAIL.

Please send photographs of the interior and exterior and views looking
down the street.

Thank you.

C-Store Valuations
151 SW First Street
Ontario, OR 97914

(541) 823-0029 VOICE
(541) 823-0079 FAX
reb@cstorevalue.com
www.cstorevalue.com

STORE NO. _____

ADDRESS:

C-STORE VALUATIONS
ACCOUNTING • ASSET VALUATION • TAX POLICY

Evaluation Questionnaire

1. What is your typical gallonage per year?	Gasoline
	Diesel
2. Typical in-store sales per year	
Merchandise	
Food Service	
Other	
3. What is your typical gross profit per year?	
4. What is your typical gross profit margin (% all sales)?	
5. Who is your number one competitor (name and distance)?	
6. How many competitors are with 1 mile?	
7. Where is the nearest hypermarket (Wal-Mart, Safeway, etc. selling gasoline)?	
8. What is the traffic count in front of the store? (if at an intersection, both streets)	
9. Do the fronting streets have traffic dividers or medians that prevent left-turns?	

10. Is the property currently leased? (If yes, what is the rent?)	
11. Is the property listed for sale? (if yes, what are you asking?)	
12. Number and capacity of underground fuel tanks:	
13. How many employees (full-time equivalents)?	
14. Are there any on-going environmental issues?	
15. Store Size:	
16. Age of the Store:	
17. Number of Fueling Positions:	
18. Age of the Fuel Dispensers:	
19. Car Wash:	
20. Car Wash Gross Sales Per Year:	
21. Number of Washes per Year:	
22. Average Wash Price:	
23. Food Service (branded QSR):	
24. Repairs, upgrades within last five years (item and cost):	

25. Any problems with roof, plumbing or HVAC?	
26. Size of the Land:	
27. Estimate of the land value?	
28. How long have you owned the property?	
29. Is your business:	
<input type="checkbox"/> DTW Dealer	<input type="checkbox"/> Independent
<input type="checkbox"/> Jobber Owned	<input type="checkbox"/> Franchise
<input type="checkbox"/> Open Dealer	<input type="checkbox"/> Commission
30. What is your assessed value from the County Assessor:	
31. Other Comments	

PLEASE SEND PHOTOGRAPHS OF THE EXTERIOR AND INTERIOR AND VIEWS LOOKING DOWN THE STREET.