



2002 ECONOMIC CENSUS SPECIAL FOOD SERVICES

FORM
AF-72202

OMB No. 0607-0881: Approval Expires 06/30/2004

DUE DATE
FEBRUARY 12, 2003

Mail your completed form to:
U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

AF-72202

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit our Web site at www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

**INFORMATION COPY
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

1 MONTHS IN OPERATION

Number of months in operation during 2002 (If none, mark "X" and go to 29.) 0002

2002	
Number of months	

Mark "X" if None

2 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021 Yes 0022 No - Enter current EIN (9 digits) → 0025 -

3 PHYSICAL LOCATION

A. Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)

0031 Yes

0032 No - Enter physical location →

0035 Number and street		
<input type="text"/>		
0036 City, town, village, etc.	0037 State	0038 ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know

C. Type of municipality where this establishment is physically located

0046 City, village, or borough 0047 Town or township 0048 Other or do not know



72202013

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

If a value is "0" (or less than \$500.00):

Report

Report

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.
1	0 2 6	

4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

Sales of merchandise and other operating receipts (Exclude sales or other taxes collected). 0100

5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE

A. Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.)

0181 Yes - Go to line B

0182 No - Go to **6**

2002		
Estimates are acceptable		
\$ Mil.	Thou.	Dol.

B. E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in **4**. Exclude sales taxes.) 0185

6 EMPLOYMENT AND PAYROLL

Include:

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in **2**.

Exclude:

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

Mark "X" if None

2002	
Number	

A. Number of employees for pay period including March 12 0320

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll 0300

2. First quarter payroll (January-March, 2002). 0310



72202021

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

7 LEASED EMPLOYMENT AND PAYROLL

A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

Exclude:

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- Purchased or managed services, such as janitorial, guard, or landscape services.
- Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241 Yes - Go to line B

0242 No - Go to **13**

Mark "X" if None

2002		
Number		

B. Number of leased employees for pay period including March 12. 0370

C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

1. Annual payroll for leased employees 0350

2002		
\$ Mil.	Thou.	Dol.

2. First quarter payroll for leased employees (January-March, 2002) 0360

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

8-17 Not Applicable.

18 KIND OF BUSINESS

Principal kind of business in 2002
(Mark "X" only ONE box.)

- 0700
- 722 310 00 38 Industrial/institutional/in-plant feeding
 - 722 310 00 12 Contract feeding/food service contractor
 - 722 310 00 46 Airline (in-flight) catering
 - 722 310 00 20 School, university, or other facility cafeteria, operating on a contract basis
 - 722 212 00 11 Cafeteria, not operating on a contract basis
 - 722 320 00 10 Social caterer for banquets, weddings, etc.
 - 722 330 00 18 Mobile food service, including ice cream, snacks, sandwiches, and meals distributed from trucks, carts, or other vehicles
 - 454 390 30 84 Honor snack tray or box service
 - 722 110 00 14 Full-service restaurant, patrons order through waiter/waitress service and pay after eating
 - 722 211 00 20 Limited-service restaurant, patrons pay before eating; including delivery-only locations

CONTINUE WITH **18** ON PAGE 4

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18 KIND OF BUSINESS - Continued

0700 722 213 70 15 Refreshment place, including pretzel shops and other specialty snack or nonalcoholic beverage shops

454 390 30 27 Coffee service

772 000 00 12 Other kind of business - Specify

0701

19-21 Not Applicable.

HOW TO REPORT PERCENTS	2002			
	Estimates are acceptable. Report dollars OR percents.			
	\$ Mil.	Thou.	Dol.	Percent
				3 9

If figure is **38.76%** of total sales: **Report whole percents**

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE
(Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales (reported in 4). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above.)

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
1. Meals, unpackaged snacks, sandwiches, unpackaged ice cream and yogurt, bakery items, and nonalcoholic beverages generally served for immediate consumption					
a. Food/nonalcoholic beverages prepared for carry-out and consumption off the premises	20121				
b. Food/nonalcoholic beverages prepared for consumption on the premises	20122				
c. Sum lines 1a and 1b	20120				
2. Groceries and other food items for human consumption off the premises, including bottled, canned, or packaged soft drinks; candy; gum; packaged snacks; etc.	20100				
3. Alcoholic drinks served at this establishment					
a. Distilled spirits	20131				
b. Wine	20132				
c. Beer and ale	20133				
d. Sum lines 3a through 3c	20130				
4. Packaged liquor, wine, and beer	20140				
5. Cigars, cigarettes, tobacco, and smokers' accessories, excluding sales from vending machines operated by others	20150				
6. Rental of public rooms and areas, including conference/convention meeting rooms	20050				

CONTINUE WITH **22** ON PAGE 5

72202047

27-28 Not Applicable.

29 OPERATIONAL STATUS

Activity that best describes this establishment's status at the end of 2002
(Mark "X" only ONE box.)

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴				

0060 Name of new owner or operator		0061 Employer Identification Number		
		Enter EIN of new owner (9 digits) →		
0062 Mailing address (number and street, P.O. Box, etc.)				
0063 City, town, village, etc.		0064 State	0065 ZIP Code	

Remarks (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

0078 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report		0073 Title	

Telephone	Area code	Number	Extension	Fax	Area code	Number
0074				0075		

0076 Internet e-mail address			Date completed	Month	Day	Year
			0069			

Thank you for completing your 2002 Economic Census form.
PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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