



1997 ECONOMIC CENSUS

CONTRACT FEEDERS

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

RT-5802

RT

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.)

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 Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.
Example: If a figure is **\$1,125,628.79** • Preferred report

| Mil- lions (000) | Thou- sands (000) | Dol- lars (000) |
|------------------------|-------------------------|-----------------------|
| 1 | 126 | |
| 1 | 125 | 629 |

Item 4. DOLLAR VOLUME OF BUSINESS
Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)

Mil. Thou. Dol.

| Mil. | Thou. | Dol. |
|------|-------|------|
| 010 | | |

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc.

State

ZIP Code

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

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other – Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS Number of months
a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation – Give date at right
4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

Item 5. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

Mil. Thou. Dol.

| Mil. | Thou. | Dol. |
|------|-------|------|
| 030 | | |
| 031 | | |

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

| Number |
|--------|
| 032 |

Item 7. KIND OF BUSINESS

What was this establishment's PRINCIPAL kind of business in 1997? Mark (X) only ONE box.

070

- Industrial/institutional/in-plant feeding 5812501
- Contract feeding/foodservice contractor 5812502
- Airline (in-flight) catering 5812503
- School or university cafeteria (operating on a contract basis) 5812504
- Cafeteria (not operating on a contract basis) 5812301
- Honor snack tray or box service 5963937
- Full-service restaurant (patrons order through waiter/waitress service and pay after eating) 5812121
- Limited-service restaurant (patrons pay before eating; including delivery-only locations) 5812802
- Refreshment place (pretzel shop, or other specialty snack or nonalcoholic beverage shop) 5812931
- Social caterer (banquets, weddings, etc.) 5812201
- Mobile foodservice (ice cream, snacks, sandwiches, and meals distributed from trucks, carts, or other vehicles) 5963201
- Coffee service 5963936
- Other kind of business – Describe 7777777

Item 8. METHOD OF SELLING
What was this establishment's PRINCIPAL method of selling in 1997? Mark (X) only ONE box.

235

Selling at this establishment 1

Mail order (include catalog selling and home shopping via television or computer) 2

Telemarketing 3

Direct selling (include selling from house-to-house and nonfixed or temporary locations) 4

Operating merchandise vending machines 5

Item 9. Not applicable to this report

Item 10. MERCHANDISE LINES

Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS → If figure is **38.76%** of total sales:
 • Report whole percents → **39**
 Not acceptable → 38.76

| Merchandise lines | Census use | ESTIMATES are acceptable. Report dollars OR percents. | | | |
|---|-------------|---|-------|------|-------------|
| | | Mil. | Thou. | DoI. | Per-cent |
| | 230 | 231 | | | 232 |
| 1. Meals, unpackaged snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption | 0120 | | | | |
| 2. Groceries and other food items for human consumption off the premises (include bottled, canned, or packaged soft drinks; candy; gum; packaged snacks; etc.) | 0100 | | | | |
| 3. Alcoholic drinks (served at this establishment) | 0130 | | | | |
| 4. Cigars, cigarettes, tobacco, and smokers' accessories (exclude sales from vending machines operated by others) | 0150 | | | | |
| 5. All other merchandise (Report receipts for services on line 6) <i>Specify principal lines and estimated sales below</i> | 9810 | | | | |
| a. 076 | 9811 | | | | |
| b. 077 | 9812 | | | | |
| c. 078 | 9813 | | | | |
| 6. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES | 9980 | | | | |
| 7. TOTAL (Should equal item 4 if reporting in dollars) | 9990 | | | | 100% |

Item 11. SPECIAL INQUIRIES

a. Did this establishment provide foodservice UNDER CONTRACT to another company; a hospital; or a governmental, penal, or educational institution to feed its employees, patients, inmates, passengers, students, etc. in 1997?

343 1 Yes – Complete b and c
 2 No – Skip to item 13

b. What percent of this establishment's sales and receipts (item 4) was derived from providing foodservice under contract?

Report in whole percent

354 %

c. Enter the percent of this establishment's total sales and receipts (item 4) from providing foodservice under contract to the following facilities in 1997. (Report all government hospitals, nursing homes, schools, etc. on line (7).)

Report in whole percents

344 %

(1) Hospitals %

345 %

(2) Nursing homes %

346 %

(3) Commercial and office buildings %

347 %

(4) Manufacturing and other industrial plants %

348 %

(5) Colleges or universities %

349 %

(6) Primary and secondary schools %

350 %

(7) Governmental organizations (Federal, State, local) %

351 %

(8) Airlines, ships, railroads, buslines, and other in-transit facilities %

352 %

(9) Stadiums, clubs, and other recreation and amusement facilities %

353 %

(10) Other – Specify %

(11) TOTAL (Should equal item 11b above) %

Item 12. Not applicable to this report

Item 13. LEGAL FORM OF ORGANIZATION

Which of the following best describes this establishment's legal form of organization during 1997? Mark (X) only ONE box.

003 1 Individual owner (sole proprietorship)
 2 Partnership
 3 Cooperative association (taxable)
 4 Cooperative association (tax-exempt)
 5 Government – Specify _____
 0 Corporation (Do not mark if any form of cooperative association)
 9 Other – Specify _____

Census File Number

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes – Complete this item
- 2 No – Skip to item 15

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

| | |
|--------|-----|
| Number | 079 |
|--------|-----|

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

| | Name | Number and street | City | State | ZIP Code | Kind-of-business description | 1997 | Mil. | Thou. | Dol. |
|---|------|-------------------|------|-------|----------|------------------------------|----------------------------------|----------------|--|------|
| | | | | | | | Sales | Annual payroll | Paid employees for pay period including March 12 | |
| 1 | | | | | | | 081 | | | |
| | | | | | | | 082 | | | |
| | | | | | | | 083 | | | |
| | | | | | | | Census use ⁰⁸⁸ | | | |
| 2 | | | | | | | 081 | | | |
| | | | | | | | 082 | | | |
| | | | | | | | 083 | | | |
| | | | | | | | Census use ⁰⁸⁸ | | | |
| 3 | | | | | | | 081 | | | |
| | | | | | | | 082 | | | |
| | | | | | | | 083 | | | |
| | | | | | | | Census use ⁰⁸⁸ | | | |

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 15. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

| | | | | | |
|--------------------------------------|------------------|----------------|--|-------|------|
| Period covered by this report | FROM: Mo. Year | TO: Mo. Year | Name of person to contact regarding this report – <i>Print or type</i> | | |
| Telephone | Area code | Number | Extension | Title | |
| Signature of authorized person | | | | | Date |

RT