



1997 ECONOMIC CENSUS

OPTICAL GOODS STORES

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-5914

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		

a. Annual

Mil.	Thou.	Dol.
031		

b. First quarter (January-March)

Item 6. EMPLOYMENT

Number

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 AND SELLING CHARACTERISTICS

a. Kind of business

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

070

Optical goods store 5995001

Optician 5995002

Optometrist 8042001

Ophthalmologist 8011011

Sunglasses store 5995003

Hearing aid store 5999913

Other kind of business - Describe 7777777

ITEM 7 CONTINUED ON PAGE 2

Item 7. KIND OF BUSINESS AND SELLING CHARACTERISTICS – Continued

b. Selling characteristics

1. In what format did this establishment PRIMARILY sell in 1997? Mark (X) only ONE box.

068

From physical displays of priced merchandise . . . 1

From a counter (little or no display) 2

From a warehouse or office 3

Other – Describe 4

2. How did this establishment PRIMARILY attract new customers in 1997? Mark (X) only ONE box.

069

Location and store attractiveness 1

Advertising to the general public, including direct mail advertising 2

Advertising to the trade or calls directly to customers 3

Other – Describe 4

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. CLASS OF CUSTOMER

Report the percentage of this establishment's total sales in 1997 (item 4) to each class of customer.

Whole percent of sales

237

a. General public (household consumers and individuals)

239

b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government

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
1. Optical goods (Include eyeglasses, contact lenses, sunglasses, etc. Report eye/contact lens care products on line 2b.)	230	231			232
a. Prescription eyeglasses	0491				
b. Contact lenses	0492				
c. Nonprescription eyeglasses and sunglasses	0493				
d. All other optical goods and accessories	0494				
e. Sum of lines 1a through 1d	0490				

Item 10. MERCHANDISE LINES – Continued

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	DoI.	Per-cent
2. Drugs, health aids, beauty aids					
a. Hearing aids and supplies	0167				
b. Eye/contact lens care products	0168				
c. All other drugs and health and beauty aids (include prescription and nonprescription drugs, etc.)	0169				
d. Sum of lines 2a through 2c	0160				
3. All other merchandise (Report receipts for services on line 4)	9810				
<i>Specify principal lines and estimated sales below</i>					
a.	076				9811
b.	077				9812
c.	078				9813
4. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Fees from eye examinations					9939
b. Charges for insurance					9941
c. All other nonmerchandise receipts (include receipts from customers for repairs, parts installed in repair, delivery, etc.)					9964
d. Sum of lines 4a through 4c					9900
5. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

Item 11. SPECIAL INQUIRIES

Approximately what percentage of this establishment's sales and receipts (item 4) was derived from:

Report in whole percents

a. Fees for eye examinations ON THE PREMISES plus receipts from providing ophthalmic devices prescribed as a result of these examinations?

374

b. Sales of ophthalmic devices prescribed as a result of eye examinations MADE BY OTHERS?

375

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 _____

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

Census File Number

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			
							Sales	Annual payroll	Paid employees for pay period including March 12	Census use
1							081	082	083	088
2							081	082	083	088
3							081	082	083	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