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U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU FORM

| 2007 ECONOMIC CENSUS

Classification Form

RT-44193 (12/01/2006)

OMB No. 0607-0927: Approval Expires 12/31/2008

DUE DATE FEBRUARY 12, 2008 Wail your completed form to: U.S. CENSUS BUREAU 201 East 10th Street Deffersonville, IN 47134-0001	rt-44193 INFORMATION COPY INFORMATION REPORT DO NOT USE TO REPORT
Visit www.census.gov/econhelp - CR - Write to the address above. nclude your 11-digit Census File Number (CFN) printed in the mailing address.	
	(Please correct any errors in this mailing address.)
that receive this question law, YOUR CENSUS REP of Census Bureau informa files are immune from leg	
 Use blue or black ballpoint pe Do not use pencil or felt-tip p Place an "X" inside the box. 	en. • Please center numbers in their respective boxes. Examples: en. • Do not put slashes through 0 or 7. Image: Constraint of the state of
The reporting unit for this business is conducted or v	form is an establishment. An establishment is generally a single physical location where where services or industrial operations are performed.
1 Not Applicable.	
(P.O. Box and rural rou	physical location the same as shown in the mailing address? Ite addresses are not physical locations.)
0031 🗌 Yes - Go to line	
0032 Do - Enter	→ Number and street
location	0036 City, town, village, etc. 0037 State 0038 ZIP Code
B. Is this establishment p (Mark "X" only ONE be	hysically located inside the legal boundaries of the city, town, village, etc.? bx.)
0041 🗌 Yes 0042	□ No 0043 □ No legal boundaries 0044 □ Do not know
C. In what type of munici	pality is this establishment physically located? (Mark "X" only ONE box.)
0046 🗌 City, village, or b	oorough 0047 🗌 Town or township 0048 🗌 Other 0024 🔲 Do not know

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orm RT-44193 (1	(01/2006)				Page 2
3 OPERATIONAL Which ONE of (Mark "X" only	he following best describes this establishment's operational status at th	ne end o	of 2007?)	
0011 🔲 In op	ration 0013 🔲 Temporarily or season	nally ina	ctive		
0014 🗌 Cease	d operation - <i>Give date at right</i>		Month	Day	Year
0015 🗌 Sold	r leased to another operator - <i>Give date at right</i>	0018			
AND and I	enter name and address of new owner or operator mployer Identification Number (EIN) below			I - I	
0060	ame of new owner or operator	0061 E	IN (9 diç	gits)	
			-		
0062	lailing address (Number and street, P.O. Box, etc.)				
0063	ity, town, village, etc. 0064 State	0005 7	IP Code		
0003		; 0005 <u>Z</u>	IP Code	_	
	0815		<u> </u>		
0016 Othe	- Specify				
4–18 Not Appli	able.				
9 KIND OF BUSI Which ONE of	IESS he following best describes this establishment's principal kind of busine	ess in 2(077		
(Mark "X" only					
0700 445 110 00 ⁻	Grocery store				
445 110 00 3	Food supermarket				
445 120 00 ⁻	Convenience food store				
447 110 00 2	Convenience store selling gasoline				
445 210 00 9	Meat market or ham store				
445 220 00 1	Fish (seafood) market				
445 230 00 ⁻	Fruit stand, vegetable market				
453 991 00 2	Cigarette, pipe, and tobacco store				
445 310 00 ²	Liquor store				
445 310 00 2	Beer, wine, liquor store				
445 310 00 4	Wine and/or beer store				
722 410 00 2	Bar				
445 110 00 2	Delicatessen, primarily selling meats and a range of grocery ite	ms			
445 110 00 2	 Delicatessen, primarily selling fresh and prepared meats 				
722 211 00 8	Delicatessen, primarily preparing sandwiches and meals for imi				
445 291 00 ⁻	Bakery, primarily selling goods not baked on premises for carry				
311 811 00 9	Bakery, primarily selling goods baked on premises for carry-out seating)	t custon	ners (no	o custom	her
	CONTINUE WITH 😨 ON PAGE 3				

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orm RT-44193 (12/01)	2006)	Page 3
f not shown, please Number (CFN) from 1	enter your 11-digit Census File the mailing address.	
19 KIND OF BUSINES	SS - Continued	
0700 722 213 70 2	Bakery cafe, primarily selling baked goods for eat-in customers	
722 213 30 1	Donut shop, selling for carry-out or eat-in customers	
722 213 70 3	Pretzel shop	
454 390 30 5	Home or frozen food plan, door-to-door delivery, including freezer meat provisioners	
445 299 00 2	Dairy products store	
722 213 10 1	□ Ice cream/soft serve shop	
722 213 20 1	Frozen yogurt shop	
445 292 00 1	Candy, nut, confectionery store, little or no preparing on premises	
311 330 00 3	Chocolate candy store, preparing on premises	
311 340 00 3	Nonchocolate candy store, preparing on premises	
446 191 00 7	Vitamins and food (health) supplement store	
445 299 00 3	Coffee, tea, spice store	
722 211 00 3	Fast food restaurant	
722 213 50 1	Coffee shop	
722 110 00 1	Full-service restaurant, patrons order through waiter/waitress service and pay after eating	J
722 213 40 1	Bagel shop, selling for carry-out or eat-in customers	
454 210 00 1	Merchandise vending machine operator	
722 330 00 1	Mobile food service, including ice cream, snacks, sandwiches, and meals distributed from trucks, carts, or other vehicles	ı
454 390 30 1	Bottled water distributor	
772 000 00 1	□ Other kind of business - <i>Specify</i>	
20 CLASS OF CUSTO	WIER .	
A. As a general b	usiness practice, did this establishment sell to household consumers and individual users in 20	107?
0251 Yes		
0252 🗌 No		
B. Were 75% or r	nore of this establishment's sales to retailers/wholesalers for resale in 2007?	
0256 🗌 Yes		
0257 🗌 No		
	CONTINUE WITH 🕏 ON PAGE 4	

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orm	1 K I -	44 T 93 (12/01/2006)		Paç	ge 4
20	CLAS	SS OF CUSTOMER - Continued			
	C. D	id this establishment require proof of business or professional license from new customers in 2007?			
	02	276 🗌 Yes			
	0:	277 🗋 No			
			20	07	
			Whole	nerc	ont
	D. E	stimate the percentage of this establishment's total sales by class of customer.	ofsale	es ar	nd
	()	Circle all that apply and then report percentages for the items circled.)	rece	ipts	
	1	. Household consumers and individual users			%
	•				%
	2	. Retailers for resale			70
	3	. Wholesale establishments for resale			%
				-	%
	4	. Repair shops for use in repair work			-
	5	. Manufacturing and mining industrial users for use as input goods in production			%
	6	Restaurants, hotels, food services, and contract feeding			%
	Ŭ				%
	7	Businesses for end use in their own operation, not for resale or production			/0
	8	Building contractors, heavy construction, and special trade contractors			%
	9	Farmers for use in farm production			%
	J				%
	1	0. Governmental bodies (Federal, state, and local)			-
	1	1. Export sales			%
	1	2. Other - Specify 7			
		0874 0272			%
	4	3. TOTAL	1 0	0	%
		3. TOTAL			i i

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lf no Nun	otsh nber	own, (CFN)	please enter your 11-digit Census File I) from the mailing address.	
21	Whi	ch ON	OF SELLING IE of the following best describes this establishment's principal method of selling in 2007? ' only ONE box.)	
	0751		Electronic commerce (selling goods or facilitating the sale of goods via the Internet or other electronic means)	
	0752		Store or display showroom (selling from a fixed or permanent location with physical displays of priced merchandise and/or from a counter)	
	0753	□ v	Warehouse or office (including telephone/fax orders or outside sales representatives)	
	0754		Mail order	
	0755	H	Home shopping via television	
	0756		Direct selling (selling in a face-to-face manner away from a fixed location, such as house-to-house, party plan, or temporary kiosk sales)	
	0757		Vending machines	
	0758		Other - Specify 7	
22-	-25	0759 _	Applicable.	
26			INQUIRIES	
•			RITY SOURCE	
	1	I. Did esta	I sales of any one of the following groups account for more than half of the total sales and receipts of this ablishment in 2007?	
		2511	Yes 2512 No - Go to line B	
	2	2. Prir	ncipal source of sales and receipts: (Mark "X" only ONE box.)	
		2531	Bread, cakes, cookies, and other bakery goods baked on premises	
		2532	Bread, cakes, cookies, and other bakery goods not baked on premises	
		2533	Chocolate candy and fudge prepared on premises	
		2534	Nonchocolate candy prepared on premises	
		2535	Candy, nuts, and confections not prepared on premises	
		2536	₅	
		2537	7 🔲 Fish and other seafood	
		2538	Fresh or frozen meat (except poultry)	
		2539	Ice cream/frozen custard	
		2540	Fruits and vegetables	
		2541	Packaged cheese and meats	
		2542	2 Vitamins, minerals, and other dietary supplements	
		2543	Gasoline and other automotive fuels	
			CONTINUE WITH 😨 ON PAGE 6	

B. IMMEDIATE CONSUMPTION	
Were more than half of the total sales and receipts of this	s establishment in 2007 derived from the sale of prepared
food, including refreshments, for immediate consumption	
2551 Yes	
2551 - 103	
2552 No	
27–29 Not Applicable.	
REMARKS (Please use this space for any explanations that may b	be essential in understanding your reported data.)
30 CERTIFICATION - This report is substantially accurate and w	as prepared in accordance with the instructions.
Is the time period covered by this report a calendar year?	Month Year Month Year
Is the time period covered by this report a calendar year? ☐ Yes	Month Year Month Year
Is the time period covered by this report a calendar year?	FROM Month Year Month Year TO
Is the time period covered by this report a calendar year?	FROM Month Year TO TO Title
Is the time period covered by this report a calendar year? □ Yes □ No - Enter time period covered → Name of person to contact regarding this report Area code Number Extense	FROM Month Year TO Month Year TO TO Signature
Is the time period covered by this report a calendar year?	FROM Month Year TO TO Title
Is the time period covered by this report a calendar year? Yes No - Enter time period covered Name of person to contact regarding this report Area code Number Extens Telephone	Month Year Month Year FROM I I TO I I Title I I I I I sion Fax Area code Number Fax I I I
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Is the time period covered by this report a calendar year? Yes No - Enter time period covered Name of person to contact regarding this report Area code Number Extens Telephone Area code Internet e-mail address	Month Year Month Year FROM Month Year TO Month Year Title Sion Fax Area code Number Fax Area code Date completed Month Date completed
Is the time period covered by this report a calendar year? Yes No - Enter time period covered Name of person to contact regarding this report Area code Number Extens Telephone -	Month Year Month Year FROM Month Year TO Month Year Title Sion Fax Area code Number Fax Area code Date completed Month Date completed
Is the time period covered by this report a calendar year? Yes No - Enter time period covered Name of person to contact regarding this report Area code Number Extens Telephone Area code Internet e-mail address	Month Year FROM Month Title Sion Fax Area code Number - On th Year Date Completed Month Date Completed Month Year O7 ECONOMIC CENSUS form.