



2007 ECONOMIC CENSUS

Classification Form

DUE DATE
FEBRUARY 12, 2008

PS-54194

Mail your completed form to:

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47134-0001

**INFORMATION COPY
DO NOT USE TO REPORT**

**Need help or have questions
about filling out this form?**

Visit www.census.gov/econhelp

- OR -

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

(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 ballpoint pen.
- Please center numbers in their respective boxes.
- Do not use pencil or felt-tip pen.
- Do not put slashes through 0 or 7.
- Place an "X" inside the box.

Examples: 0 1 2 3 4 5 6 7 8 9

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.

1 Not Applicable.

2 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 - Go to line B

0032 No - Enter physical location

0035 Number and street

0036 City, town, village, etc.

0037 State

0038 ZIP Code

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?
(Mark "X" only ONE box.)

0041 Yes

0042 No

0043 No legal boundaries

0044 Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046 City, village, or borough

0047 Town or township

0048 Other

0024 Do not know

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3 OPERATIONAL STATUS

Which ONE of the following best describes this establishment's operational status at the end of 2007?
(Mark "X" only ONE box.)

0011 In operation

0013 Temporarily or seasonally inactive

0014 Ceased operation - Give date at right

Month	Day	Year

0015 Sold or leased to another operator - Give date at right
AND enter name and address of new owner or operator
and Employer Identification Number (EIN) below

0018

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

0016 Other - Specify

0815

4 - 18 Not Applicable.

19 KIND OF BUSINESS OR ACTIVITY

Which ONE of the following best describes this establishment's principal kind of business or activity in 2007?
(Mark "X" only ONE box.)

Veterinary and pet care services

0700 541 940 00 2 Veterinary testing laboratories

541 940 00 1 Veterinary services

812 910 00 2 Pet care service, including boarding, training, pet sitting, etc., excluding veterinary services

812 910 00 6 Pet grooming

Other kind of business or activity

773 000 00 2 Other kind of business or activity - Specify

0701

20 - 29 Not Applicable.

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

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?

Yes

No - Enter time period covered →

FROM

Month

Year

TO

Month

Year

Name of person to contact regarding this report

Title

Telephone

Area code

Number

Extension

Fax

Area code

Number

Internet e-mail address

Date completed

Month

Day

Year

Thank you for completing your 2007 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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