

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

AE-71304 (01/29/2007)

## **2007 ECONOMIC CENSUS**

**Gambling Industries** 

OMB No. 0607-0934: Approval Expires 12/31/2008

## DUE DATE FEBRUARY 12, 2008

Mail your completed form to:

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

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

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

**Call** 1-800-233-6136, between 8:00 a.m. and 6:00 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.

AE-71304

## 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 organization	s
that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same	
law, <b>YOUR CENSUS REPORT IS CONFIDENTIAL.</b> It may be seen only by persons sworn to uphold the confidential of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.	ity

• Use blue or black ballpoint pen. • Please center numbers in their respective boxes. Examples: • Do not use pencil or felt-tip pen. • Do not put slashes through 0 or 7.  $\times$ 0 1 2 3 4 5 6 7 8 9 • Place an "X" inside the box. 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). **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 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return? 0021 ☐ Yes - Go to ② 0022 ☐ No - Enter current EIN (9 digits) -0025 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 0035 Number and street 0032 No - Enter physical location 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.)

<sub>0047</sub> Town or township

0046 City, village, or borough

Do not know

0048 Other

0024

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SOFERATIONAL STATUS Which ONLE of the following best describes this establishment's operational status at the end of 2007?  (Mark "X" only ONE box.]  2011   In operation   Give date at right   Color   Color	FORM AE-7 13	<b>304</b> (01/29/200	J7)									Г	rage z			
Ceased operation - Give date at right  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?    Sold or leased to another operator of operator and Employer identification Number (EIN) below?	Which O	NE of the fo	ollowing best de	scribes this establi	ishment's	operational s	tatus at	the e	end of	2007?						
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?    **Sold France and address of new owner or operator	0011	In operation	n		0013	Temporarily	or seas	onall	y inact	tive						
Sold or leased to another operator  AND Patter in mere and address of new owner or operator  AND Patter in mere and address of new owner or operator  Sold or leased to another operator  Sold or leased operator  If None  Sold or leased operator  Sold or l	0014	Ceased ope	eration - <i>Give da</i>	te at right					<b>-</b>	Month	Day	Yea	r			
OSSIZE City, town, village, etc.   SEE State	0015	AND enter	name and addre	ess of new owner	or operat				0018							
SALES, SHIPMENTS, RECEIPTS, OR REVENUE   Sali.   Mil.   Thou.   Doi.		0060 Name	of new owner or o	perator				00	061 EIN	l (9 digits	s)	1 1				
SALES, SHIPMENTS, RECEIPTS, OR REVENUE   SALES, SHIPMENT AND PAYROLL   Include:   Full- and part-time employees working at this establishment whose payroll was reported on internal Revenue   Savice Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in    Purchased or managed services, such as janitorial, guard, or landscape services.   Purchased or managed services, such as janitorial, guard, or landscape services.   Por further clarification, see information sheet(s).   A. Number of employees for pay period including March 12.   Sanita Mill.   Thou.   Doi.   Mark *X   2007   Ma		0062 Mailing	address (Numbe	r and street PO Bo	x etc)					-			1			
MONTHS IN OPERATION    Month's In Operation during 2007 (   finne, mark "X" and go to ⑤.)		Socialing address (Harrison and street, 110, Box, ste.)														
MONTHS IN OPERATION    Mark *X   2007		0063 City, town, village, etc. 0064 State 0065 ZIP Code														
MONTHS IN OPERATION    Mark *X   2007											-					
Number of months in operation during 2007 (If none, mark "X" and go to ①.)    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	0016	Other - Spe	ecify —	815 <b>→</b>												
HOW TO REPORT DOLLAR FIGURES  If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00):  SALES, SHIPMENTS, RECEIPTS, OR REVENUE    Mark "X	4 MONTHS	S IN OPERA	TION								M it					
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):  SALES, SHIPMENTS, RECEIPTS, OR REVENUE  Mark "X"    SMART   SMART	Number	of months i	n operation duri	ng 2007 (If none,	mark "X"	and go to <b>ூ</b> .)										
SALES, SHIPMENTS, RECEIPTS, OR REVENUE   Mark "X"   2007			Dollar figures thousands of	should be <b>rounde</b> dollars.	ed to				\$ Bil.	Mil.	2007	Thou.	Dol.			
SALES, SHIPMENTS, RECEIPTS, OR REVENUE    Mark "X"   2007	DOLLAR	7				Report					1 0	2 6				
Mark "X" 2007  if None  Operating receipts  Not Applicable.  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 ●.  Exclude:  • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • 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.  For further clarification, see information sheet(s).  A. Number of employees for pay period including March 12.  Mark "X" 2007  if None Number  Namber 3Bil. Mil. Thou. Dol.	FIGURES		If a value is "0	" (or less than \$50	00.00):	Report —	<b></b>	X				1 1				
Operating receipts																
<ul> <li>Not Applicable.</li> <li>EMPLOYMENT AND PAYROLL         Include:         <ul> <li>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</li></ul></li></ul>									\$ Bil.	Mil.		Thou.	Dol.			
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 .  Exclude:  Temporary staffing obtained from a staffing service.  Contractors, subcontractors, or independent contractors.  Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.  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.  For further clarification, see information sheet(s).  A. Number of employees for pay period including March 12.  Mark "X" 2007 if None Number  Mark "X" 2007 if None Number  Mark "X" 1007 if None Number  Delication Annual payroll	Operatin	ng receipts					0100									
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 .  Exclude:  • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • 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.  For further clarification, see information sheet(s).  A. Number of employees for pay period including March 12.  B. Payroll before deductions (Exclude employer's cost for fringe benefits.)  Mark "X"  2007  if None  Mark "X"  2007  if None  Number	6 Not App	olicable.														
Contractors, subcontractors, or independent contractors.  Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.  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.  Mark "X" 2007  For further clarification, see information sheet(s).  A. Number of employees for pay period including March 12	Include: • Fuli Ser (EIN	e: II- and part-ti rvice Form 9 N) shown in	ime employees v 41, Employer's (	Quarterly Federal	Tax Retur	nt whose payı n, and filed ur	roll was nder the	repo. Emp	rted o	n Intern Identific	al Re ation	venue Numbe	r			
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.  For further clarification, see information sheet(s).  A. Number of employees for pay period including March 12			_	<del>-</del>												
Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.    Mark "X"			· · · · · · · · · · · · · · · · · · ·						ing co	mpany':	s EIN.	,				
For further clarification, see information sheet(s).  A. Number of employees for pay period including March 12	• Pro	ofessional or	technical servic	es purchased fron	n another	firm, such as	softwar									
A. Number of employees for pay period including March 12		J				3										
B. Payroll before deductions (Exclude employer's cost for fringe benefits.)  1. Annual payroll					rch 12							Varibei				
1. Annual payroll								1	0320		2007					
	<b>B.</b> Payro	oll before de	ductions ( <i>Exclud</i>	de employer's cos	t for fring	e benefits.)	if I	Vone	\$ Bil.	Mil.		Thou.	Dol.			
2. First quarter payroll (January-March, 2007)	<b>1.</b> A	nnual payro	II				0300		-		+	++				
	<b>2.</b> Fi	irst quarter p	payroll (January	-March, 2007)			0310									

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.														
8-18 Not Applicable.			, , , , , , , , , , , , , , , , , , ,											
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.) Gaming operations														
	ns													
<sup>0700</sup> 713 210 00 1		Casinos (featuring table was guestrooms for lodging	gering games along with oth	er gam	nbling activ	/ities) with	out							
721 120 00 1		Casino hotel (gambling) <b>wi</b>	th guestrooms for lodging											
713 290 10 2		Slot machine parlors (e.g., s	slots, video poker)											
713 290 10 1 Slot machine operators - operation of coin-operated gaming devices (e.g., slots, video poker) located in other establishments' facilities														
Bingo parlors or halls, card rooms, or off-track betting parlors														
Bars with limited gaming operations (e.g., video poker, keno, pull tabs, etc.)														
722 110 00 6														
777 713 01 2														
0701														
713 290 20 2 Other gambling (gaming) operations - Specify														
0701														
Other kind of bu	sin	ess or activity												
773 000 00 2		Other kind of business or a	ctivity - <i>Specify</i>											
0701														
20 and 21 Not Applica	able	9												
	<u></u>					2007								
нош то						es are accep								
REPORT PERCENTS	,			\$ Bil.	Mil.	ollars OR pe Thou.	Dol.	s. Percent						
7 2.132.11.5		If figure is <b>38.76%</b> of total sales:	Report whole percents					3 9						
(Report receipts by s	SHIF soul	PMENTS, RECEIPTS, OR REV	or as a whole percent of tota	al recei <sub>l</sub>	pts (report	ed in <b>⑤</b> ).	See I	HOW TO						
REPORT DOLLAR FI receipts lines.)	GUI	RES on page 2 and HOW TO	O REPORT PERCENTS above.	Do no	ot combine	data for t	wo o	r more						
Table games may us	se n		nes in which the bettor plays terminals, for placing bets, b of the game.											
terminals, coin-oper that use terminals to	rateo o all ttery	d gambling machines). Exclu low gamblers to enter their	anical gambling machines (e. ude gambling conducted ove bets on the appropriate deta ines under <b>line 5</b> , and hostin	er the In il lines	nternet. Re under <b>line</b>	port table • 1, keno c	game: game:	s						
		CONTIN	UE WITH <b>愛</b> ON PAGE 4											



DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

- **Line 3** Report receipts from pari-mutuel wagers on future, uncertain events, such as races and sporting events. The house pools the bets of all gamblers, takes a commission, and then distributes the remaining money to the winners. Exclude gambling conducted over the Internet. Report receipts from lotteries, even if tied to sporting events, on the appropriate detail lines under **line 5**.
- **Line 4** Report receipts from providing access to and making/taking wagers on sporting and other events where there is an uncertain outcome. Include gambling where the establishment sets the odds or line, and the player bets against the house (e.g., wagering on football, baseball, basketball, and hockey, and bookmaking for events, such as political elections).
- Line 5 Report receipts from providing access to and making/taking wagers on games of chance that sell tokens, such as a ticket, some of which will win a prize. Include lottery receipts in which the gambler can pick a particular set of numbers, or have a set randomly selected, to be entered in a future drawing. Include receipts from instant-win tickets, break-apart tickets, scratch-and-win tickets, keno games, bingo games, and raffles. Include receipts from lottery tickets on the Internet, as long as the drawing is held at a later time. Report receipts from the sale of lottery tickets for a fee or commission on line 6.
- Line 6 Report receipts from the sale of games of chance tickets for others (e.g., instant lotteries, traditional lotteries, lottos) for a fee or commission (i.e., lottery agents).
- Line 7 Report receipts from providing a location for the placement of coin-operated gambling machines, such as slot machines and video lottery terminals, for a fee or commission paid by the owners or lessors of the machines. Exclude receipts from providing a location for the placement of coin-operated non-gambling machines (e.g., vending machines, video games, and children's mechanical rides). Report receipts from operating coin-operated gambling machines on line 2.

		_	2007											
	Description of sales, shipments, receipts, or revenue	Cen- sus use									otable ercent	otable. ercents.		
			\$ Bil.		Mil.			Thou.		ı.	Dol.	Per	cent	
0723		0720	0721									0722		
1.	Table wagering games													
	a. Table wagering games, played against the house	31181					-					_	_	
	<b>b.</b> Table wagering games, played against other bettors	31182												
	c. Sum lines 1a and 1b	31180												
2.	Gambling machines	31190												
3.	Pari-mutuel sports gambling													
	a. On the event premises	31201												
	<b>b.</b> Away from the event premises	31202												
	c. Sum lines 3a and 3b	31200												
4.	Sports and other bookmaking	31210											<u>.</u>	
5.	Lotteries													
	a. Instant lotteries	31221												
	<b>b.</b> Lottos	31222												
	c. Other lotteries	31223												
	d. Sum lines 5a through 5c	31220												
6.	Sale of tickets to lotteries and other games of chance to gamblers, for a fee or commission	31230												
7.	Hosting of coin-operated gambling machines	39562												
8.	Admissions to live performing arts performances	30900					1							
	CONTINUE WITH <b>②</b> ON PAGE 5													

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Page 5

If not shown, please enter your 11-digit Census File													
Number (CFN) from the mailing address.													
22 DE	TAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued												
					2007								
	Description of sales, shipments, receipts, or revenue	Cen- sus			es are acce lollars OR p								
	Description of sales, simplificities, receipts, of revenue	use	\$ Bil.	Mil.	Thou.	Dol.	Percent						
0723		0720	0721			<u> </u>	0722						
<b>9</b> . Ro	om or unit accommodation for travelers	39430		1 1									
40 14													
	eals and beverages, prepared and served or dispensed, for immediate nsumption												
9	Meals and non-alcoholic beverages	39461					1 1						
a.	interior and non-acconolic beverages	33401											
b.	Alcoholic beverages	39462											
C.	Sum lines 10a and 10b	39460	ı	1 1	1 1		1 1						
44 0													
11. ке	sale of merchandise	39676					1 1						
<b>12.</b> All	other operating receipts - Specify if more than 10 percent of total ceipts												
760	celpts y												
		39766		1 1			1 1						
		39700											
13. TO	OTAL OPERATING RECEIPTS - Sum of lines should equal <b>5</b> if porting in dollars	39850					1 0 0						
23-25	-												
<b>26</b> SP	PECIAL INQUIRIES												
	FRANCHISE												
	Was this establishment operating under a trademark authorized by a fr	anchi	sor in 2	2007?									
	(Mark "X" only ONE box.)												
	O237 Yes - franchisee owned establishment												
	Yes - franchisor owned establishment												
	0239 No												
27-29													
<b>27</b> -29	Not Applicable.												
<b>27</b> -29													
27-29													
<b>27</b> -29													
<b>2</b> 7-29													
<b>27</b> -29													
<b>27</b> -29													
27-29													
27-29													

Form AE-71304 (01/29/2007) Page 6 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? Month Year Month Year FROM TO ■ No - Enter time period covered → Yes Name of person to contact regarding this report Title Number Number Area code Extension Area code

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Thank you for completing your 2007 ECONOMIC CENSUS form.															
										Date comple					
Internet e-mail address									Dot	_	Month	Da	ау	Year	
Telephone			-						Fa	х					