



DUE DATE ► FEBRUARY 12, 1998

This form is being sent in lieu of the regular economic census form in order to minimize reporting burden.

RT-5499

Please answer the questions on this form and return it in the enclosed envelope to:

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

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. 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 2 No 3 No legal boundaries 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 2. METHOD OF SELLING

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

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 3. 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

Grocery store 541150 9

Food supermarket 541150 9

Food warehouse store 541150 9

Supermarket/general merchandise combination store 541160 8

Convenience food store 541120 2

Convenience food/gasoline store 541130 1

Delicatessen (primarily preparing sandwiches and meals for immediate consumption) 581280 5

Delicatessen (primarily selling meats and a range of grocery items) 541141 8

Delicatessen (primarily selling fresh and prepared meats) 541142 6

Meat market 542110 2

Fish (seafood) market 542120 1

Freezer meat provisioner 542130 0

Fruit stand, vegetable market 543100 2

Dairy products store 545100 0

Prepackaged cheese and meat store 545100 0

Bakery (primarily selling goods not baked on premises for carry-out customers) 546150 4

Bakery (primarily selling goods baked on premises for carry-out customers) 546111 6

Bakery cafe (primarily selling baked goods for eat-in customers) 581293 8

ITEM 3 CONTINUED ON PAGE 2

Item 3. KIND OF BUSINESS AND SELLING CHARACTERISTICS – Continued

070

a. Kind of business – Continued

- Cookie shop 546112 4
- Pretzel shop 581293 8

- Donut shop (primarily selling donuts baked on premises for carry-out or eat-in customers) 546130 6
- Donut shop (primarily selling donuts not baked on premises for carry-out or eat-in customers) 546140 5
- Bagel shop (selling for carry-out or eat-in customers) 581291 2
- Coffee, tea, spice store 549920 7
- Health food and vitamin store 549910 8

- Candy, nut, confectionery store (little or no preparing on premises) 544101 9
- Chocolate candy store (preparing on premises) 544102 7

- Nonchocolate candy store (preparing on premises) 544103 5
- Candy, popcorn stand (in theaters) 544101 9
- Fast food restaurant 581280 5
- Coffee shop 581292 0
- Restaurant, lunchroom, diner 581212 8
- Cafeteria (sales primarily to general public) 581230 0
- Ice cream/soft serve shop 581260 7
- Frozen yogurt shop 581270 6

- Dairy plant (pasteurizing or bottling fluid milk on premises) 202600 3

- Dairy route (no pasteurizing or bottling on premises) 596393 9
- Soft drink distributor (route delivery/no bottling) 596393 9
- Frozen food plan (door-to-door delivery) 596393 9
- Mail order food 596130 5

- Mobile foodservice (ice cream, snacks, sandwiches, and meals distributed from trucks, carts, or other vehicles) 596320 2
- Other kind of business – Describe

b. Selling characteristics

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

- 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.

- 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 4. SPECIAL INQUIRIES

a. Did sales of any of the following groups account for more than half of the total sales and receipts of this establishment in 1997?

1 Yes – If "Yes," mark (X) only ONE box.

- Bread, cakes, cookies, other bakery goods baked on premises
- Bread, cakes, cookies, other bakery goods not baked on premises
- Chocolate candy and fudge prepared on premises
- Nonchocolate candy prepared on premises
- Candy, nuts, confections not prepared on premises
- Eggs, poultry
- Fish and other seafood
- Fresh or frozen meat (except poultry)
- Ice cream/frozen custard
- Fruits, vegetables
- Packaged cheese and meats
- Vitamins, minerals, health foods, and other dietary supplements

- Gasoline and other automotive fuels

2 No

b. Were more than half of the total sales and receipts of this establishment in 1997 derived from the sale of prepared food (including refreshments) for immediate consumption?

1 Yes
2 No

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

Item 5. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report – *Print or type*

Title

Telephone	Area code	Number	Extension
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Signature of authorized person _____ Date _____