U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

RT-5301

## 1997 ECONOMIC CENSUS

 DEPARTMENT STORES
## DUE DATE FEBRUARY 12, 1998

If you have questions about
completing this report, please call RT-5301 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
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. retained in respondents' files are immune from legal process.


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)
$093 \quad 1 \square$ Yes $\quad 2 \square$ 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.?

| $095 \quad 1 \square$ Yes | $3 \square$ No legal boundaries |  |
| :--- | :--- | :--- |
|  | $2 \square$ No | $4 \square$ Do not know |

c. In what type of municipality is this establishment physically located?
$096 \quad 1 \square$ City, village, or borough
$2 \square$ Town or township
$3 \square$ Other - Specify
$4 \square$ 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?
b. Which of the following best describes this establishment's status at the end of 1997? Mark $(X)$ only ONE box.

n operation
Temporarily or seasonally inactive
$3 \square$ Ceased operation - Give date at right
$4 \square$ Sold or leased to another operator Give date at right AND enter name, etc., below

Name of new owner or operator

## Number and street

Figures onl | Month | Year |
| :--- | :--- |



PENALTY FOR FAILURE TO REPORT

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

Item 10. MERCHANDISE LINES - Continued
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| Merchandise lines |
| :--- |
| 3. Children's wear (Include boys' |
| (sizes 2 to 7 and 8 to 20), girls' |
| (sizes 4 to $6 x$ and 7 to 14), and |
| infants' and toddlers' clothing |
| and accessories. Report |
| footwear on line 4.) |

a. Boys' (sizes 2 to 7 and 8 to
b. Girls' (sizes 4 to $6 x$ and 7 to

| Cen- <br> sus <br> use | ESTIMATES are acceptable. <br> use |  |  |  |  | Peport dollars OR percents. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |


|  |
| :--- | :--- |

7. Kitchenware and homefurnishings Continued
c. Decorative accessories (include lamps, lampshades, mirrors, pictures, clocks, magazine racks, spice racks, desk sets, etc.)
d. All other kitchenware and homefurnishings (include closet and bathroom accessories, etc.)
e. Sum of lines 7a through 7d
8. Major household appliances (Report parts installed in repair on line 48a)
a. Kitchen appliances, parts, accessories (include refrigerators, freezers, dishwashers, microwave ovens, etc.)
b. Laundry appliances, parts, accessories (include clothes washers and dryers)
c. Other major household appliances, parts, accessories (include room air-conditioners, dehumidifiers, vacuum

cleaners, sewing machines, | clean.) |
| :--- |

d. Sum of lines 8 a through 8 c
9. Small electric appliances (include mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, shavers, etc.)
10. Furniture, sleep equipment (Report repair receipts on line 48 a or 48 b and rental receipts on line 48k)
a. Upholstered furniture (Report dual-purpose pieces on line 10b)
b. Sleep sofas, daybeds, and other dual-purpose pieces
c. Sleep furniture and equipment (Include mattresses, springs, cots, waterbeds, headboards, etc. Report sleep sofas on line 10b.)
d. Other living room, dining room, bedroom furniture
A. All other furniture (outdoor office, computer-related, kitchen)
f. Sum of lines 10 a through 10e

| 0303 |  | 1 |  |  |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  | 1 |  |
| 0300 |  | 1 |  |  |

f. Children's athletic footwear (Include boys', girls', and athletic footwear Inclu athleakers and outdor hiking/sports boots.)
g. Footwear accessories (include polishes, laces, h. Sum of lines 4 a through 4 g
5. Curtains, draperies, blinds, slipcovers, bed and table coverings
a. Curtains and draperies
b. Vertical and horizontal blinds and woven wood blinds
c. Furniture coverings custom-made)
d. Domestics (include towels, sheets, blankets, table linens and coverings, etc.)
e. Sum of lines 5 a through 5d
6. Sewing, knitting
needlework goods (include fabrics, patterns, sewing supplies, notions, yarns, laces, needrong,
. Kitchenware and homefurnishings (include cookware, dinnerware, clocks, pictures, frames, mirrors, bathroom accessories, etc.)
a. Cookware and cooking accessories (include accessories strainers, sifters, grinders, cutlery, canning supplies, etc.)
b. Dinnerware, china glassware, tableware, giftware (include all flatware and holloware)

1. Televisions, video recorders video cameras, video tapes, etc. (Include parts and accessories. Report video games on line 30b, video tape and player rentals on line 48e, other rentals on line 48 k , and parts installed in repair on line 48a.)
a. Televisions
b. Video recorders, cameras, and tapes (Report receipts and tapes (Report receipts line 48e)
c. Sum of lines 11a and 11b

ITEM 10 CONTINUED ON PAGE 4


a. Floor space as of December 31, 1997

INCLUDE:

- Only the floor space used/controlled by this company.

EXAMPLE: How to compute floor space in square feet
(1) Under-roof selling space is:
$200 \mathrm{ft} . \times 80 \mathrm{ft} .=16,000 \mathrm{sq}$. ft.
(2) Total under-roof floor space is:
$200 \mathrm{ft} . \times 100 \mathrm{ft} .=20,000 \mathrm{sq} . \mathrm{ft}$.

- All space occupied by this establishment on every floor of multi-story buildings.

(1) Under-roof selling space - Enter the square feet of in-store selling space at the end of 1997. Include all store areas open to customers, including aisles, elevators, etc. Do not include display windows fronting onto streets or walks, outdoor entrance ways, or other outdoor space.
(2) Total under-roof floor space - Enter the total square footage of all under-roof selling space plus all other space available at the end of 1997. Include dry storage, refrigerated space, offices, workrooms, display windows, and enclosed entrance ways. Do not include outdoor space, even if covered.


Item 12. DEPARTMENT OR CONCESSION LOCATED IN THIS ESTABLISHMENT
a. Were any departments or concessions, NOT OWNED BY THIS FIRM, operated within this establishment during 1997? (Exclude coin-operated amusement or vending machines operated by others)

Mark "Yes" if - • Any department operated by another firm is normally considered by customers to be part of
this establishment, or if this establishment bills customers for sales of such departments

- Any department is operated by a subsidiary firm or the parent firm
 List each
one in $b$ below
$2 \square$ No - Skip to item 13
b. If "Yes," list each department or concession. If more space is needed, use the leased department continuation sheet on the reverse side of the "Supplemental Instructions for Coding Leased Departments."

|  | Name of owner or trading name of department or concession <br> (1) | Kind-of-business DESCRIPTION for department or concession <br> (2) | Kind-of-business CODE (from supplemental instruction sheet) <br> (3) | Estimated sales and receipts <br> (4) |  |  | Are sales excluded from item 4? <br> (5) | Is payroll excluded from item 5 ? <br> (6) |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\cdots$ |  |  |  |  | Thou. | Dol. |  |  |
| 242 1 |  |  | 244 | $243$ |  |  | ${ }^{245} \square \mathrm{Yes} \quad 2 \square \mathrm{No}$ | ${ }^{246} \square \mathrm{Yes} \quad 2 \square \mathrm{No}$ |
| 242 2 |  |  | 244 | $243$ |  |  | ${ }^{245} \square \text { Yes } \quad 2 \square \text { No }$ | ${ }^{246} \square \text { Yes } \quad 2 \square \mathrm{No}$ |
| 242 3 |  |  | 244 | $243$ |  |  | ${ }^{245} \square \mathrm{Yes} \quad 2 \square \mathrm{No}$ | ${ }^{246} \square \mathrm{Yes} \quad 2 \square \mathrm{No}$ |
| 242 4 |  |  | 244 | $243$ |  |  | ${ }^{245} \square \text { Yes } \quad 2 \square \text { No }$ | $\begin{array}{r} 246 \\ 1 \\ \hline \end{array}$ |
| 242 5 |  |  | 244 | 243 |  |  | ${ }^{245} \square \text { Yes } \quad 2 \square \mathrm{No}$ | ${ }^{246} \square \text { Yes } \quad 2 \square \text { No }$ |

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
$1 \square$ Individual owner (sole proprietorship)
$2 \square$ Partnership
$3 \square$ Cooperative association (taxable)
$4 \square$ Cooperative association (tax-exempt)
$5 \square$ Government - Specify
$0 \square$ Corporation (Do not mark if any form of cooperative association)
$9 \square$ Other - Specify
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?

$$
\begin{aligned}
& 1 \square \text { Yes - Complete this item } \\
& 2 \square \text { No - Skip to item } 15
\end{aligned}
$$

b. Is this company owned $\quad$ Enter name, address, and EIN of the owning or controlling company or controlled by anothe company?
$097 \quad 1 \square$ Yes $\longrightarrow$
$2 \square$ No
EIN (9 digits)
c. Does this company own Enter name, address, and EIN of the owned or controlled company
or control any other
company or companies?
$098 \quad 1 \square$ Yes $\longrightarrow$
$2 \square$ No

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

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION - Continued
Number
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?

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.


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: | Year |  | Year | Name of person to contact regarding this report - Print or type |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Telephone | Area code | Number | Extension |  | Title |  |
| Signature of authorized person |  |  |  |  |  | Date |

