



1997 ECONOMIC CENSUS

EATING, DRINKING PLACES

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In 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

RT-5801

RT

(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. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EIN below

(9 digits)

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 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 3 No legal boundaries
2 No 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 3. OPERATIONAL STATUS Number of months

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date at right
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City

State

ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.
Example: If a figure is \$1,125,628.79 report **1 126** (Preferred) or **1 125 629** (Acceptable)

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	126	
1	125	629

Item 4. DOLLAR VOLUME OF BUSINESS

Sales of merchandise and other operating receipts for 1997 (Exclude sales or other taxes collected)

Mil. Thou. Dol.

010

Item 5. PAYROLL
Payroll in 1997, BEFORE DEDUCTIONS

Mil. Thou. Dol.

030

a. Annual

031

b. First quarter (January-March)

Item 6. EMPLOYMENT Number

032

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Item 7. KIND OF BUSINESS

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

070

Full-service restaurant (patrons order through waiter/waitress service and pay after eating) 5812121

Limited-service restaurant (patrons pay before eating; including delivery-only locations) 5812802

Fast food restaurant 5812803

Food bar 5812804

Pizza place (including delivery-only locations) 5812805

Cafeteria (not operating on a contract basis) 5812301

School or university cafeteria (operating on a contract basis) 5812504

Buffet 5812806

Family steakhouse 5812807

Refreshment place (pretzel shop, or other specialty snack or nonalcoholic beverage shop) 5812931

Bagel shop (selling for carry-out or eat-in customers) 5812911

Coffee shop 5812921

Cookie shop 5461121

Ice cream/soft serve shop 5812601

Frozen yogurt shop 5812701

Donut shop (primarily selling donuts baked on premises for carry-out or eat-in customers) 5461301

Donut shop (primarily selling donuts not baked on premises for carry-out or eat-in customers) 5461401

ITEM 7 CONTINUED ON PAGE 2

Item 7. KIND OF BUSINESS – Continued	
	070
Bakery cafe (primarily selling baked goods for eat-in customers)	<input type="checkbox"/> 5812933
Bakery (primarily selling goods baked on premises for carry-out customers)	<input type="checkbox"/> 5461111
Bakery (primarily selling goods not baked on premises for carry-out customers)	<input type="checkbox"/> 5461501
Bar, tavern, pub, or other drinking place (selling alcoholic beverages for consumption on premises)	<input type="checkbox"/> 5813001
Delicatessen (primarily preparing sandwiches and meals for immediate consumption)	<input type="checkbox"/> 5812801
Delicatessen (primarily selling meats and a range of grocery items).	<input type="checkbox"/> 5411411
Delicatessen (primarily selling fresh and prepared meats)	<input type="checkbox"/> 5411421
Social caterer (banquets, weddings, etc.)	<input type="checkbox"/> 5812201
Industrial/institutional/in-plant feeding	<input type="checkbox"/> 5812501
Airline (in-flight) catering.	<input type="checkbox"/> 5812503
Convenience food store	<input type="checkbox"/> 5411201
Mobile foodservice (ice cream, snacks, sandwiches, and meals distributed from trucks, carts, or other vehicles).	<input type="checkbox"/> 5963201
Merchandise vending machine operator	<input type="checkbox"/> 5962001
Liquor store.	<input type="checkbox"/> 5921001
Bar or restaurant operated by social or fraternal organization for members	<input type="checkbox"/> 8641101
Dinner theater	<input type="checkbox"/> 5812111
Bed and breakfast inn with 25 guestrooms or more	<input type="checkbox"/> 7011701
Bed and breakfast inn with less than 25 guestrooms	<input type="checkbox"/> 7011901
Motel	<input type="checkbox"/> 7011311
Other kind of business – Describe	<input type="checkbox"/> 7777777

Item 8. METHOD OF SELLING	
What was this establishment's PRINCIPAL method of selling in 1997? Mark (X) only ONE box.	
	235
Selling at this establishment	1 <input type="checkbox"/>
Mail order (include catalog selling and home shopping via television or computer)	2 <input type="checkbox"/>
Telemarketing	3 <input type="checkbox"/>
Direct selling (include selling from house-to-house and nonfixed or temporary locations)	4 <input type="checkbox"/>
Operating merchandise vending machines	5 <input type="checkbox"/>

Item 9. Not applicable to this report

Item 10. MERCHANDISE/RECEIPT LINES
Report sales for each merchandise/receipt line sold by this establishment, either as a dollar figure or as a whole percent of total sales. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS below)

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents	→ 39			
	Not acceptable	→ 38.76			

Merchandise/receipt lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Guestroom or unit rentals (exclude occupancy taxes)	230 0010	231			232
2. Camp tuition or fees	0020				
3. Telephone service charges	0030				
4. Gaming receipts (include receipts from the operation of casino games, slot machines, etc. by this establishment)	0040				

Item 10. MERCHANDISE/RECEIPT LINES – Continued					
Merchandise/receipt lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
5. Rental of public rooms (e.g., conference/convention meeting rooms)	0050				
6. Membership dues and fees	0060				
7. Meals, unpackaged snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption (include ice cream and yogurt served for immediate consumption)					
a. Food/nonalcoholic beverages prepared for carry-out and consumption off the premises	0121				
b. Food/nonalcoholic beverages prepared for consumption on the premises	0122				
c. Sum of lines 7a and 7b	0120				
8. Alcoholic drinks (served at this establishment)					
a. Distilled spirits	0131				
b. Wine	0132				
c. Beer and ale	0133				
d. Sum of lines 8a through 8c	0130				
9. Packaged liquor, wine, and beer	0140				
10. Groceries and other food items for human consumption off the premises (include bottled, canned, or packaged soft drinks; candy; gum; packaged snacks; etc.)	0100				
11. Tobacco products and accessories (exclude sales from vending machines operated by others)	0150				
12. All other merchandise (Report receipts for services on line 13)	9810				
<i>Specify principal lines and estimated sales below</i>					
a.	9811	076			
b.	9812	077			
c.	9813	078			
13. All other nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES	9980				
14. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

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

Census File Number

RT

Item 11. SPECIAL INQUIRIES

a. Type of foodservice

Mark (X) the ONE primary type of service offered at this location (the type of service from which this establishment derived the largest share of its sales in 1997).

- 328 (1) Table, booth, and/or counter seats with waiter or waitress service 1
- (2) Order and pay at counter with separate inside seating provided 2
- (3) Take out/drive through 3
- (4) Delivery 4
- (5) Cafeteria line with separate inside seating provided 5
- (6) Other - Describe 6

b. Estimated average price per meal - Mark (X) only ONE box.

- 329 (1) Under \$2.00 1
- (2) \$2.00 - \$4.99 2
- (3) \$5.00 - \$6.99 3
- (4) \$7.00 - \$9.99 4
- (5) \$10.00 - \$14.99 5
- (6) \$15.00 - \$19.99 6
- (7) \$20.00 - \$29.99 7
- (8) \$30.00 or more 8

c. Did this establishment provide any seats for customers in 1997?

- 331 1 Yes - Complete 1 and 2
- 2 No - Skip to d

(1) How many seats were in this establishment as of December 31, 1997? Number

332

(2) Did a waiter or waitress take most orders while the patron was seated in 1997? 330

- 1 Yes
- 2 No

d. Did this establishment use a trade name authorized by a franchisor in 1997?

- 333 1 Yes - Complete e
- 2 No - Skip to f

e. Was this establishment OWNED OR OPERATED by the franchisor in 1997? 335

- 1 Yes
- 2 No

f. Mark (X) the ONE box which best describes the principal menu-type (specialty) of this establishment. 336

- (1) Italian (Report pizza on line (7)) 1
- (2) Mexican 2
- (3) Chinese 3
- (4) Other ethnic specialty 4
- (5) Seafood 5
- (6) Steak 6
- (7) Pizza 7
- (8) Chicken. 8
- (9) Hamburger 9
- (10) Sandwich/sub shop 10
- (11) Other food specialty (barbeque, vegetarian, ice cream/yogurt shop, etc.) 11
- (12) American (none of the above food types should account for more than 50% of the menu) 12

Item 11. SPECIAL INQUIRIES - Continued

g. Estimated percent of total food and beverage sales by day-part (Report in whole percents; ESTIMATES ARE ACCEPTABLE)

	Percents
(1) (6:00 a.m. - 11:00 a.m.)	337
(2) (11:00 a.m. - 5:00 p.m.)	338
(3) (5:00 p.m. - 11:00 p.m.)	339
(4) (11:00 p.m. - 6:00 a.m.)	340
(5) TOTAL	100%

h. Was this establishment operated as a concession in a stadium, arena, or other recreation or amusement place at which food was made available to the general public in 1997? 341

- 1 Yes
- 2 No

Item 12. Not applicable to this report

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

- 1 Yes - Complete this item
- 2 No - Skip to item 15

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

ITEM 14 CONTINUED ON PAGE 4

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

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.

Number
079

1	Name	1997	Mil.	Thou.	Dol.
		Number and street	Sales	081	
	City	Annual payroll	082		
	State	Paid employees for pay period including March 12			
	ZIP Code	083			
	Kind-of-business description	Census use ⁰⁸⁸			
2	Name	1997	Mil.	Thou.	Dol.
		Sales	081		
	Number and street	Annual payroll	082		
	City	Paid employees for pay period including March 12			
	State	083			
	ZIP Code	Census use ⁰⁸⁸			
	Kind-of-business description	Census use ⁰⁸⁸			
3	Name	1997	Mil.	Thou.	Dol.
		Sales	081		
	Number and street	Annual payroll	082		
	City	Paid employees for pay period including March 12			
	State	083			
	ZIP Code	Census use ⁰⁸⁸			
	Kind-of-business description	Census use ⁰⁸⁸			

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: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date