



1997 ECONOMIC CENSUS

VENDING OPERATORS

FORM
RT-5803

OMB No. 0607-0826: Approval Expires 08/31/99

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:

RT-5803

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.

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)

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be **rounded to thousands** of dollars.
Example: If a figure is **\$1,125,628.79** • Preferred report

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 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 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 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

Item 6. EMPLOYMENT

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

Number
032 <input type="text"/>

Item 7. KIND OF BUSINESS

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

070

- Merchandise vending machine operator 5962001
- Newspaper vending machine operator 5962003
- Cigarette vending machine operator 5962004
- Honor snack tray or box service 5963937
- Coffee service 5963936
- Contract feeding/foodservice contractor 5812502
- Slot machine operator 7993201
- Coin-operated amusement device operator, except slot machines (video/pinball games, juke boxes, etc.) 7993101
- Other kind of business – Describe 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

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 9. Not applicable to this report

Item 10. MERCHANDISE LINES
Report sales for each merchandise 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: • Report whole percents Not acceptable	Mil.	Thou.	Dol.	Per-cent
					39
					38.76

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Meals, unpackaged snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption	230 0120	231			232
2. Groceries and other food items for human consumption off the premises (include bottled, canned, or packaged soft drinks; candy; gum; packaged snacks; etc.)	0100				
3. Cigars, cigarettes, tobacco, and smokers' accessories	0150				
4. Drugs, health aids, beauty aids	0160				
5. Souvenirs and novelty items	0877				
6. Magazines and newspapers	0856				
7. All other merchandise (Report receipts for services on line 8)	9810				
Specify principal lines and estimated sales below					
076					
a.	9811				
077					
b.	9812				
078					
c.	9813				

Item 10. MERCHANDISE LINES – Continued

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
8. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Receipts from coin-operated amusement machines	9913				
b. All other nonmerchandise receipts	9967				
c. Sum of lines 8a and 8b	9900				
9. TOTAL (Should equal item 4 if reporting in dollars)	9990				100%

Item 11. SPECIAL INQUIRIES

a. Did this establishment service one or more MERCHANDISE VENDING MACHINE routes in 1997?

356

1 Yes – Complete b and c

2 No – Skip to item 13

b. What percent of this establishment's sales and receipts (item 4) was derived from merchandise vending machines in 1997?

Report in whole percent

361 %

c. Enter the percent of total sales and receipts (item 4) derived from the sale of the following items through MERCHANDISE VENDING MACHINES in 1997.

Report in whole percents

(1) Tobacco 357 %

(2) Meals and snacks 358 %

(3) Beverages (soft drinks, milk, coffee, tea, etc.) 359 %

(4) Other merchandise (nonedible) 360 %

(5) TOTAL (Should equal item 11b above) %

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 _____

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

Census File Number

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)

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?

Number	079
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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.

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.
	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			
3	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			

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 – Print or type
Telephone	Area code	Number		Extension	Title		
Signature of authorized person							Date

RT