U.S. DEPARTMENT OF COMMERCE bureau of the census

RT-5913

1997 ECONOMIC CENSUS RETAIL FLORISTS

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

If you have questions about
completing this report, please call RT-5913 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
J effersonville, 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.



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

Item 10. MERCHANDISE LINES - Continued
$\left.\begin{array}{l|l|l:l|l|}\hline \text { 14. All nonmerchandise receipts } \\ \text { (include receips from rentas, } & & & & \\ \text { storage, and other services } \\ \text { provided to customers) }\end{array}\right)$

Item 11. SPECIAL INQUIRIES

What percentage of 1997 sales and receipts (item 4) was derived from
items grown by this establishment?
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.
$003 \quad 1 \square$ 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?
$1 \square$ Yes - Complete this item
$2 \square$ No - Skip to item 15
b. Is this company owned or owned or another company?

Enter name, address, and EIN of the owning or controlling company
$097 \quad 1 \square$ Yes $\longrightarrow$ $2 \square$ No

Census File Number

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 other information indicated below for each establishment. The
headquarters location should be first, followed by all other 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.
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REMARKS - Please use this space for any explanations that may be essential in understanding your reported data.

| Item 15. CER | 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

Title

| Telephone | Area code | Number | Extension |
| :--- | :--- | :--- | :--- |
| Signature of authorized person |  | Date |  |

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS

