



# 1997 ECONOMIC CENSUS

## RECREATIONAL AND OTHER ACCOMMODATIONS

FORM  
**RT-7002**

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:

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

RT-7002

RT

*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  
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 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

### Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

Mil.	Thou.	Dol.
030		

a. Annual

031		
-----	--	--

b. First quarter (January-March)

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 6. EMPLOYMENT

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

Number
032

### Item 7. KIND OF BUSINESS

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

Rooming and boarding house . . . . .	<input type="checkbox"/> 7021001
Dormitory (commercially operated) . . . . .	<input type="checkbox"/> 7021003
Fraternity or sorority boarding house . . . . .	<input type="checkbox"/> 7041202
Hostel . . . . .	<input type="checkbox"/> 7011322
Lodging house operated by membership organization:	
With rooms open to the general public . . . . .	<input type="checkbox"/> 7021002
With rooms limited to members only . . . . .	<input type="checkbox"/> 7041201
Residential mobile home park . . . . .	<input type="checkbox"/> 6515009
Apartment building or residential complex (providing housing facilities only) . . . . .	<input type="checkbox"/> 6513004
Condominium or cooperative owners association (engaged in property management) . . . . .	<input type="checkbox"/> 6531503
Trailer park, recreational vehicle park, or campground (except residential) . . . . .	<input type="checkbox"/> 7033001
Children's day camp . . . . .	<input type="checkbox"/> 7999911
Children's overnight camp . . . . .	<input type="checkbox"/> 7032002
Fishing or hunting camp . . . . .	<input type="checkbox"/> 7032003
Other sporting and recreation camp (dude ranch, guest ranch, etc.) . . . . .	<input type="checkbox"/> 7032004
Hotel with 25 or more guestrooms . . . . .	<input type="checkbox"/> 7011601
Hotel with less than 25 guestrooms . . . . .	<input type="checkbox"/> 7011801

### 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 7 CONTINUED ON PAGE 2

**Item 7. KIND OF BUSINESS – Continued**

Hotel operated by membership organization:  
 With rooms open to the general public . . . . .  7011602  
 With rooms limited to members only . . . . .  7041101

Bar, tavern, pub, or other drinking place (selling alcoholic beverages for consumption on premises) . . . . .  5813001

Bar or restaurant operated by social or fraternal organization for members . . . . .  8641101  
 Other kind of business – Describe . . . . .  7777777

**Item 8.** Not applicable to this report

**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)**

<b>HOW TO REPORT PERCENTS</b>	If figure is <b>38.76%</b> of total sales:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents				<b>39</b>
	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)	0010	230	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				
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 carryout 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				

Merchandise/receipt lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
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. 076	9811				
b. 077	9812				
c. 078	9813				
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%

**Item 11. SPECIAL INQUIRIES**

The number of guestrooms, units, or quarters consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.

Number of rooms, units, or quarters, by type

	Number as of December 31, 1997
a. Primarily rented as residential quarters or units (occupied as one's primary residence)	380
b. Primarily rented as transient guestrooms or units	381
c. TOTAL (Sum of lines a and b)	382

**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
--------	-----

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.

	Name	Number and street	City	State	ZIP Code	Hotels/motels and other lodging facilities – number of guestrooms →	1997			
							Sales or receipts	Mil.	Thou.	Dol.
1							081			
							082			
							Paid employees for pay period including March 12			
							083			
							<b>Census use</b> 088			
2							081			
							082			
							Paid employees for pay period including March 12			
							083			
							<b>Census use</b> 088			
3							081			
							082			
							Paid employees for pay period including March 12			
							083			
							<b>Census use</b> 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.

<b>Period covered by this report</b>	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

RT