

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU FORM

OS-81201 (02/08/2007)

2007 ECONOMIC CENSUS

Personal Care Services

OMB No. 0607-0934: Approval Expires 12/31/2008

DUE DATE FEBRUARY 12, 2008

Mail your completed form to:

U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

- OR -

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

OS-81201

INFORMATION COPY DO NOT USE TO REPORT

(Please correct any errors in this mailing address.)

that receive this questionnaire law, YOUR CENSUS REPORT	RED BY LAW. Title 13, United States Code, requestions and return the report to answer the questions and return the report to a second to the confidential. It may be seen only by pand may be used only for statistical purposes. It because.	the U.S. ersons sv	Censu worn to	ıs Bu o uph	reau. iold th	By t e co	he saı nfider	me ntiali	
 Use blue or black ballpoint pen. 	 Please center numbers in their respective boxe 	es. Exai	nples:						
Do not use pencil or felt-tip pen.Place an "X" inside the box.	 Do not put slashes through 0 or 7. 	X	0 1	2	3 4	5	6 7	8	9
	n is an establishment. An establishment is ger r where services or industrial operations are per							e	
	UMBER Number (EIN) shown in the mailing address the 7 Internal Revenue Service Form 941, Employer'						?		
0021 Yes - <i>Go to</i> 2 0022	No - Enter current EIN (9 digits)	0025		-	1	1 1	ı	1 I	
	ical location the same as shown in the mailing addresses are not physical locations.)	address?							
0031 ☐ Yes - Go to line B									E
	0035 Number and street								
No - Enter →									
location	0036 City, town, village, etc.	0037 State	0038 2	ZIP Co	de				
						-			
B. Is this establishment physic	ally located inside the legal boundaries of the c	itv. town.	village	e. etc	.?				

0043 No legal boundaries

₀₀₄₇ Town or township

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0041 Yes

(Mark "X" only ONE box.)

0046 City, village, or borough

0042 No

☐ Do not know

0044 Do not know

0024

0048 Other

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## OPERATIONAL STATUS Which OND of the following best describes this establishment's operational status at the end of 2007? Mark X* only ONE box.	FUIII	1 03-612	ZUI (02/08/20	107)											Page 2
Cessed operation - Give date at right Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Mentification Number (EIN) below? Soss Name of new owner or operator sec: Mailing address (Number and street, P.O. Box, etc.) sec: Mailing address (Number and street, P.O. Box, etc.) sec: City tewn. village, etc. Other - Specify Other - Specify MONTHS IN OPERATION Number of months in operation during 2007 (If none, mark 'X' and go to © J) Dollar figures should be rounded to thousands of dollars. If a figure is \$1.02.56.28.79: If a value is '0' (or less than \$500.00): SALES, SHIPMENTS, RECEIPTS, OR REVENUE More Senior Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in Entire Employer Identification Number (EIN) shown in the mailing address or corrected in Entire Employer Identification Number (EIN) shown in the mailing address or corrected in Seturn, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in Seturn, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in Seturn, and filed under an employee leasing company s EIN. Purchased or managed services, such as janitorial, guard, or landscape services. Profusional or stackness are shope swhose payroll was filed under an employee leasing company s EIN. Purchased or managed services, such as janitorial, guard, or landscape services. Profusional or stackness are shope swhose payroll was filed under an employee leasing company s EIN. Purchased or managed services, such as janitorial, guard, or landscape services. Profusional or stackness are information sheet(s). A. Number of employees for pay period include malpendents. If None (Shill Mill.) Thou. Dol. (Shill Mill.) Thou	3	Which O	NE of the fo	ollowing be	st descrik	oes this est	tablishment'	s operational s	tatus	at the	end o	f 2007			
Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator AND enter name and address of new owner or operator and Employer Identification Number (EIN) below? 1000 Name of new owner or operator 1000 Name of N		0011	In operatio	n			0013	Temporarily	or se	easona	ılly ina	ctive			
Sold or leased to another operator of the date at right AND enter name and address of new owner or operator and Employer Identification Number (EN) below? Some Name of new owner or operator		0014	Ceased ope	eration - <i>Gi</i>	ve date a	t right _						Month	Day	Ye	ear
Other - Specify Sole		0015	AND enter	name and	address of	of new owi	ner or opera	t tor			0018				<u> </u>
osso City, town, village, etc. State Other - Specify State Ot			0060 Name	of new owne	er or opera	ator					0061 E	IN (9 diç	gits)		1 1
OSS City, town, village, etc. OSS State OSS ZIP Code OSS Z			ossa Mailin	a addraga (N	umbar an	d atroot PO	Pov. etc.)					-			
4 MONTHS IN OPERATION Mark "X" 2007			0062 Walling	g address (N	umber and	ı street, P.O	. Box, etc.)	<u> </u>							
MONTHS IN OPERATION Mark "X 2007 16 None 16 Non			0063 City, to	own, village,	etc.				0064	State	0065 Z	P Code			
MONTHS IN OPERATION Mark "X 2007 16 None 16 Non														-	
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HOW TO REPORT DOLLAR Had figures should be rounded to thousands of dollars. If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00): SALES, SHIPMENTS, RECEIPTS, OR REVENUE Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths,) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths,) EMPLOYMENT AND PAYROLL Include: Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 0. Exclude: Temporary staffing obtained from a staffing service. Contractors, subcontractors, or independent contractors. Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. A. Number of employees for pay period including March 12. B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" 2007 if None Number (I'None Number (I'Non	4	MONTHS	S IN OPERA	TION											
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SALES, SHIPMENTS, RECEIPTS, OR REVENUE		HOW TC	,	Dollar fig	ures sho	uld be rou	nded to					I. N			Dol.
SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark "X" 2007		REPORT DOLLAR	2) :	Report					1	0 2 0	6
Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Fell- or part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Cauarterly Federal Tax Return, and filed under the Employer Identification Number (Exclude employees sorvices.) Operating receipts (Beauty shops and barber shops and stations/booths.) Include: Operating receipts (Beauty shops and barber shops and stations, believed on Internal Revenue Service Service Service Service Services. Operating receipt shops and stations should under the Employer Identification Number (Exclude employees whose payroll was filed under the Employer Identification Number (Exclude employees whose payroll was filed under an employee leasing company's ElN. Operating receipt shops and stations and filed under the Employer Identification Number (Exclude employees shops and filed under the Employer Identification Number (Exclude employees shops and filed under the Employer Identification Number (Exclude employees shops and filed under the Employer Identification Number (Exclude employees or reported on Internal Revenue Services (Exclude employees and filed under the Employer Identification Number (Exclude employees or reported on Internal Revenue Services (Id		FIGURES		lf a value	is "0" (o	r less than	\$500.00):	Report —		X			1		
Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) Operating receipts (Beauty shops and barber shops should include rents from leased stations/booths.) One building the stations of the stations	5	SALES, S	SHIPMENTS	S, RECEIPTS	, OR REV	'ENUE			,	Mark "X	("		200	7	
## PAYROLL Include: * Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in										if None	\$ Bil	. M	il.	Thou.	Dol.
Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in . Exclude: • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Purchased or managed services, such as janitorial, guard, or landscape services. • Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12	6	Not App	licable.												
 Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in	7			PAYROLL											
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Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. Mark "X" 2007 For further clarification, see information sheet(s). A. Number of employees for pay period including March 12						- ' - '		ed under an ei	mploy	yee lea	sing c	ompan	y's El	IN.	
For further clarification, see information sheet(s). A. Number of employees for pay period including March 12		• Pro	fessional or	r technical s	services p	ourchased t	from anothe	r firm, such as	softv						E
A. Number of employees for pay period including March 12		con	nsulting, con	nputer prog	ıramming	ı, engineer	ring, or acco	unting services	5.				,	2007	
B. Payroll before deductions (Exclude employer's cost for fringe benefits.) Mark "X" 1. Annual payroll														Numbe	r I I
B. Payroll before deductions (Exclude employer's cost for fringe benefits.) if None \$ Bil. Mil. Thou. Dol. 1. Annual payroll		A. Num	ber of empl	oyees for p	ay period	lincluding	March 12.						200	17	
		B. Payro	oll before de	eductions (E	xclude e	mployer's	cost for fring	ge benefits.)				I. N	lil.	Thou.	Dol.
2. First quarter payroll (January-March, 2007)		1. A	nnual payro	oll					0300						
		2. Fi	irst quarter _l	payroll <i>(Jar</i>	ıuary-Mai	rch, 2007)			0310						

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If not shown, please Number (CFN) from t	ente	er your 11-digit Census File mailing address.
8-18 Not Applicab	le.	
(Mark "X" only ON	follo IE bo	owing best describes this establishment's principal kind of business or activity in 2007?
Barber, beautio	ian,	, and nail care services
812 111 00 1	Ш	Barber shop
812 112 00 1		Beauty shop
812 112 00 4		Day spa, including hair service
812 199 00 7		Day spa, excluding hair service
812 112 00 2		Unisex hair shop, including combined beauty/barber shop
812 112 00 6		Skin care (i.e., esthetician) service
812 112 00 3		Facial salon
812 113 00 1		Nail salon
611 511 00 1		Cosmetology or beauty schools
611 511 00 2		Barber colleges or schools
Other personal	car	e and appearance services
812 191 00 1		Diet or weight reducing centers, excluding physical fitness facilities
713 940 90 5		Physical fitness, strength development, or weight training center
812 199 00 2		Tanning salon
812 199 00 1		Massage salon
621 399 00 C		Massage therapist(s), NCTMB (Nationally Certified in Therapeutic Massage and Bodywork)
812 199 00 3		Sauna, steam bath, or Turkish bath
812 199 00 4		Electrolysis service
812 199 00 5		Tattoo parlor
812 199 00 6		Hair replacement services, excluding services performed by a physician
777 812 01 1		Other personal care and appearance service - Specify
0701	_	
Other kind of b	usii	ness or activity Child day care services, including those with preschool
812 990 10 1		Bail bonding
812 990 20 1		Dating service
773 000 00 2		Other kind of business or activity - Specify
773 000 00 2		Other wild of busiless of activity - Specify
0701		

20 and 21 Not A	pplicable.								
					2007				
HOW TO REPORT					es are acce ollars OR p				
PERCENTS			\$ Bil.	Mil.	Thou.	Dol.	Pe	ercei	nt
	If figure is 38.76% of total sales:	Report whole percents						3	9

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

(Report receipts by source either as a dollar figure or as a whole percent of total receipts (reported in §). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above. Do not combine data for two or more receipts lines.)

Line 1 - Report receipts from the cutting, trimming, layering, texture modification, coloring, tinting, and styling of hair. May include shampooing and blow drying.

Line 6 - Report receipts from providing modification of the body by tanning, application of tattoos, removal of tattoos, piercing, and other body modification services. Exclude medical or surgical procedures for body modification.

Line 9 - Report receipts from providing non-medical services to assist clients in attaining or maintaining a desired weight, or managing their diet to attain or maintain a desired weight. Include weight loss and diet management programs. Report resale of diet and weight reducing food supplements on **line 11**.

	Description of sales, shipments, receipts, or revenue	Cen- sus use				es are acce ollars OR p			
0723		0720	\$ Bil.		Mil.	Thou.	Dol.	Per 0722	ent
1.	Hair care services								
	a. Hair cut services	32201							
	b. Permanent hair texture modification	32202				-			
	c. Hair coloring and tinting	32203	-	<u> </u>		-			_
	d. Hair styling services	32204	-	-				-	+
	e. Other hair care services	32205		\vdash		-		-	+
	f. Sum lines 1a through 1e	32200							
2.	Nail care services								
	a. Manicure services	32211							_
	b. Pedicure services	32212				-		-	+
	c. Other nail care services	32213				- -		-	_
	d. Sum lines 2a through 2c	32210							
3.	Skin care services								
	a. Temporary makeup services	32221							
	b. Permanent makeup services	32222							
	c. Facial services	32223							
	d. Masks and body wrap services	32224				- -			
	e. Other skin care services	32225		L				<u> </u>	
	f. Sum lines 3a through 3e	32220							
	CONTINUE WITH & ON PAGE 5								

If no	ot shown, please enter your 11-digit Census File on the mailing address.						
22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued						
		Cen-		F-4:4	2007	-4-1-1-	
	Description of sales, shipments, receipts, or revenue	sus			es are acce _l ollars OR pe		
0723		0720	\$ Bil.	Mil.	Thou.	Dol.	Percent
4.	Hair removal services	0720	0721				0722
	a. Permanent	32231					
	b. Temporary	32232					
	c. Sum lines 4a and 4b	32230					
5.	Massage services						
	a. Therapeutic	32241					
	b. Other	32242					
	c. Sum lines 5a and 5b	32240					
•		02240					
6.	Tattoo and body modification services				1 1		1 1
	a. Tanning services	32251					
	b. Tattoo services	32252					
	c. Tattoo removal services	32253					
	d. Piercing services	32254					
	e. Other body modification services	32255					
	f. Sum lines 6a through 6e	32250					
7.	Other beauty and personal care services - Specify						
		32260		1 1	1 1		
8.	Rental of non-residential space in buildings or other facilities						
	a. Rental of booths and chairs in beauty and personal care			1			1 1
	establishments	39556					
	b. Other rental of space	39557					
	c. Sum lines 8a and 8b	39550					
9.	Weight loss services	32270					
10.	Seminars and courses on beauty and personal care	32280		- '			
11.	Resale of diet/weight reducing food supplements	39688		· '			
12.	Resale of cosmetic products	39689		· ·			
13.	Resale of other merchandise	39691		<u> </u>			
	CONTINUE WITH ② ON PAGE 6						

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22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued						
					2007		
	Description of the chimeson of the contract of	Cen-				cceptable R percen	
	Description of sales, shipments, receipts, or revenue	use	\$ Bil.	Mil.	Thou		
0723		0720	0721		11100	50	0722
14.	All other receipts - Specify if more than 10 percent of total receipts						
			1	1 1			1 1
		39771					
15	TOTAL OPERATING RECEIPTS - Sum of lines should equal 6 if		T	1 1			4 0 0
	reporting in dollars	39850					1 0 0
23-	– 25 Not Applicable.						
26	SPECIAL INQUIRIES						
	FRANCHISE						
	Was this establishment operating under a trademark authorized by a fi	anchi	isor in :	2007?			
	(Mark "X" only ONE box.)	ancin	301 111	2007:			
	O237 Yes - franchisee owned establishment						
	0238 Yes - franchisor owned establishment						
	0239 U No						
	0239 No						
27 -	Not Applicable. MARKS (Please use this space for any explanations that may be essential in	unde	rstandi	ng your r	eported	data.)	
REM	Not Applicable. MARKS (Please use this space for any explanations that may be essential in the control of the	n acco	ordance		instruct	ions.	
REM	Not Applicable. MARKS (Please use this space for any explanations that may be essential in CERTIFICATION - This report is substantially accurate and was prepared in etime period covered by this report a calendar year?	n acco		with the	instruct		Year
REM	Not Applicable. MARKS (Please use this space for any explanations that may be essential in the control of the	n acco	ordance	with the	instruct	ions.	Year
REM	Not Applicable. MARKS (Please use this space for any explanations that may be essential in CERTIFICATION - This report is substantially accurate and was prepared in etime period covered by this report a calendar year?	n acco	ordance	with the	instruct	ions.	Year
REM	Not Applicable. MARKS (Please use this space for any explanations that may be essential in CERTIFICATION - This report is substantially accurate and was prepared in e time period covered by this report a calendar year? Yes No - Enter time period covered FROM	n acco	ordance	with the	instruct	ions.	Year
REM	Not Applicable. MARKS (Please use this space for any explanations that may be essential in CERTIFICATION - This report is substantially accurate and was prepared in e time period covered by this report a calendar year? Yes No - Enter time period covered FROM	n acco	year	with the	instruct	ions.	
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REM Sthe	ARKS (Please use this space for any explanations that may be essential in CERTIFICATION - This report is substantially accurate and was prepared in e time period covered by this report a calendar year? ☐ Yes ☐ No - Enter time period covered → FROM Name of person to contact regarding this report ☐ Telephone ☐ Number ☐ Extension Telephone ☐ Rea code ☐ Number ☐ Extension Telephone ☐ Rea code ☐ Number ☐ Extension Telephone ☐ Rea code ☐ Number ☐ Extension ☐ Rea code ☐ Number ☐ Rea code ☐ Number ☐ Extension ☐ Rea code ☐ Number ☐ Rea code ☐ Rea code ☐ Number ☐ Rea code ☐ Rea code ☐ Number ☐ Re	n acco	Year	with the	instruct O	Numbe	
REM Sthe	ARKS (Please use this space for any explanations that may be essential in CERTIFICATION - This report is substantially accurate and was prepared in e time period covered by this report a calendar year? ☐ Yes ☐ No - Enter time period covered → FROM Name of person to contact regarding this report ☐ Telephone ☐ Area code ☐ Number ☐ Extension ☐ Telephone ☐ FROM ☐	n acco	year	with the	instruct O	Numbe	r

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Thank you for completing your 2007 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.