



# 2002 ECONOMIC CENSUS

## RV PARKS AND RECREATIONAL CAMPS

FORM  
**AF-72102**

OMB No. 0607-0881: Approval Expires 06/30/2004

**DUE DATE**  
**FEBRUARY 12, 2003**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

AF-72102

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

**Need help or have questions about filling out this form?**

**Visit** our Web site at [www.census.gov/econhelp](http://www.census.gov/econhelp)

**Call** 1-800-233-6136, between 8:00 a.m. and 8:00 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.

**INFORMATION COPY  
DO NOT USE TO REPORT**

(Please correct any errors in this mailing address.)

**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 U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

<input checked="" type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

### 1 MONTHS IN OPERATION

Mark "X" if None

2002

Number of months

Number of months in operation during 2002 (If none, mark "X" and go to 29.) . . . . . 0002

### 2 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2002 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes      0022  No - Enter current EIN (9 digits) → 0025  -

### 3 PHYSICAL LOCATION

**A.** Is this establishment's physical location the same as shown in the mailing address? (P.O. box and rural route addresses are not physical locations.)

0031  Yes

0032  No - Enter physical location →

0035 Number and street			
0036 City, town, village, etc.	0037 State	0038 ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**B.** Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

**C.** Type of municipality where this establishment is physically located

0046  City, village, or borough      0047  Town or township      0048  Other or do not know

HOW TO REPORT DOLLAR FIGURES

Dollar 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):

**Report** →

**Report** →

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.
1	0 2 6	

**4 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X" if None

Sales of merchandise and other operating receipts (Exclude sales or other taxes collected.) . . . . . 0100

2002		
\$ Mil.	Thou.	Dol.

**5 E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

**A.** Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.)

0181  Yes - Go to line B

0182  No - Go to **6**

**B.** E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in **4**. Exclude sales taxes.) . . . . . 0185

2002		
Estimates are acceptable		
\$ Mil.	Thou.	Dol.

**6 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 **2**.

**Exclude:**

- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.
- Temporary staffing obtained from a staffing service.

For further clarification, see information sheet(s).

Mark "X" if None

**A.** Number of employees for pay period including March 12 . . . . . 0320

2002	
Number	

**B.** Payroll before deductions (Exclude employer's cost for fringe benefits.)

Mark "X" if None

**1.** Annual payroll . . . . . 0300

**2.** First quarter payroll (January-March, 2002). . . . . 0310

2002		
\$ Mil.	Thou.	Dol.



72102023

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**7** LEASED EMPLOYMENT AND PAYROLL

**A.** Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?

**Exclude:**

- Temporary staffing obtained from a staffing service.
- Contractors, subcontractors, or independent contractors.
- 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.
- Employees already reported in **6**.

For further clarification, see information sheet(s).

0241  Yes - Go to line B

0242  No - Go to **13**

Mark "X" if None

2002		
Number		

**B.** Number of leased employees for pay period including March 12. . . . . 0370

**C.** Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.)

**1.** Annual payroll for leased employees . . . . . 0350

2002		
\$ Mil.	Thou.	Dol.

**2.** First quarter payroll for leased employees (January-March, 2002) . . . . . 0360

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

**8-17** Not Applicable.

**18** KIND OF BUSINESS

Principal kind of business in 2002  
(Mark "X" only ONE box.)

- 0700 721 211 00 14  Trailer park, recreational vehicle park, or campground, except residential
- 531 190 10 36  Residential mobile home park
- 713 990 80 78  Children's day camp, excluding instructional camps
- 721 214 00 29  Children's overnight camp
- 721 214 00 37  Fishing or hunting camp
- 721 214 00 45  Other sporting and recreation camp, including dude ranch, guest ranch, etc.
- 721 310 00 14  Rooming and boarding house
- 721 310 00 30  Fraternity or sorority boarding house
- 721 199 00 28  Hostel
- 721 310 00 22  Lodging house operated by membership organization
- 531 110 10 33  Apartment building operator
- 813 990 40 18  Property owners' association

CONTINUE WITH **18** ON PAGE 4

CONTINUE ON PAGE 4

72102031

**18** KIND OF BUSINESS - Continued

- 0700 721 110 00 16  Hotel, motel, or motor hotel
  - 721 110 00 32  Hotel operated by membership organization
  - 722 410 00 11  Bar, tavern, pub, or other drinking place, selling alcoholic beverages for consumption on premises
  - 813 410 40 44  Bar or restaurant operated by social or fraternal organization for members
  - 772 000 00 12  Other kind of business - *Specify*
- 0701

**19-21** Not Applicable.

<b>HOW TO REPORT PERCENTS</b>		2002			
		Estimates are acceptable. Report dollars OR percents.			
	If figure is <b>38.76%</b> of total sales:	<b>Report whole percents</b>	\$ Mil.	Thou.	Dol.
					3 9

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE  
*(Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales (reported in 4). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above.)*

Description of sales, shipments, receipts, or revenue	Cen- sus use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721		0722	
<b>1.</b> Guestroom or unit rentals, including campground and RV rental fees EXCLUDING OCCUPANCY TAXES . . . . .	20010				
<b>2.</b> Camp tuition or fees . . . . .	20020				
<b>3.</b> Telephone service charges . . . . .	20030				
<b>4.</b> Gaming receipts, including receipts from the operation of casino games, slot machines, etc. by this establishment . . . . .	20040				
<b>5.</b> Rental of public rooms and areas, including conference/convention meeting rooms . . . . .	20050				
<b>6.</b> Membership dues and fees . . . . .	20060				
<b>7.</b> Meals, unpackaged snacks, sandwiches, unpackaged ice cream and yogurt, bakery items, and nonalcoholic beverages generally served for immediate consumption					
<b>a.</b> Food/nonalcoholic beverages prepared for carry-out and consumption off the premises . . . . .	20121				
<b>b.</b> Food/nonalcoholic beverages prepared for consumption on the premises . . . . .	20122				
<b>c. Sum lines 7a and 7b</b> . . . . .	20120				

CONTINUE WITH **22** ON PAGE 5

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue	Census use	2002			
		Estimates are acceptable. Report dollars OR percents.			
		\$ Mil.	Thou.	Dol.	Percent
0723	0720	0721			0722
<b>8.</b> Alcoholic drinks served at this establishment					
<b>a.</b> Distilled spirits . . . . .	20131				
<b>b.</b> Wine . . . . .	20132				
<b>c.</b> Beer and ale . . . . .	20133				
<b>d. Sum lines 8a through 8c</b> . . . . .	20130				
<b>9.</b> Packaged liquor, wine, and beer . . . . .	20140				
<b>10.</b> Groceries and other food items for human consumption off the premises, including bottled, canned, or packaged soft drinks; candy; gum; packaged snacks; etc. . . . .	20100				
<b>11.</b> Cigars, cigarettes, tobacco, and smokers' accessories, excluding sales from vending machines operated by others . . . . .	20150				
<b>12.</b> Souvenirs and novelty items . . . . .	20877				
<b>13.</b> All other merchandise <i>Specify principal lines and estimated sales below</i> . . . .	29810				
<b>a.</b> _____	29811				
<b>b.</b> _____	29812				
<b>c.</b> _____	29813				
<b>14.</b> All other nonmerchandise receipts, including receipts from storage and other services provided to customers EXCLUDING SALES AND OTHER TAXES . . . .	29980				
<b>15. TOTAL</b> (Should equal <b>4</b> if reporting in dollars.) . . . . .	29990				1 0 0

**23-25** Not Applicable.

**26** SPECIAL INQUIRIES

ROOMS

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

Number of rooms, units, or quarters, by type

- 1.** Primarily rented as residential quarters or units (occupied as one's primary residence). . 2401
- 2.** Primarily rented as transient guestrooms or units . . . . . 2402
- 3. TOTAL** (Sum lines 1 and 2) . . . . . 2400

2002	
Number as of December 31	

**27-28** Not Applicable.

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**29 OPERATIONAL STATUS**

Activity that best describes this establishment's status at the end of 2002  
(Mark "X" only ONE box.)

0011 <input type="checkbox"/> In operation	0014 <input type="checkbox"/> Ceased operation - Give date at right →	0018	Month	Day	Year
0013 <input type="checkbox"/> Temporarily or seasonally inactive	0015 <input type="checkbox"/> Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴				

0060 Name of new owner or operator		0061 Employer Identification Number			
		Enter EIN of new owner (9 digits) →		-	
0062 Mailing address (number and street, P.O. Box, etc.)					
0063 City, town, village, etc.			0064 State	0065 ZIP Code	
				-	

Remarks (Please use this space for any explanations that may be essential in understanding your reported data.)

**30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.**

Is the time period covered by this report a calendar year?

0078 <input type="checkbox"/> Yes	0079 <input type="checkbox"/> No - Enter time period covered →	FROM	Month	Year	TO	Month	Year
		0070			0071		

0072 Name of person to contact regarding this report	0073 Title

Telephone	Area code	Number	Extension	Fax	Area code	Number
0074		-		0075		-

0076 Internet e-mail address	Date completed	Month	Day	Year
	0069			

**Thank you for completing your 2002 Economic Census form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

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