



# 2002 ECONOMIC CENSUS

## FOOD SERVICES AND DRINKING PLACES

FORM  
**AF-72201**

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

**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.

AF-72201

**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**

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

Mark "X" if None		2002	
		Number of months	

**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



72201015

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

2002		
\$ Mil.	Thou.	Dol.

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

**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**

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

**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

**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

2002	
Number	

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

Mark "X" if None

2002		
\$ Mil.	Thou.	Dol.

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

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

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



72201023

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
- 722 110 00 14  Full-service restaurant, patrons order through waiter/waitress service and pay after eating
  - 722 211 00 20  Limited-service restaurant, patrons pay before eating; including delivery-only locations
  - 722 211 00 38  Fast food restaurant
  - 722 211 00 46  Food bar
  - 722 110 00 22  Pizza place, full-service
  - 722 211 00 53  Pizza place, limited-service; including delivery-only locations
  - 722 212 00 11  Cafeteria, not operating on a contract basis
  - 722 310 00 20  School, university, or other facility cafeteria, operating on a contract basis
  - 722 212 00 29  Buffet
  - 722 211 00 79  Family steakhouse
  - 722 213 70 15  Refreshment place, including pretzel shops and other specialty snack or nonalcoholic beverage shops

CONTINUE WITH **18** ON PAGE 4

**18** KIND OF BUSINESS - Continued

0700

- 722 213 40 12  Bagel shop, selling for carry-out or eat-in customers
- 722 213 50 19  Coffee shop
- 722 213 60 17  Cookie shop
- 722 213 10 18  Ice cream/soft serve shop
- 722 213 20 16  Frozen yogurt shop
- 722 213 30 14  Donut shop, selling for carry-out or eat-in customers
- 722 213 70 23  Bakery cafe, primarily selling baked goods for eat-in customers
- 311 811 00 18  Bakery, primarily selling goods baked on premises for carry-out customers
- 445 291 00 13  Bakery, primarily selling goods not baked on premises for carry-out customers
- 722 410 00 11  Bar, tavern, pub, or other drinking place, selling alcoholic beverages for consumption on premises
- 722 211 00 87  Delicatessen, primarily preparing sandwiches and meals for immediate consumption
- 445 110 00 20  Delicatessen, primarily selling meats and a range of grocery items
- 445 210 00 11  Delicatessen, primarily selling fresh and prepared meats
- 722 320 00 10  Social caterer for banquets, weddings, etc.
- 722 310 00 38  Industrial/institutional/in-plant feeding
- 722 310 00 46  Airline (in-flight) catering
- 445 120 00 10  Convenience food store
- 722 330 00 18  Mobile food service, including ice cream, snacks, sandwiches, and meals distributed from trucks, carts, or other vehicles
- 454 210 00 13  Merchandise vending machine operator
- 445 310 00 10  Liquor store
- 813 410 40 44  Bar or restaurant operated by social or fraternal organization for members
- 711 110 30 29  Dinner theater, producing shows and operating food service
- 722 110 00 30  Dinner theater, operating food service but **not** producing shows
- 721 191 00 18  Bed and breakfast inn
- 721 110 00 16  Hotel, motel, or motor hotel
- 772 000 00 12  Other kind of business - *Specify* ↴

0701

72201049

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

**19** CLASS OF CUSTOMER  
 Estimate the percentage of this establishment's total sales (reported in **4**) by class of customer.

2002	
Whole percent of sales and receipts	
	%
	%
1 0 0	%

- 1. Household consumers and individuals . . . . . 0261
- 2. Businesses and government (billed to expense accounts) . . . . . 0273
- 3. **TOTAL** (Sum lines 1 and 2) . . . . .

**20-21** Not Applicable.

**HOW TO REPORT PERCENTS**

If figure is **38.76%** of total sales:

**Report whole percents**

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

CONTINUE WITH **22** ON PAGE 6

72201056

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

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>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> 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>13.</b> All other nonmerchandise receipts, including receipts from storage and other services provided to customers EXCLUDING SALES AND OTHER TAXES . . . .	29980				
<b>14. TOTAL</b> (Should equal 4 if reporting in dollars.) . . . . .	29990				1 0 0

**23-25** Not Applicable.

**26** SPECIAL INQUIRIES

**A. FOOD SERVICE**

**1.** Type of food service

(Mark "X" only ONE box that represents the primary type of service from which this establishment derived the largest share of its sales (reported in 4) in 2002.)

- 2251  Table, booth, and/or counter seats with waiter or waitress service
- 2252  Order and pay at counter with SEPARATE inside seating provided
- 2253  Take out/drive through
- 2254  Delivery
- 2255  Cafeteria line with SEPARATE inside seating provided
- 2256  Other - *Specify* ↴

0820

CONTINUE WITH 26 ON PAGE 7

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

**26** SPECIAL INQUIRIES - Continued

**2.** Estimated average price per meal  
(Mark "X" only ONE box.)

- 2261  Under \$2.00                      2265  \$10.00 - \$14.99
- 2262  \$2.00 - \$4.99                      2266  \$15.00 - \$19.99
- 2263  \$5.00 - \$6.99                      2267  \$20.00 - \$29.99
- 2264  \$7.00 - \$9.99                      2268  \$30.00 or more

Mark "X" if None

2002										
Number as of December 31										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										

**3.** Number of seats in this establishment as of December 31 . . . . . 2270

**4.** Did a waiter or waitress take most orders while the patron was seated?

- 2281  Yes                                      2282  No

**5.** Principal menu type  
(Mark "X" only ONE box which best describes the principal menu type (specialty) of this establishment.)

- 2301  Italian (If primarily pizza, mark "X" only 'Pizza'.)
- 2302  Mexican
- 2303  Chinese
- 2304  Other ethnic specialty
- 2305  Seafood
- 2306  Steak
- 2307  Pizza
- 2308  Chicken
- 2309  Hamburger
- 2310  Sandwich/sub shop
- 2311  Other food specialty (barbeque, vegetarian, ice cream/yogurt shop, etc.)
- 2312  American (none of the above food types should account for more than 50 percent of the menu)

**6.** Percentage of this establishment's food and beverage sales by day-part  
(Report in whole percents; estimates are acceptable.)

- a. 6:00 a.m. - 11:00 a.m. . . . . 2320
- b. 11:00 a.m. - 5:00 p.m. . . . . 2321
- c. 5:00 p.m. - 11:00 p.m. . . . . 2322
- d. 11:00 p.m. - 6:00 a.m. . . . . 2323
- e. **TOTAL** . . . . .

2002	
Percent	
	%
	%
	%
	%
1 0 0	%

CONTINUE WITH 26 ON PAGE 8

72201072

**26** SPECIAL INQUIRIES - Continued

**B. FRANCHISE**

1. Did this establishment use a trade name authorized by a franchisor in 2002?

2331  Yes                      2332  No - Go to line C

2. Was this establishment OWNED OR OPERATED by the franchisor in 2002?

2341  Yes                      2342  No

**C. CONCESSION**

Was this establishment operated as a concession in a stadium, arena, or other recreation or amusement place at which food was made available to the general public in 2002?

2231  Yes                      2232  No

**27-28** Not Applicable.

**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  Yes                      0079  No - Enter time period covered →

FROM 0070	Month	Year	TO 0071	Month	Year

0072 Name of person to contact regarding this report	0073 Title

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

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

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

72201080