



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM

CB-5802

# 1992 CENSUS OF RETAIL TRADE CONTRACT FEEDING, VENDING

OMB No. 0607-0719: Approval Expires 06/30/94

**DUE DATE: FEBRUARY 15, 1993**

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

CB-5802

*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 (EI) Number shown in the label the same as the one used for this establishment on its latest 1992 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ Yes 2 ☐ No - Report current EI No. below

(9 digits)

## 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

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 is this establishment physically located?

## Item 3. OPERATIONAL STATUS

Number of months  
002

a. How many months during 1992 was this establishment actively operated?

b. Which of the following best describes this establishment's status at the end of 1992? 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

## HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 • Preferred report Acceptable

Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
1	125	629

## Item 4. DOLLAR VOLUME OF BUSINESS

Sales of merchandise and other operating receipts for 1992 (Exclude sales or other taxes collected)

Mil.	Thou.	Dol.
010		

## Item 5. PAYROLL

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

Mil.	Thou.	Dol.
030		

b. First quarter (January-March)

Mil.	Thou.	Dol.
031		

## Item 6. EMPLOYMENT

Number

Number of paid employees for pay period including March 12, 1992 (Include both full- and part-time employees)

032		
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## Item 7. KIND OF BUSINESS

What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.

- 070
- Industrial/institutional/in-plant feeding . . . . . ☐ 581251
- Merchandise vending machine operator . . . . . ☐ 596201
- Restaurant (full menu provided with waiter/waitress service and patrons seated) . . . ☐ 581211
- Refreshment place or other quick service eating place providing a limited menu of food items (hamburgers, chicken, etc.) . . . . . ☐ 581241
- Social caterer (banquets, weddings, etc.) . . . . . ☐ 581221
- Mobile caterer . . . . . ☐ 596321
- Cafeteria (sales primarily to general public) . . . ☐ 581231
- Pizza shop (including delivery-only locations) . . ☐ 581244
- Drinking place (tavern, bar, nightclub, etc.) . . . ☐ 581301
- Coin-operated amusement device operator (video/pinball games, juke boxes, etc.) . . . . . ☐ 799300
- Other kind of business - Describe . . . . . ☐ 777777

**Item 8. METHOD OF SELLING**

What was this establishment's **PRINCIPAL** method of selling in 1992? Mark (X) only ONE box.

- Selling at this establishment . . . . . 235 1 ☐
- Mail order (include catalog selling and home shopping via television or computer) . . . . . 2 ☐
- Telemarketing . . . . . 3 ☐
- Direct selling (include selling from house-to-house and nonfixed or temporary locations) . . . . . 4 ☐
- Operating merchandise vending machines . . . . . 5 ☐

**Item 9. Not applicable to this report****Item 10. MERCHANDISE LINES**

Report sales for each merchandise 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)

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales: • Report whole percents Not acceptable	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
					39
					38.76
Merchandise lines	Cen-sus use	Mil.	Thou.	Dol.	Per-cent
1. Meals, snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption	230	231			232
a. Food/nonalcoholic beverages prepared for carryout and consumption off the premises	121				
b. Food/nonalcoholic beverages prepared for consumption on the premises	122				
c. Sum of lines 1a and 1b	120				
2. Groceries and other food items for human consumption off the premises (include bottled, canned, or packaged soft drinks; candy; gum; etc.)	100				
3. Alcoholic drinks (served at this establishment)	130				
4. Cigars, cigarettes, tobacco, and smokers' accessories (exclude sales from vending machines operated by others)	150				
5. Packaged liquor, wine, and beer	140				
6. Drugs, health aids, beauty aids	160				
7. All other merchandise (Report receipts for services on line 8)	890				
Specify principal lines and estimated sales below					
a.	891				
b.	892				
c.	893				

**Item 10. MERCHANDISE LINES - Continued**

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
8. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Receipts from coin-operated amusement machines (exclude receipts from coin-operated machines operated by others)	913				
b. All other nonmerchandise receipts	967				
c. Sum of lines 8a and 8b	900				
9. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

**Item 11. SPECIAL INQUIRIES**

a. Did this location provide food service UNDER CONTRACT to another company; hospital; or governmental, penal, or educational institution to feed its employees, patients, inmates, passengers, students, etc. in 1992? 343

1 ☐ Yes  
2 ☐ No

If "Yes," complete b and c  
If "No," skip to d

b. Enter the percent of total sales and receipts (item 4) derived from MANUAL FEEDING in the following facilities in 1992. (Report all government hospitals, nursing homes, schools, etc. on line (7).)

	Report in whole percents
(1) Hospitals	344 %
(2) Nursing homes	345 %
(3) Commercial and office buildings	346 %
(4) Manufacturing and other industrial plants	347 %
(5) Colleges or universities	348 %
(6) Primary and secondary schools	349 %
(7) Governmental organizations (Federal, State, local)	350 %
(8) In-transit feeding (airlines, ships, railroads, buslines, etc.)	351 %
(9) Recreation and amusement (stadiums, clubs, etc.)	352 %
(10) Other - Specify	353 %
(11) TOTAL (Sum of lines (1) through (10))	354 %

c. On average, what was the number of meals served per day in 1992? 355

d. Did this establishment service one or more MERCHANDISE VENDING MACHINE routes in 1992? 356

1 ☐ Yes  
2 ☐ No

If "Yes," complete e  
If "No," skip to item 13

e. Enter the percent of total sales and receipts (item 4) derived from the sale of the following items through MERCHANDISE VENDING MACHINES in 1992.

	Report in whole percents
(1) Tobacco	357 %
(2) Meals and snacks	358 %
(3) Beverages (soft drinks, milk, coffee, tea, etc.)	359 %
(4) Other merchandise (nonedible)	360 %
(5) TOTAL (Sum of lines (1) through (4))	361 %

**Item 12. Not applicable to this report**

FORM **CB-5802**U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS**1992 CENSUS OF RETAIL TRADE  
CONTRACT FEEDING, VENDING****Enter the 11-digit  
CENSUS FILE NUMBER  
as shown on this report  
(See label on page 1)****Item 13. LEGAL FORM OF ORGANIZATION****Which of the following best describes this establishment's legal form of organization during 1992? 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 \_\_\_\_\_  
 6 ☐ Corporation (Do not mark if any form of cooperative association)  
 9 ☐ 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 ☐ 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 EI Number of the owning or controlling company

EI No. (9 digits)

**c. Does this company own or control any other company or companies?**

- 098 1 ☐ Yes →  
 2 ☐ No

Enter name, address, and EI Number of the owned or controlled company

EI No. (9 digits)

**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 1992?**

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	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City	Annual payroll	082		
State	Paid employees for pay period including March 12			
ZIP Code	083			
Kind-of-business description	Census use 088			
Name	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City	Annual payroll	082		
State	Paid employees for pay period including March 12			
ZIP Code	083			
Kind-of-business description	Census use 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 - Print or type	
Telephone	Area code	Number	Extension	Title
Signature of authorized person				Date

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS**