



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM  
**CB-5499**

# 1992 CENSUS OF RETAIL TRADE SHORT FORM

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

**DUE DATE: FEBRUARY 15, 1993**

This form is being sent in lieu of the regular economic census form in order to minimize reporting burden.

Please answer the questions on this form and return it in the enclosed envelope to:

BUREAU OF THE CENSUS  
1201 East 10th Street  
Jeffersonville, IN 47134-0001

**CB-5499**

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. 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 2. METHOD OF SELLING

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

Selling at this establishment ..... 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 3. KIND OF BUSINESS

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

070  
Grocery store ..... ☐ 541110 3  
Food supermarket ..... ☐ 541110 3  
Convenience food store ..... ☐ 541120 2  
Convenience food/gasoline store ..... ☐ 541130 1  
Food warehouse store ..... ☐ 541110 3  
Delicatessen ..... ☐ 541140 0  
Meat market ..... ☐ 542100 3  
Fish (seafood) market ..... ☐ 542100 3  
Freezer and locker meat provisioner ..... ☐ 542100 3  
Fruit stand, vegetable market ..... ☐ 543100 2  
Dairy products store ..... ☐ 545100 0  
Egg, poultry dealer ..... ☐ 549900 9  
Bakery goods store (no baking on premises) ..... ☐ 546120 7  
Bakery (baking on premises) ..... ☐ 546110 8

ITEM 3 CONTINUED ON PAGE 2

**PENALTY FOR FAILURE TO REPORT**

**CONTINUE ON PAGE 2**

**Item 3. KIND OF BUSINESS – Continued**

070		070	
Doughnut shop . . . . .	<input type="checkbox"/> 546110 8	Dairy plant (pasteurizing or bottling fluid milk on premises) . . . . .	<input type="checkbox"/> 202600 3
Coffee, tea, spice store . . . . .	<input type="checkbox"/> 549900 9	Dairy route (no pasteurizing or bottling on premises) . . . . .	<input type="checkbox"/> 596340 0
Health food and vitamin store . . . . .	<input type="checkbox"/> 549900 9	Soft drink distributor (route delivery/no bottling) . . . . .	<input type="checkbox"/> 596340 0
Candy, nut, confectionery store . . . . .	<input type="checkbox"/> 544100 1	Frozen food plan (door-to-door delivery) . . . . .	<input type="checkbox"/> 596340 0
Candy, popcorn stand (in theaters) . . . . .	<input type="checkbox"/> 544100 1	Mail order food . . . . .	<input type="checkbox"/> 596130 5
Fast food . . . . .	<input type="checkbox"/> 581240 9	Mobile food service (ice cream, sandwiches, snacks, and meals distributed from trucks, carts, or other vehicles) . . . . .	<input type="checkbox"/> 596320 2
Restaurant, lunchroom, diner . . . . .	<input type="checkbox"/> 581210 2	Other kind of business – Describe . . . . .	<input type="checkbox"/>
Cafeteria (sales primarily to general public) . . . . .	<input type="checkbox"/> 581230 0		
Ice cream/soft serve shop . . . . .	<input type="checkbox"/> 581260 7		
Frozen yogurt shop . . . . .	<input type="checkbox"/> 581270 6		

**Item 4. SPECIAL INQUIRIES**

a. Did sales of any one of the eight items listed immediately below account for more than half of the total sales and receipts of this establishment in 1992?

1 ☐ Yes – If "Yes", mark (X) the one box which accounted for more than half of the total sales and receipts.

- ☐ Bread, cakes, cookies, other bakery goods  
☐ Candy, nuts, confections  
☐ Eggs, poultry  
☐ Fish and other seafood, fresh or frozen meat (except poultry)  
☐ Ice cream/frozen custard

- ☐ Fruits, vegetables  
☐ Milk, other dairy products – for consumption off the premises  
☐ Vitamins, minerals, health foods, and other dietary supplements

2 ☐ No

b. Were more than half of the total sales and receipts of this establishment in 1992 derived from the sale of prepared food (including refreshments) for immediate consumption on the premises or for carryout?

1 ☐ Yes

2 ☐ No

**REMARKS** – Please use this space for any explanations that may be essential in understanding your reported data.

**Item 5. CERTIFICATION** – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report – *Print or type*

Title

Telephone

Area code

Number

Extension

Signature of authorized person

Date