

1992 CENSUS OF RETAIL TRADE  
DRUG

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-5901

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	126	

1	125	629
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**Item 4. DOLLAR VOLUME OF BUSINESS**

Mil.	Thou.	Dol.
010		

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

**Item 5. PAYROLL**

Mil.	Thou.	Dol.
030		

**Payroll in 1992, BEFORE DEDUCTIONS****a. Annual**

031		
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**b. First quarter (January-March)****Item 6. EMPLOYMENT**

Number

032

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

**Item 7. KIND OF BUSINESS**

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

070

Drug store . . . . . ☐ 591211Pharmacy . . . . . ☐ 591212Proprietary, drug sundry store (without pharmacy) . . . . . ☐ 591221Health and beauty aids store (without pharmacy) . . . . . ☐ 591222Cosmetics, beauty aids store (only) . . . . . ☐ 599981Health food and vitamin store . . . . . ☐ 549901Convalescent aids store . . . . . ☐ 599997Other 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.

235

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 ☐

<b>Item 9. CLASS OF CUSTOMER</b> <b>Report the percentage of this establishment's total sales in 1992 (Item 4) to each class of customer.</b>	Whole percent of sales
a. General public (household consumers and individuals)	237
b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government	239

<b>Item 10. MERCHANDISE LINES</b> <b>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)</b>
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<b>HOW TO REPORT PERCENTS</b>	If figure is <b>38.76%</b> of total sales:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents				<b>39</b>
	Not acceptable				38.76

Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
<b>1. Drugs, health aids, beauty aids</b>	230	231			232
a. Prescriptions (Report here only if pharmacist engaged)	161				
b. Nonprescription medicines	162				
c. Vitamins, minerals, and other dietary supplements	163				
d. Health aids (Include first aid products, foot products, prescription accessories, and convalescent aids. Report first aid and footcare nonprescription medicines on line 1b.)	164				
e. Cosmetics (include face cream, make-up, perfumes and colognes, etc.)	165				
f. Other hygiene needs (include deodorants; hair and shaving products; oral, feminine, and baby hygiene needs; hand products; etc.)	166				
g. Sum of lines 1a through 1f	160				
<b>2. Cigars, cigarettes, tobacco, and smokers' accessories (exclude sales from vending machines operated by others)</b>	150				
<b>3. Groceries and other food items for human consumption off the premises (Include candy, gum, etc. Report vitamins on line 1c and pet food on line 40.)</b>					
a. Bottled, canned, or packaged soft drinks	108				
b. All other foods (dry groceries, canned and bottled foods, candy, bakery products, etc.)	113				
c. Sum of lines 3a and 3b	100				
<b>4. Meals, snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption</b>	120				
<b>5. Packaged liquor, wine, and beer</b>	140				
<b>6. Photographic equipment and supplies (Report photofinishing on line 43b or 43c)</b>	440				
<b>7. Books (Report audio tape books on line 17)</b>	420				
<b>8. Magazines and newspapers</b>	856				

<b>Item 10. MERCHANDISE LINES – Continued</b>					
Merchandise lines	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
<b>9. Stationery</b>	851				
<b>10. School supplies</b>	852				
<b>11. Office supplies</b>	853				
<b>12. Greeting cards</b>	855				
<b>13. Toys, hobby goods, and games (Include video and electronic games, and wheel goods, except bicycles. Report bicycles on line 27.)</b>					
a. Toys (include wheel goods)	461				
b. Games (include video and electronic games)	462				
c. Hobby goods and craft kits	463				
d. Sum of lines 13a through 13c	460				
<b>14. Kitchenware and home furnishings (include cookware, cooking accessories, dinnerware, glassware, giftware, decorative accessories, clocks, mirrors, closet and bathroom accessories, etc.)</b>	380				
<b>15. Small electric appliances (include shavers; mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, etc.)</b>	310				
<b>16. Major household appliances (include refrigerators, ranges, microwave ovens, room air-conditioners, etc.)</b>	300				
<b>17. Audio equipment, musical instruments, radios, stereos, compact discs, records, tapes, sheet music, accessories (include audio tape books)</b>	330				
<b>18. TV's, video recorders, video cameras, video tapes, etc. (include parts and accessories)</b>	320				
<b>19. Furniture, sleep equipment</b>	340				
<b>20. Floor coverings</b>	360				
<b>21. Computer hardware, software, and supplies (Report computer-related furniture on line 19. Report calculators and office equipment, such as adding machines, copiers, fax machines, etc., on line 22. Report office supplies on line 11.)</b>	370				
<b>22. Office equipment (Include fax machines, dictaphones, copying machines, calculating machines, etc. Report office supplies on line 11.)</b>	854				
<b>23. Jewelry (Include watches, watch attachments, novelty jewelry, etc. Report flatware and holloware on line 14 and receipts from watch, clock, and jewelry repair and engraving on line 43e.)</b>	400				

ITEM 10 CONTINUED ON PAGE 3

CONTINUE ON PAGE 3

FORM **CB-5901**U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS**1992 CENSUS OF RETAIL TRADE  
DRUG****Enter the 11-digit  
CENSUS FILE NUMBER  
as shown on this report  
(See label on page 1)****Item 10. MERCHANDISE LINES - Continued**

Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
<b>24.</b> Optical goods (include eyeglasses, contact lenses, sunglasses, telescopes, microscopes, etc.)	<b>490</b>				
<b>25.</b> Paper and related products (include paper towels, toilet tissue, wraps, bags, foils, etc.)	<b>180</b>				
<b>26.</b> Soaps, detergents, and household cleaners	<b>180</b>				
<b>27.</b> Sporting goods	<b>500</b>				
<b>28.</b> Hardware, tools, and plumbing and electrical supplies	<b>600</b>				
<b>29.</b> Lawn and garden equipment and supplies, cut flowers, plants, shrubs, fertilizers, etc.	<b>620</b>				
<b>30.</b> Lumber, building materials, and home improvement equipment and supplies (Report paint and related preservatives on line 41)	<b>640</b>				
<b>31.</b> Men's wear (Report boys' wear on line 33 and footwear on line 34)	<b>200</b>				
<b>32.</b> Women's, juniors', and misses' wear (Report girls' and infants' and toddlers' wear on line 33 and footwear on line 34)	<b>220</b>				
<b>33.</b> Children's wear (Include boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories. Report footwear on line 34.)	<b>240</b>				
<b>34.</b> Footwear (include accessories)	<b>260</b>				
<b>35.</b> Sewing and knitting materials and supplies	<b>270</b>				
<b>36.</b> Curtains, draperies, blinds, slipcovers, bed and table coverings	<b>280</b>				
<b>37.</b> Automotive fuels	<b>720</b>				
<b>38.</b> Automotive lubricants (oil, greases, etc.)	<b>730</b>				
<b>39.</b> Automotive tires, batteries, parts, accessories	<b>740</b>				
<b>40.</b> Pet foods and supplies	<b>800</b>				
<b>41.</b> Paint and related preservatives and supplies	<b>670</b>				
<b>42.</b> All other merchandise (Report receipts for services on line 43)	<b>890</b>				
Specify principal lines and estimated sales below					
<b>a.</b>	<b>891</b>				
<b>b.</b>	<b>892</b>				
<b>c.</b>	<b>893</b>				

**Item 10. MERCHANDISE LINES - Continued**

Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
<b>43.</b> All nonmerchandise receipts EXCLUDING SALES AND OTHER TAXES (Include rentals, storage, and other services provided to customers. Exclude all receipts and commissions received from lottery ticket sales.)					
<b>a.</b> Receipts from video tape and player/recorder rental	<b>912</b>				
<b>b.</b> Receipts from photofinishing performed by this establishment	<b>917</b>				
<b>c.</b> Receipts from photofinishing contracted out to other establishments	<b>918</b>				
<b>d.</b> Rental of medical/convalescent equipment	<b>926</b>				
<b>e.</b> All other nonmerchandise receipts (include charges for delivery, repair, etc.)	<b>959</b>				
<b>f.</b> Sum of lines 43a through 43e	<b>900</b>				
<b>44. TOTAL</b> (Should equal item 4 if reporting in dollars)	<b>990</b>				<b>100%</b>

**Item 11. SPECIAL INQUIRIES**

**a. Were prescriptions filled in this establishment in 1992?** 1 ☐ Yes  
2 ☐ No

If "Yes," answer b, c, and d  
If "No," skip to item 13

**b. Enter total number of prescriptions filled in this establishment in 1992.** (Include new and refilled prescriptions)

Number  
365

**c. How many prescriptions reported in b above were refills only in 1992?**

Number  
367

**d. Did this establishment receive any DIRECT payments from "third parties" (government agencies, insurance companies, others) for prescriptions it filled in 1992?** 1 ☐ Yes  
2 ☐ No

If "Yes," complete e and f  
If "No," skip to f

**e. What percent of all prescriptions filled in this establishment in 1992 were paid for in part or in full by "third parties" in 1992?**

Report in whole percent  
369

**f. Enter the number of pharmacists (full- and part-time) working in this establishment during the pay period including March 12, 1992.** (Include any working proprietors or family members who are registered pharmacists)

Number  
370

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

Enter name, address, and EI Number of the owning or controlling company

- 067 1 ☐ Yes →  
 2 ☐ No

EI Number (9 digits)

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

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

- 098 1 ☐ Yes →  
 2 ☐ No

EI Number (9 digits)

**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.	Name		1992	Mil.	Thou.	Dol.
Number and street		Sales	081			Number and street		Sales	081		
City		Annual payroll	082			City		Annual payroll	082		
State	ZIP Code	Paid employees for pay period including March 12				State		Paid employees for pay period including March 12			
Kind-of-business description		083				Kind-of-business description		083			
		Census use 088						Census use 088			
Name		1992	Mil.	Thou.	Dol.	Name		1992	Mil.	Thou.	Dol.
Number and street		Sales	081			Number and street		Sales	081		
City		Annual payroll	082			City		Annual payroll	082		
State	ZIP Code	Paid employees for pay period including March 12				State		Paid employees for pay period including March 12			
Kind-of-business description		083				Kind-of-business description		083			
		Census use 088						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