



FORM

CB-5400

1992 CENSUS OF RETAIL TRADE
FOOD

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-5400

*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

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

002

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

Item 4. DOLLAR VOLUME OF BUSINESS

Mil. Thou. Dol.

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

010		
-----	--	--

Item 5. PAYROLL

Mil. Thou. Dol.

Payroll in 1992, BEFORE DEDUCTIONS

a. Annual

030

b. First quarter (January-March)

031

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

- Grocery store ☐ 541111
Food supermarket ☐ 541112
Convenience food store. ☐ 541121
Convenience food/gasoline store. ☐ 541131
Food warehouse store ☐ 541113
Delicatessen. ☐ 541141
Bakery (baking on premises). ☐ 546111
Bakery goods store (no baking on premises). ☐ 546121
Doughnut shop. ☐ 546112
Meat market. ☐ 542101
Fish (seafood) market. ☐ 542102
Freezer and locker meat provisioner. ☐ 542103
Dairy products store (no pasteurizing or bottling on the premises). ☐ 545102
Ice cream/soft serve shop ☐ 581261
Candy, nut, confectionery store. ☐ 544101
Fruit stand, vegetable market ☐ 543101
Health food and vitamin store. ☐ 549901
Coffee, tea, spice store ☐ 549902
Egg, poultry dealer ☐ 549903
Dairy plant (pasteurizing or bottling on the premises) ☐ 9202000

ITEM 7 CONTINUED ON PAGE 2

Item 7. KIND OF BUSINESS – Continued

Dairy route (no pasteurizing or bottling on the premises) 070 ☐ 596342
 Mail order food ☐ 596132
 Frozen food plan (door-to-door delivery) ☐ 596344
 Soft drink distributor (route delivery/no bottling) ☐ 596343
 Bottled water distributor ☐ 596345

Other kind of business – *Describe*
 (If manufacturing, name products manufactured) ☐ 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. CLASS OF CUSTOMER

Report the percentage of this establishment's total sales in 1992 (Item 4) to each class of customer.

a. General public (household consumers and individuals) 239

b. Other, including retailers; wholesalers; institutional, industrial, commercial, professional, and farm users (for use in farm production); and government

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 → **39**
 Not acceptable → 38.76

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Groceries and other food items for human consumption off the premises (Include candy, gum, etc. Report vitamins on line 6c and pet food on line 10.) NOTE: Please do NOT combine nonfood items with food items 1a through 1j below. Report nonfood items (e.g., soaps, detergents, and household cleaners; paper and related products; etc.) on the appropriate lines 4 to 30 below. Estimates are acceptable.	230	231			232
a. Meat, fish, and poultry (Include canned meats requiring refrigeration on this line. Report meats sold in a frozen state on line 1c.)	101				
b. Produce (fresh fruits and vegetables) (Report floral items on line 20 and soup and salad bar sales on line 2a)	102				
c. Frozen foods (Include packaged foods sold in a frozen state such as vegetables, fruits, juices, prepared foods, etc. Report frozen dairy products such as ice cream on line 1d.)	103				
d. Dairy products and related foods (Include milk, cheese, butter, yogurt, ice cream, eggs, etc. Report hand-dipped ice cream and yogurt on line 2b.)	104				
e. Bakery products baked on premises	105				

Item 10. MERCHANDISE LINES – Continued

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
1. Groceries and other foods – Continued					
f. Bakery products not baked on the premises, except frozen	106				
g. Delicatessen items (Include service delicatessen items only. Report prepared sandwiches on line 2b.)	107				
h. Bottled, canned, or packaged soft drinks	108				
i. Candy	109				
j. All other foods (include dry groceries, canned and bottled foods, and other food items not covered by lines 1a through 1i)	111				
k. Sum of lines 1a through 1j	100				
2. Meals, snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption (include sales from soup and salad bars, party platters, and hand-dipped ice cream)					
a. Soup and salad bars	123				
b. All other meals and snacks	124				
c. Sum of lines 2a and 2b	120				
3. Packaged liquor, wine, and beer					
a. Distilled spirits (include liquor, brandy, and liqueurs)	141				
b. Wine	142				
c. Beer and ale	143				
d. Sum of lines 3a through 3c	140				
4. Soaps, detergents, and household cleaners	180				
5. Paper and related products (include paper towels, toilet tissue, wraps, bags, foils, etc.)	190				
6. Drugs, health aids, beauty aids					
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 6b.)	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 6a through 6f	160				

ITEM 10 CONTINUED ON PAGE 3

CONTINUE ON PAGE 3

FORM **CB-5400**U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS**1992 CENSUS OF RETAIL TRADE
FOOD****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
7. Cigars, cigarettes, tobacco, and smokers' accessories (exclude sales from vending machines operated by others)	150				
8. Automotive fuels	720				
9. Automotive lubricants (oil, greases, etc.)	730				
10. Pet foods and supplies	600				
11. Books	420				
12. Magazines and newspapers	856				
13. Kitchenware and homefurnishings (include cookware, dinnerware, clocks, pictures, frames, mirrors, bathroom accessories, etc.)	380				
14. Men's wear (Report boys' wear on line 16 and footwear on line 17)	200				
15. Women's, juniors', and misses' wear (Report girls' and infants' and toddlers' wear on line 16 and footwear on line 17)	220				
16. 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 17.)	240				
17. Footwear (include accessories)	260				
18. Small electric appliances (include mixers, toasters, coffee makers, personal care appliances, etc.)	310				
19. Hardware, tools, and plumbing and electrical supplies	600				
20. Cut flowers, plants, shrubs, lawn and garden equipment and supplies, fertilizers, etc.	620				
21. Curtains, draperies, blinds, slipcovers, bed and table coverings	280				
22. Sewing and knitting materials and supplies	270				
23. Jewelry (include watches, watch attachments, novelty jewelry, etc.)	400				

Item 10. MERCHANDISE LINES - Continued

Merchandise lines	Cen- sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per- cent
24. Photographic equipment and supplies (Report photofinishing on line 30c or 30d)	440				
25. Toys, hobby goods, and games	460				
26. Stationery	851				
27. School supplies	852				
28. Greeting cards	855				
29. All other merchandise (Report receipts for services on line 30) <i>Specify principal lines and estimated sales below</i>	890				
a.	891				
b.	892				
c.	893				
30. 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.)					
a. Receipts from video tape and player/recorder rental	912				
b. Receipts from coin-operated amusement machines (exclude receipts from coin-operated machines operated by others)	913				
c. Receipts from photo-finishing performed by this establishment	917				
d. Receipts from photo-finishing contracted out to other establishments	918				
e. All other nonmerchandise receipts (include receipts from customers for delivery, rental or lease of equipment, etc.)	969				
f. Sum of lines 30a through 30e	900				
31. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

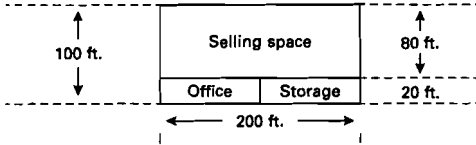
Item 11. SPECIAL INQUIRIES**a. Floor space as of December 31, 1992****INCLUDE:**

- Only the floor space used/controlled by this establishment.
- All space occupied by this establishment on every floor of multi-story buildings.

EXAMPLE: How to compute floor space in square feet

(1) Under-roof selling space is:
200 ft. x 80 ft. = 16,000 sq. ft.

(2) Total under-roof floor space is:
200 ft. x 100 ft. = 20,000 sq. ft.



(1) Under-roof selling space - Enter the square feet of in-store selling space at the end of 1992. Include all store areas open to customers, including aisles, elevators, etc. Do not include display windows fronting onto streets or walks, outdoor entrance ways, or other outdoor space.

Square feet
251

(2) Total under-roof floor space - Enter the total square footage of all under-roof selling space plus all other space available at the end of 1992. Include dry storage, refrigerated space, offices, workrooms, display windows, and enclosed entrance ways. Do not include outdoor space, even if covered.

252

b. Did sales of any ONE of the eight groups listed immediately below account for more than half of the total receipts (Item 4) of this establishment in 1992?

1 ☐ Yes
2 ☐ No

If "Yes," mark (X) the ONE box which accounted for more than half of the total receipts

If "No," skip to item 13

- 287
- Bread, cakes, cookies, other bakery goods 1 ☐
- Candy, nuts, confectionery 2 ☐
- Eggs, poultry 3 ☐
- Fish and other seafood, fresh or frozen meat 4 ☐
- Ice cream, frozen custard 5 ☐
- Fruits, vegetables 6 ☐
- Milk, other dairy products - for consumption off the premises 7 ☐
- Vitamins, minerals, health foods, and other dietary supplements 8 ☐

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 _____
- 0 ☐ 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

- 097 1 ☐ Yes →
- 2 ☐ No

EI No. (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 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	State	ZIP Code	Annual payroll	082
Kind-of-business description	Paid employees for pay period including March 12			
	083			
	Census use 088			
Name	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City	State	ZIP Code	Annual payroll	082
Kind-of-business description	Paid employees for pay period including March 12			
	083			
	Census use 088			
Name	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City	State	ZIP Code	Annual payroll	082
Kind-of-business description	Paid employees for pay period including March 12			
	083			
	Census use 088			
Name	1992	Mil.	Thou.	Dol.
Number and street	Sales	081		
City	State	ZIP Code	Annual payroll	082
Kind-of-business description	Paid employees for pay period including March 12			
	083			
	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.

Period covered by this report FROM: Mo. Year TO: Mo. Year

Name of person to contact regarding this report - Print or type

Title

Telephone Area code Number Extension

Signature of authorized person Date