



U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM
CB-5917

1992 CENSUS OF RETAIL TRADE FLORISTS

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

*Please read the accompanying
instructions before answering
the questions.*

Census use

CB-5917

(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
2 ☐ No
3 ☐ No legal boundaries
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

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

031

b. First quarter (January-March)

Item 6. EMPLOYMENT

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

Number

032

PENALTY FOR FAILURE TO REPORT

CONTINUE ON PAGE 2

Item 7. KIND OF BUSINESS**What was this establishment's PRINCIPAL kind of business in 1992? Mark (X) only ONE box.**

Florist	<input type="checkbox"/> 599201	Landscaping service	<input type="checkbox"/> 9078100
Retail nursery	<input type="checkbox"/> 526101	Other kind of business - Describe	<input type="checkbox"/> 777777
Garden supply store	<input type="checkbox"/> 526103		
Indoor plant store	<input type="checkbox"/> 599202		

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	1 <input type="checkbox"/>	Direct selling (include selling from house-to-house and nonfixed or temporary locations)	4 <input type="checkbox"/>
Mail order (include catalog selling and home shopping via television or computer)	2 <input type="checkbox"/>	Operating merchandise vending machines	5 <input type="checkbox"/>
Telemarketing	3 <input type="checkbox"/>		

Item 9. CLASS OF CUSTOMER

Whole percent of sales

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)**

237

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

239

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	Mil.	Thou.	Dol.	Percent
					39
					38.76

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Percent
1. Lawn and garden equipment and supplies, cut flowers, plants, shrubs, fertilizers, etc. (Report nonfloral giftware on line 2a and report materials used in landscaping or lawn service on line 14b)	230	231			232
a. Cut flowers - unarranged	622				
b. Cut flowers - arranged	623				
c. Indoor potted plants - blooming	624				
d. Indoor potted plants - nonblooming	625				
e. Outdoor nursery stock (trees, shrubs, bedding plants, bulbs, sod, seeds, etc.)	627				
f. All other lawn and garden equipment and supplies (include lawn and garden tools and equipment, fertilizers, lime, mulch, and chemicals, etc.)	633				
g. Sum of lines 1a through 1f	620				

Item 10. MERCHANDISE LINES - Continued

Merchandise lines	Census use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Percent
2. Kitchenware and home furnishings (include cookware, dinnerware, clocks, pictures, frames, mirrors, bathroom accessories, etc.)					
a. Giftware and glassware (Include vases. Report candy and confections on line 11a.)	386				
b. All other kitchenware and home furnishings (include cookware and cooking accessories, dinnerware, decorative accessories, etc.)	387				
c. Sum of lines 2a and 2b	380				
3. Souvenirs and novelty items (include fruit and gourmet food baskets and pre-filled balloons)	877				
4. Seasonal decorations (Report cut live and balled live Christmas trees on line 1e)	878				
5. Artificial flowers, plants, and trees	879				
6. Greeting cards	855				
7. Furniture (include outdoor/patio furniture)	340				
8. Jewelry (include watches, watch attachments, novelty jewelry, etc.)	400				

ITEM 10 CONTINUED ON PAGE 3

CONTINUE ON PAGE 3

FORM **CB-5917**U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS**1992 CENSUS OF RETAIL TRADE
FLORISTS****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
9. Toys, hobby goods, and games (Include stuffed animals. Report pre-filled balloons on line 3.)	460				
10. Craft supplies	881				
11. Groceries and other food items for human consumption off the premises					
a. Candy	109				
b. All other foods (Include dry groceries, canned and bottled foods, etc. Report fruit and gourmet food baskets on line 3.)	114				
c. Sum of lines 11a and 11b	100				
12. Packaged liquor, wine, and beer	140				
13. All other merchandise (Report receipts for services on line 14)	890				
<i>Specify principal lines and estimated sales below</i>					
a.	891				
b.	892				
c.	893				
14. All nonmerchandise receipts (include receipts from rentals, storage, and other services provided to customers) EXCLUDING SALES AND OTHER TAXES					
a. Wire services and commissions	945				
b. All other nonmerchandise receipts	977				
c. Sum of lines 14a and 14b	900				
15. TOTAL (Should equal item 4 if reporting in dollars)	990				100%

Item 11. SPECIAL INQUIRIES**What percentage of 1992 sales and receipts (item 4) was derived from items grown by this establishment?**Report in
whole percent

255

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?

- 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)

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				
ZIP Code				
Kind-of-business description	Paid employees for pay period including March 12	083		
	Census use	088		

ITEM 14 CONTINUED ON PAGE 4

CONTINUE ON PAGE 4

Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION – Continued

2	Name			1992	Mil.	Thou.	Dol.	4	Name			1992	Mil.	Thou.	Dol.
	Number and street			Sales	081				Number and street			Sales	081		
				Annual payroll	082							Annual payroll			082
	City	State	ZIP Code	Paid employees for pay period including March 12					City	State	ZIP Code	Paid employees for pay period including March 12			
	Kind-of-business description			083					Kind-of-business description			083			
			Census use 088							Census use 088					
3	Name			1992	Mil.	Thou.	Dol.	5	Name			1992	Mil.	Thou.	Dol.
	Number and street			Sales	081				Number and street			Sales	081		
				Annual payroll	082							Annual payroll			082
	City	State	ZIP Code	Paid employees for pay period including March 12					City	State	ZIP Code	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.

Period covered by this report	FROM: Mo.	Year	TO: Mo.	Year	Name of person to contact regarding this report – <i>Print or type</i>
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date