



FORM

CB-5504

1992 CENSUS OF RETAIL TRADE  
GASOLINE SERVICE STATIONS

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:

CB-5504

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

(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  
FIGURESDollar 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**

Mil.	Thou.	Dol.
010		

Sales of merchandise and other  
operating receipts for 1992 (Include  
excise taxes)

**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

Gasoline service station	<input type="checkbox"/> 554111
Gasoline station/car wash	<input type="checkbox"/> 554112
Truck stop	<input type="checkbox"/> 554121
Gasoline/convenience food store	<input type="checkbox"/> 554131
Self-service fuel stop	<input type="checkbox"/> 554113
LP gas dealer	<input type="checkbox"/> 598401
Fuel oil dealer	<input type="checkbox"/> 598301
Auto supply store	<input type="checkbox"/> 553111
Petroleum bulk station	<input type="checkbox"/> 517110
Automotive repair, general	<input type="checkbox"/> 753810
Automotive repair, specialized - Describe	<input type="checkbox"/> 753000

Other kind of business - Describe ☐ 777777

Item 8. Not applicable to this report					Item 10. MERCHANDISE LINES - Continued				
<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> 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>ESTIMATES are acceptable. Report dollars OR percents.</b> Mil. Thou. Dol. Per-cent				
<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>					<b>3. Groceries and other foods - Continued</b>				
<b>d. Candy</b> 109					<b>e. All other foods (dry groceries; canned, frozen, and bottled foods; produce, etc.)</b> 112				
<b>f. Sum of lines 3a through 3e</b> 100									
<b>4. Automotive lubricants (oil, greases, etc.)</b> 730									
<b>5. Meals and snack items generally served for immediate consumption (include restaurant sales of truck stops)</b> 120									
<b>6. Packaged liquor, wine, and beer</b> 140									
<b>7. Cigars, cigarettes, tobacco, and smokers' accessories (exclude sales from vending machines operated by others)</b> 150									
<b>8. Cars, trucks, motorcycles, and other powered vehicles</b> 700									
<b>9. Household fuels (oil, LP gas, wood, coal)</b> 780									
<b>10. Pet foods and supplies</b> 800									
<b>11. All other merchandise (Report receipts for services on line 12)</b> 890 <i>Specify principal lines and estimated sales below</i>									
<b>a.</b> 891									
<b>b.</b> 892									
<b>c.</b> 893									
<b>12. 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>									
<b>a. Parts installed in repair</b> 907									
<b>b. Labor charges for work performed by this establishment</b> 904									
<b>c. Rental or lease of automobiles, trucks, or utility trailers</b> 923									
<b>d. Car wash receipts</b> 934									
<b>e. All other nonmerchandise receipts</b> 954									
<b>f. Sum of lines 12a through 12e</b> 900									
<b>13. TOTAL (Should equal item 4 if reporting in dollars)</b> 990					<b>100%</b>				

**1992 CENSUS OF RETAIL TRADE  
GASOLINE SERVICE STATIONS****Enter the 11-digit  
CENSUS FILE NUMBER  
as shown on this report  
(See label on page 1)****Item 11. SPECIAL INQUIRIES**

a. Was this establishment a petroleum bulk plant with ABOVE GROUND storage tanks having a capacity of 10,000 gallons or more in 1992? 288 1 ☐ Yes  
2 ☐ No

b. Storage capacity Gallons 289

(1) What was the TOTAL GALLON STORAGE CAPACITY of ALL automotive fuels combined (gasoline, diesel, etc.) AT THE END OF 1992?

(2) How many of the following size storage tanks did this establishment have at the end of 1992?

	Mark (X) if "0"	Number of tanks
290		291

(a) 4,000 gallon

1 ☐

(b) 6,000 gallon

1 ☐

(c) 8,000 gallon

1 ☐

(d) 10,000 gallon

1 ☐

(e) Other size

1 ☐

300

(f) Total (Sum of (a) through (e))

c. Mark (X) the ONE box which best describes the PRINCIPAL kind of supplier of this establishment in 1992. 301

(1) Refiner . . . . . 1 ☐

(2) Single brand wholesaler . . . . . 2 ☐

(3) Multi-brand wholesaler . . . . . 3 ☐

(4) Other - Describe . . . . . 4 ☐

**NOTE** - In answering part d and (if applicable) (1) and (2), report as gasoline any fuels which are primarily gasoline (e.g., gasohol), but exclude other fuels (e.g., diesel).

d. Did this establishment sell gasoline in 1992? 302 1 ☐ Yes  
2 ☐ No

If "Yes," complete (1) and (2)

If "No," skip to e

Number

(1) Number of GALLONS of gasoline sold during 1992. 303

Number

(2) How many gasoline PUMPS were operated for sale of gasoline at the end of 1992? 304

e. Did this establishment sell other automotive fuels (include diesel) during 1992? 305 1 ☐ Yes  
2 ☐ No

If "Yes," complete (1) and (2)

If "No," skip to f

Number

(1) Number of GALLONS of other automotive fuels (include diesel) sold during 1992. 306

Number

(2) How many other automotive fuel PUMPS (include diesel) were operated at the end of 1992? 307

f. Did this establishment offer SELF-SERVICE sale of automotive fuels in 1992? 308 1 ☐ Yes  
2 ☐ No

If "Yes," complete (1) and (2)

If "No," skip to g

Number

(1) Number of GALLONS of automotive fuels sold through SELF-SERVICE pumps in 1992. 309

Number

(2) How many automotive fuel PUMPS were SELF-SERVICE pumps at the end of 1992? 310

**Item 11. SPECIAL INQUIRIES - Continued**

g. Did this establishment operate 24 hours daily in 1992? 311 1 ☐ Yes  
2 ☐ No

h. Did this establishment perform automotive repair work in 1992? 274 1 ☐ Yes  
2 ☐ No

**i. Mechanics**

(1) Did this establishment employ any mechanics (full- and part-time) during the pay period including March 12, 1992? 275 1 ☐ Yes  
2 ☐ No

If "Yes," complete (2)

If "No," skip to j

Number

(2) Enter the number of mechanics (full- and part-time) working in this establishment during the pay period including March 12, 1992. 276

**j. Automotive service bays**

(1) Did this establishment have any automotive service bays as of December 31, 1992? 277 1 ☐ Yes  
2 ☐ No

If "Yes," complete (2)

If "No," skip to item 13

Number

(2) How many automotive service bays did this establishment have in 1992? 278

k. Did this establishment offer 24-hour truck repair? 312 1 ☐ Yes  
2 ☐ No

**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 CONTINUED ON PAGE 4

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

Number

**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?**

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.

1	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			
2	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			
3	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			
4	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			

**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