

Please note: This printable record of your responses contains all possible survey questions. Questions that did not apply to your company were not asked.

2017 Economic Census Industry Classification Report

CFN:

MAILING ADDRESS **MAILING ADDRESS**

The reporting unit for this questionnaire is an **establishment** which is generally a single physical location where business is conducted or where services or industrial operations are performed. Please make updates to the physical location address in the Physical Location Information section.

Attn:

Name 1:

Store/Plant:

Name 2:

Street:

City:

State:

Zip:

CFN:

PHYSICAL LOCATION **PHYSICAL LOCATION VALIDATION**

Is this establishment's physical location the same as the address shown above?
(P.O. Box and rural route addresses are not physical locations)

Yes

No

PHYSICAL LOCATION **PHYSICAL LOCATION INFORMATION**

What is this establishment's physical location?
(P.O. Box and rural route addresses are not physical locations)

Number and Street:

City, town, village:

State:

ZIP:

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PHYSICAL LOCATION
LEGAL BOUNDARY AND MUNICIPALITY

Is this establishment physically located inside the legal boundaries of the city, town, village, etc?

- Yes
- No
- No legal boundaries
- Do not know

In what type of municipality is this establishment physically located?

- City, village, or borough
- Town or township
- Other
- Do not know

Principal Sector
Principal Sector

Which ONE of the following best describes this firm's primary business?

- Health Care Services (Including Social Assistance
Services) Food Services (Eating and Drinking Places)
- Retail Trade
- Wholesale Trade
- Finance and Insurance
- Real Estate
- Construction
- Repair & Maintenance

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Principal Sector (continued)

Principal Sector (continued)

Transportation and Warehousing Services

Manufacturing

Personal Care, Laundry, Funeral, and Pet Care Services

Building, Landscaping, Physical Security, and Waste Management Services

Administrative, Travel Arrangement, and Other Business Support Services

Publishing, Software, Web Hosting, Data Storage, and Telecommunications

Legal, Accounting, Advertising, & Computer (IT) Design and Management Services

Engineering, Design, Consulting, R & D, and Other Technical Services

Accommodations (Temporary Lodging)

Educational Services

Arts, Entertainment, and Recreation

Civic, Professional, Grantmaking, Religious and Similar Organizations

Rental and Leasing (Excluding Real Estate)

Mining, Quarrying, and Oil and Gas Extraction

Utilities

Holding Companies

Other

PRINCIPAL BUSINESS OR ACTIVITY

PRINCIPAL BUSINESS OR ACTIVITY

Which of the following best describes this establishment's business or activity in the past 12 months? – **Select only ONE**

Note: Only your selection appears on this PDF copy of the survey.

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TYPE OF OPERATION

TYPE OF OPERATION

Which ONE of the following best describes this establishment's principal type of operation? – **Select only ONE**

Merchant Wholesaler/Jobber – An establishment primarily engaged in buying and selling on its own account merchandise produced by other companies.

Broker, Representing Buyers and/or Sellers – Buying and/or selling merchandise on a brokerage basis for others, not receiving goods on consignment, and not taking title to the goods being sold

Manufacturers' Representative or Agent – Selling merchandise on a commission or fee basis for a limited number of manufacturers on a continuing agency basis, and not taking title to the goods being sold

Electronic Marketer – Business-to-business marketplace that facilitates the sale of goods for other buyers and sellers via the internet or other electronic means, operates on a commission or fee basis, not taking title to the goods being sold

Other type of operation – *Specify:*

CLASS OF CUSTOMER

HOUSEHOLD CONSUMERS

As a general business practice, did this establishment sell to household consumers and individual users in the past 12 months?

Yes

No

CLASS OF CUSTOMER

HOUSEHOLD CONSUMER SALES

Were 10 percent or more of your sales to household consumers and individual users in the past 12 months?

Yes

No

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CLASS OF CUSTOMER

SALES TO RETAILERS OR WHOLESALERS FOR RESALE

Were 75 percent or more of this establishment's sales to retailers or wholesalers for resale in the past 12 months?

Yes

No

CLASS OF CUSTOMER

PROOF OF BUSINESS OR PROFESSIONAL LICENSE

Did this establishment require proof of business or professional license from new customers in the past 12 months?

Yes

No

DETAIL OF SALES, SHIPMENTS, RECEIPTS, or REVENUE

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

Report sales for the principal merchandise lines sold, type of construction work done, products produced, or services provided by this establishment as a whole percent of the total dollar volume of business (e.g. gasoline 85%, auto repairs 10%, oil 5%) in the past 12 months.

Description of Sales, Shipments, Receipts, or Revenue

Whole percent of sales
and receipts in the past
12 months

%

%

%

%

Total:

%

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**REMARKS
REMARKS**

(Please use this space for any explanations that may be essential in understanding your reported data.)

**CERTIFICATION
CERTIFICATION**

I certify that this report is substantially accurate and was prepared in accordance with the instructions

Name of Person to contact regarding this report:

Title:

Phone number:

Fax Number:

E-mail address:

Date Completed: MMDDYYYY

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