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This report is mandatory under Section 320.5 of the California Unemployment Insurance Code and Section 320-1 Title 22 of California Code of Regulations, and is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

2

The questions on this form concern the work location covered by Unemployment Insurance account number

2001234 IN CALIFORNIA.

PAYROLL DEPARTMENT
ANY COMPANY OF CALIFORNIA
12345 ANY AVENUE
ANYTOWN CA 90210

3

Are the name and mailing address shown in Item 2 correct for the business using this Unemployment Insurance account? If the address is for a third party agent, such as an accounting firm, also list the direct mailing address for the named business.

[x] Yes [] No ...Please print corrections or additions to the right of the printed address in Item 2.

[] COMPANY PERMANENTLY OUT OF BUSINESS ... enter date closed: (Complete Item 9 on the back and return form to the address in the box below.)

4

In addition to your mailing address, please tell us where your business is physically located (street and number). The physical location address is the place where you conduct your business and receive deliveries, so it can not be a Post Office Box or a Rural delivery route number.

Our records show that this business is physically located at:

12345 Any Avenue
Anytown CA 90210

This information is:
(X) Correct () Not Correct (Please make changes here, in Item 4.)

5

Is this geographic information correct?

[x] Yes [] No ...Please print corrections. County: ANYTOWN

6

Is the main activity at the work location covered by this Unemployment Insurance account: (Check ONE box)

- [x] To Supply products or services to the general public or to other companies...
[] HEADQUARTERS (Examples: Corporate or regional management offices)
[] ADMINISTRATIVE, OTHER THAN HEADQUARTERS (Examples: Data processing, Public relations)
[] RESEARCH (Examples: Research and development, product testing, laboratory)
[] STORAGE (Examples: Warehouse, distribution center, equipment yard)
[] OTHER, PLEASE DESCRIBE Examples: Repair shop, security office, maintenance, employee recreation facility)

PLEASE CONTINUE WITH ITEM 7 ON THE BACK OF THIS PAGE.

For questions concerning this form, contact:

California Employment Development Department
Labor Market Information Division
P.O. Box 1881
(916) 262-1855 or 1-800-562-3366
FAX: (916) 262-2350

Return completed form to this address within 14 days using the postage-paid envelope provided.

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7

Directions: Select an Industry Code for the work Location covered by Unemployment Insurance Account 2001234 IN CALIFORNIA.

Which of the following, if any, describes the single main type of business at this work location in the past months? Circle its six-digit Industry code. Please circle only ONE code or fill in OTHER. If you have questions, call the State office shown on the front.

Six-Digit Industry Code(s)

5812

722110 Providing food service to seated patrons who order and are served by a waiter or waitress, and pay after eating. Example: Full-service restaurants.

722211 Providing food service where patrons generally order or select items and pay before eating. Food and drink may be consumed on the premises, taken out, or delivered to the customers' location. EXAMPLES: Limited service restaurants, Fast-food restaurants, Carry-out sandwich shops, Take-out eating places, and Pizza delivery shops.

722213 Selling specialty snacks or non-alcoholic beverages for consumption on or near the premises. These fixed location establishments generally promote and sell a unique snack or non-alcoholic beverage. EXAMPLES: Non-alcoholic beverage bars, Ice cream parlors, and shops with carry-out service of bagels, cookies, donuts, and pretzels baked on the premise.

722212 Preparing and serving food for immediate consumption by patrons who select food and drink items on display in a continuous cafeteria line. Cafeteria equipment, such as steam tables, a refrigerated area, and self-service nonalcoholic beverage dispensing equipment is used. EXAMPLES: Cafeterias.

722310 Providing food services at facilities owned by others on a contract or fee basis. These establishments provide food services for the convenience of the contracting organization or the contracting organization's customers, and always supply management staff. EXAMPLES: Food service contractors, Airline food service contractors, Cafeteria food service contractors at schools, hospitals, and offices, and Food concession contractors at sporting, entertainment, or convention facilities.

711110 Providing food and beverages for consumption while presenting live theatrical productions. EXAMPLE: Dinner theaters.

OTHER IF THE ACTIVITIES LISTED ABOVE DO NOT DESCRIBE YOUR BUSINESS, LIST YOUR MAIN PRODUCTS OR SERVICES. SHOW THE APPROXIMATE PERCENTAGE OF REVENUES OR SALES FOR EACH ITEM.

_____ % _____ %
_____ % _____ %

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Does the business using Unemployment Insurance account 2001234 IN CALIFORNIA Cover only one physical location? (Do not count client sites or offsite projects that will last less than a year.)

[X] Yes (One site at one physical location)

[] NO (More than one physical location)... Please attach a separate sheet. For each site, (1) list physical location address, (2) show number of employees, and (3) answer Items 6 and 7.

9

Please tell us who to contact if we have questions about this report (Please print).

Name: XXXXXXXX XXX XXX-XXXX Phone: ()

XX-XX-XXXX

Date: _____

Title: OWNER Fax: ()

IMPORTANT: Did you circle a six-digit industry code in Item 7? Please check!

Purpose and Use: The purpose of this report is to update information on your products or services. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to this business location, and that our records contain the correct name and address. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law.

Time of Completion: Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 minutes per form. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, send them to the Bureau of Labor Statistics, Division of Occupational and Administrative Statistics, Room 4840, 2 Massachusetts Avenue N.E. Washington, D.C. 20212. Your are not required to respond to the collection of information unless it displays a currently valid OMB number.

State Code: 06 UI Acct.No. 2001234 Industry Code [] [] [] [] [] []