(Extensic Telephone number

Unincorporated organization

(Group of political supporters, council, etc.)

1 1

2004

Dispartched or

subcontraccted employees

without total

persons

persons

number of though

A For all establ	ishme	nts				Name		e of responder	Telephon	e numt	
1 Name of establishment and Telephone number Put commonly known name,if any,within the	Legal Na	me							T	∍lepho	one nu
2 Address of Establishment • Fill your complete address including the name and floor of the building where your	(Commonly known trade name										
office is in. 3 Legal organization	1 Individua proprietors	Joint	2 t stock npany	3 2 Limited Limit company liab partne	nited insural ility compa	nce Havin	6	Non-profit schools, aggree	7 cluding company organization, gate corp, credit tion , etc.	c Gr	8 nincorpo organiza roup of p rters, cou
4 Whether head or branch office	(Wi	th no oth	ingle U ner head offices		ranch (Which		I Office anch office place(s)	(s)	3 Branch F Which is unde supervision		er the
5 Opening year	1 1954 before	2 195 ~196		3 4 965 197 1974 ~193			95 20	7 8 100 2001	9 1 2002	1 (200	
6 Number of persons engaged In the case of an indvidual proprietoship, if a family menber works under payment contract, the family menber is regarded as a Regular employees refer	Individual Proprietor Managing owner		Regular Those who are ganerally called regular employees or staff.	ganerally called regular employees or workers or			Total number: of though	S Dispatche subcontra employees total numb thoug	acted within ers of	Dispart subcon emp witho numb thou	
to the employed without stipulation of duration or over one month, or the employed over 18 days each in April and May.	persons	persons		person		rsons	persons	persor		ersons	
 7 Kind of business Please refer to the material "How to fill the form". If more than one category is applicable, state the main one. Your main line of business is defined as the largest tum- over category that you have achieved over the year. 	(1) State the main line of business that this establishment is engaged in.			This colu left blar	This column must be left blank		merchandize largest tu Go	es or line of l rn -over item o to B only if	of (1), state t business in the or sales. the establish ile/ retail tra	sequenc ment ma	ce of th
This face related with S the establishment is eith 8 Company	ner the th	e head c	office or	the single un		d liability				mpany	when
8 Company	<u>,</u> т			investment		(2) total number of regular amployment of the company			main business	J activities	S Col
ad							perso	ns			

Designated Statistics No.2

Designated Statistics No.27

Designated Statistics No.117

Leave this column blank

2004 Establishment and Enterprise Census Questionnaire

2004 Survey on Service Industries Questionnaire

2004 census of Commerce Questionnaire