



# Annual Survey of Personal Services, 2000

▼ Reference number ▼

Confidential when completed

Français au verso

**Authority**

The survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, chapter S19.

**Completion of this questionnaire is a legal requirement under this Act.**



Correct pre-printed information if necessary using the corresponding boxes below:

001	Legal name	004	Number and street		
002	Business name	005	City	006	Province or State
003	C/o	053	Country	007	Postal code

**Please read carefully before completing the questionnaire**

**Coverage**

Please complete the questionnaire for the business unit(s) described in the pre-printed area above. For this purpose, a "business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

**Survey Objective**

The survey objective is the collection and publication of data necessary for the statistical analysis of the personal services industry. The information from the survey can be used by businesses and trade associations for market analysis and assessment of industry performance, operating characteristics and trends, by government to develop national and regional economic policies, by other users involved in research or policy making and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts.

**Confidentiality**

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to any identifiable business without the previous written consent of that business. **The data reported on this questionnaire will be treated in strict confidence, used for statistical purposes, and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or by any other legislation.

**Questions and Return Procedures**

We ask that you complete and return the questionnaire within 30 days of receipt to:

**Statistics Canada  
Operations and Integration Division  
2nd floor, Jean Talon Bldg, Ottawa, Ontario K1A 0T6**

This survey questionnaire can also be sent to Statistics Canada using the following facsimile communication: **1-888-605-2493**

Statistics Canada advises you that there could be a risk of disclosure during the facsimile communication process. However, upon receipt of your facsimile, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the Statistics Act.

If you have questions or require assistance in completing this questionnaire, please call our **toll free number: 1-800-916-9316** and a representative of Statistics Canada will gladly answer your queries.

**Duplicate Questionnaires**

If you receive more than one copy of this questionnaire for the same business, please complete the one that is correctly labelled and return it with the duplicate(s), writing "DUPLICATE" on the relevant form(s).

**Note of Appreciation**

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

# 1. Business Activity

a) Please describe the nature of your firm's business activity in 2000: **021** \_\_\_\_\_  
\_\_\_\_\_

b) Is this a change from the previous year? ..... **022**      1  Yes      3  No



If yes, please provide details in the "Comments" section on page 8.

c) Please check (✓) below the one industry that most accurately describes your firm's principal source of operating revenue.

**023 Personal Care Services**

- 812114  Barber Shops
- 812115  Beauty Salons and/or Esthetic Services
- 812116  Unisex Hair Salons
- 812190  Other Personal Care Services (e.g. hair removal or replacement, weight loss centres, tanning salons, massage therapy, etc.) (please specify)

**059** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Laundry Services**

- 812310  Coin-Operated Laundries and Dry Cleaners
- 812320  Dry Cleaning and Laundry Services (except Coin-Operated)
- 812330  Linen and Uniform Supply

**Funeral Services**

- 812210  Funeral Homes
- 812220  Cemeteries and Crematoria

**032**  Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Personal Services**

- 812910  Pet Care (except Veterinary) Services
- 812921  Photo Finishing Laboratories (except One-Hour)
- 812922  One-Hour Photo Finishing
- 812930  Parking Lots and Garages
- 812990  All Other Personal Services (e.g. dating bureau, escort service, checkroom service). (please specify)

**060** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Form of Organization

a) Type of organization (please check **one** only):

- 027    1  Sole proprietorship    2  Partnership    3  Incorporated company    4  Co-operative  
       5  Joint venture    6  Government business entity    7  Government    8  Non-profit

b) Is the sole purpose of this business unit to provide services to your parent company, an affiliated company or a professional practice?

- 025    1  Yes – **If yes**, please name the company or professional practice    033 \_\_\_\_\_  
       3  No

c) Please enter your nine-digit Business Number (if incorporated)

034    \_\_\_\_\_

d) Is this business affiliated with a chain or franchise group?

- 030    1  Yes (please provide name)    044 \_\_\_\_\_  
       3  No

e) Did this business unit participate in any joint venture(s) during the reporting period?

A joint venture refers to a specific commercial undertaking entered into jointly by two or more parties or companies, who agree to contribute the necessary capital and share in profits or losses of the project in agreed proportions. The association terminates either upon completion of the undertaking or at a specific time.

- 028    1  Yes – **If yes**, please go to f)    3  No – **If no**, please go to Question 3, Reporting Period

f) Are detailed revenue and expenses for the business unit's share in the joint venture(s) included in this questionnaire?

- 035    1  Yes    3  No

g) Please provide the name of the joint venture.

036    \_\_\_\_\_

h) Is this joint venture:

- 037    1  Incorporated – **If incorporated**, please go to i)    3  Unincorporated – **If unincorporated**, please go to j)

i) Business Number of joint venture (if incorporated)

038    \_\_\_\_\_

j) If it is an unincorporated joint venture, please provide the length of time of the joint venture.

039    \_\_\_\_\_    040    \_\_\_\_\_  
       YYYY    MM    DD                      YYYY    MM    DD

From

To

k) Venture partner(s) and Business Number(s) (if incorporated)

Venture partner(s)	Business Number(s) (if incorporated)
041    _____	043    _____

If you participated in more than one joint venture or if more space is required, please enclose a separate page.

## 3. Reporting Period

Please report information for your **most recent available 12-month fiscal period** ending between January 1, 2000 and March 31, 2001. Please indicate below the period covered by this questionnaire.

From 230    \_\_\_\_\_    To 231    \_\_\_\_\_  
           YYYY    MM    DD                      YYYY    MM    DD

Period of Operation If you did not operate this business for a full year, please check (✓) the reason below:

- 235    1  Seasonal operation    5  Ceased operation (please specify)    046 \_\_\_\_\_  
       2  New business in 2000    6  Temporarily closed (please specify)    047 \_\_\_\_\_  
       3  Change of fiscal year end  
       4  Change of ownership (please provide name and address of the other owner)

045

\_\_\_\_\_

Effective date of change



236

\_\_\_\_\_

Please report for your 2000 fiscal year, as reported in section 3, on page 3.

#### 4. Revenue

- Please exclude GST and all other taxes collected by you for remittance to a government agency.
- Please report all answers in **Canadian dollars**.

		Dollars (omit cents)
a)	<b>Service revenue</b> Include revenue from all services rendered, such as cleaning, laundering, escort services, health spas and funeral services. Membership and club fees along with storage charges also form part of service revenue.	101
b)	<b>Repair revenue</b> Exclude charges for parts and materials, report them in item 4 c) Sales of Merchandise.	102
c)	<b>Sales of merchandise</b> Include revenue from parts and materials charged in repair work as well as revenue from the sale of such items as funeral caskets, beauty or barber supplies, cleaning supplies, etc. Report offsetting cost in item 5 (a).	103
d)	<b>Rental revenue</b> Report revenue from the rental and/or leasing of cleaning equipment, linen and uniforms, sports equipment, automobiles and any other equipment or goods. <b>Exclude</b> revenue from rental of real estate (see item 4 (g) below).	106
e)	<b>Sales of food and beverages</b> Include prepared meals, packaged foods, and vending machine sales, etc. Report offsetting cost in item 5 (a).	104
f)	<b>Revenue from royalties, franchise fees, management fees, gambling, lottery, foreign exchange and other commissions</b>	107
g)	<b>Other Operating Revenue</b> e.g., revenue from rental of real estate. (please specify) 050 _____	108
h)	<b>Total Operating Revenue</b> (sum of items (a) to (g) )	115
i)	<b>Non-operating revenue</b> Interest and all other revenue that is not directly related to the operation of this business.	120
j)	<b>Total revenue</b> (sum of items (h) and (i))	130

For information only

## 5. Operating Expenses

- Please report all answers in **Canadian** dollars.
- Do not include capital expenditures.
- Please include GST, except the portion that is refundable by government.
- **If you prefer, you may attach a copy of your income statement and proceed to Section 6.**

	Dollars (omit cents)
a) Cost of goods sold (purchases plus opening inventory minus closing inventory). This item represents the offsetting cost of revenue reported from sales in items 4 (c) and (e). Exclude purchases for use in the business and for rental purposes (see item 5 (s) below).	159
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; <b>include</b> vacation pay, bonuses and commissions	160
c) Employee benefits paid for all employees for whom you issued a T4 supplementary form; <b>include</b> employer's contributions to pension, medical/life, employment insurance and workers' compensation plans	161
d) Rent and/or lease of land and buildings (include rent/lease of office space)	162
e) Rent and/or lease of motor vehicles	163
f) Computer services purchased ( <b>including</b> equipment rental, data processing and software development)	164
g) Rent and/or lease of other machinery and equipment	165
h) Repairs and maintenance	166
i) Legal, accounting, management and consulting fees	167
j) Advertising and sales promotion	168
k) Insurance	169
l) Taxes, permits and licenses ( <b>exclude income taxes</b> )	170
m) Heat, light, power and water	171
n) Telephone, telecommunications, postage and courier fees ( <b>include</b> Internet charges)	172
o) Travel and entertainment	173
p) Royalties and franchise fees	174
q) Depreciation and amortization	175
r) Interest expense	176
s) Office and all other supplies and materials used in the business (exclude supplies reported under Cost of goods sold - item 5 (a) above)	177
t) All other operating expenses, <b>excluding bad debts</b> . Include fees paid to contract workers. (Please specify major items or attach a separate sheet.)	178
051 _____	179
u) <b>Total operating expenses</b> (sum of items (a) to (t) )	

## 6. Employment

### a) Paid employees

Please report the average number of persons employed during the reporting period to whom you paid Salaries and Wages as shown in Expenses, Section 5, item (b).

- i) **Full-time employees** Regular employees who worked the standard work week as observed by the business
- ii) **Part-time employees** Those who worked fewer than the standard work week hours observed by the business or who worked only for a given period or season
- b) **Contract workers** Individuals not on your payroll engaged only for the duration of specific project or term
- c) **Working proprietors** and/or partners of **unincorporated** businesses

Number
152
151
154
153

## 7. Inventories

Please report the value of goods held by you FOR SALE at the opening and closing of your 2000 reporting period. Do not include inventories held on consignment from others. Also exclude supplies and materials used in the business or for rental purposes.

Opening inventory

Closing inventory

Dollars (omit cents)
210
220

## 8. Client Base

Please report the percentage of total operating revenue (Section 4, item (h) ) derived directly from:

### Domestic

- a) Households or individuals for personal use
- b) Business
- c) Federal, provincial and municipal government
- d) Institutions (e.g. hospitals, schools)

### Foreign

Foreign consumers

**Total** (total of above boxes must equal 100%)

Percentage
180
181
183
186
185
189
100 %



