



Service Industries Division  
**Annual Survey of  
 Personal Services,  
 2004**

▼ Reference number ▼

This information is collected 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.

**This document is confidential when completed.**

Français au verso

If necessary, please correct pre-printed information below.

0001	Legal name	0004	Address (number and street)	
0002	Business name	0005	City	
0003	C/O	0006	Province or State	
0008	First name of contact	0053	Country	0007 Postal code / Zip code
0028	Last name of contact	0010	Language preference	1 <input type="radio"/> English 2 <input type="radio"/> French

**A. General Information**

**Coverage**

Please complete the questionnaire for the business unit(s) 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 Purpose**

The survey purpose 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.

**Data-Sharing Agreements**

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the statistical agencies of Quebec, Manitoba and British Columbia in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For business locations operated in Quebec, Manitoba and British Columbia, the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the statistical agencies of these provinces. The Statistics Acts of these provinces include the same provisions for confidentiality and penalties for disclosure of information as the federal *Statistics Act*.

**Confidentiality**

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada.

**Fax or Other Electronic Transmission Disclosure**

Statistics Canada advises you that there could be a risk of disclosure during the facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

**Reporting Instructions**

- Report for all operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the comments section at the end of the questionnaire.
- When precise figures are not available, please provide your best estimates.

**Return of Questionnaire**

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 605-2493 within 30 days of receipt.

Lost the return envelope or need help? Call us at 1 800 916-9316 or mail to:

Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

**1. Business Activity**

a) Please describe the nature of your firm's business activity in 2004: **0055** \_\_\_\_\_  
\_\_\_\_\_

b) Is this a change from the previous year? ..... **0142**      1  Yes      3  No

ê  
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.

**Personal Care Services**

- 0177  Barber Shops
- 0178  Beauty Salons and/or Esthetic Services
- 0199  Unisex Hair Salons
- 0200  Other Personal Care Services (e.g. hair removal or replacement, weight loss centres, tanning salons, massage therapy, etc.) (please specify)

**0206** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Laundry Services**

- 0207  Coin-Operated Laundries and Dry Cleaners
- 0208  Dry Cleaning and Laundry Services (except Coin-Operated)
- 0209  Linen and Uniform Supply

**Funeral Services**

- 0210  Funeral Homes
- 0211  Cemeteries and Crematoria

**0040**  Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
**0041** \_\_\_\_\_

**Other Personal Services**

- 0215  Pet Care (except Veterinary) Services
- 0216  Photo Finishing Laboratories (except One-Hour)
- 0217  One-Hour Photo Finishing
- 0227  Parking Lots and Garages
- 0303  All Other Personal Services (e.g. dating bureau, escort service, checkroom service). (please specify)

**0228** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Form of Organization**

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

- 0024    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?

- 0029    1  Yes – **If yes**, please name the company or professional practice    0030 \_\_\_\_\_  
3  No

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

0189   

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

- 0789    1  Yes (please provide name)    0790 \_\_\_\_\_  
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.

- 0170    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?

- 0171    1  Yes    3  No

g) Please provide the name of the joint venture.

0180    \_\_\_\_\_

h) Is this joint venture:

- 0190    1  Incorporated – **If incorporated**, please go to i)    3  Unincorporated – **If unincorporated**, please go to j)

i) Business Number of joint venture (if incorporated)

0179   

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

0191           MM    DD    0192           MM    DD

From

To

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

Venture partner(s)	Business Number(s) (if incorporated)
0181	0182 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 fiscal year (normal business year) ending between April 1, 2004 and March 31, 2005. Please indicate below the period covered by this questionnaire.

From 0011           MM    DD    To    0012           MM    DD

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

- 0042  Seasonal operation    0035  Ceased operation (please specify)    0119 \_\_\_\_\_  
0032  New business in 2004    0036  Temporarily closed (please specify)    0049 \_\_\_\_\_  
0033  Change of fiscal year end  
0034  Change of ownership (please provide name and address of the other owner)

0124

\_\_\_\_\_

\_\_\_\_\_

Effective date of change

0125

   MM    DD

**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.	1417
b)	<b>Repair revenue</b> Exclude charges for parts and materials, report them in item 4 c) Sales of Merchandise.	2041
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).	2048
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).	2046
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).	1418
f)	<b>Revenue from royalties, franchise fees, management fees, gambling, lottery, foreign exchange and other commissions</b>	2200
g)	<b>Other Operating Revenue</b> e.g., revenue from rental of real estate. (please specify) 2071 <input type="text"/>	2077
h)	<b>Total Operating Revenue</b> (sum of items (a) to (g) )	2080
i)	<b>Non-operating revenue</b> Interest and all other revenue that is not directly related to the operation of this business.	2097
j)	<b>Total revenue</b> (sum of items (h) and (i))	2098

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## 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).	5721
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; <b>include</b> vacation pay, bonuses and commissions	3010
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	3040
d) Rent and/or lease of land and buildings (include rent/lease of office space)	4120
e) Rent and/or lease of motor vehicles	4125
f) Computer services purchased ( <b>including</b> equipment rental, data processing and software development)	4233
g) Rent and/or lease of other machinery and equipment	4135
h) Repairs and maintenance	4175
i) Legal, accounting, management and consulting fees	4230
j) Advertising and sales promotion	4365
k) Insurance	4350
l) Taxes, permits and licenses ( <b>exclude income taxes</b> )	4410
m) Heat, light, power and water	4042
n) Telephone, telecommunications, postage and courier fees ( <b>include</b> Internet charges)	4102
o) Travel and entertainment	4370
p) Royalties and franchise fees	4440
q) Depreciation and amortization	4520
r) Interest expense	4630
s) Office and all other supplies and materials used in the business (exclude supplies reported under Cost of goods sold - item 5 (a) above)	4000
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.)	4569
4561	4599
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
6310
6311
6320
6321

## 7. Inventories

Please report the value of goods held by you FOR SALE at the opening and closing of your 2004 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)
5561
5566

## 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
8100
8125
8126
8127
8140
100 %

## 9. Provincial/Territorial Distribution

- Please report all answers in **Canadian dollars**
- Business unit is defined as the lowest level of the firm for which separate records are kept for such details or revenues, expenses and employment.

Number
5001

- a) Please report the number of permanent business units operated in Canada during the reporting period.
- b) Do you have permanent business locations in **more** than one province or territory?

9966    3  No – Please go to Section 10  
           1  Yes – Please complete 9 (c)  
           ê

- c) Please report the following data for the provinces or territories in which you have units.

Province or Territory	Business Units (Number)	Total revenue \$ (omit cents)	Salaries, wages and employee benefits \$ (omit cents)	Employees (Number)	Total operating expenses \$ (omit cents)
Nfld.Lab.	5002	4824	4826	6225	4925
P.E.I.	5003	4829	4831	6230	4930
N.S.	5004	4834	4836	6235	4935
N.B.	5005	4839	4841	6240	4940
Que.	5006	4844	4846	6245	4945
Ont.	5007	4849	4851	6250	4950
Man.	5008	4854	4856	6255	4955
Sask.	5009	4859	4861	6260	4960
Alta.	5010	4864	4866	6265	4965
B.C.	5011	4869	4871	6270	4970
Yukon	5014	4874	4876	6275	4975
N.W.T.	5013	4879	4881	6280	4980
Nunavut	5012	4884	4886	6285	4985
<b>Total</b>	<b>5015</b>	<b>4889</b>	<b>4891</b>	<b>6290</b>	<b>4990</b>

Should equal Item 9 (a)	Should equal Item 4 (j)	Should equal the sum of items 5 (b) and 5 (c)	Should equal the sum of items 6(a)i and 6(a)ii	Should equal item 5(u)
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## 10. Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person	Title 0014	Date 0015		
		Year	Month	Day

Name of person to contact for further information (please print) 0026	0013
0026	First name
1 <input type="radio"/> Mr.    2 <input type="radio"/> Mrs.    3 <input type="radio"/> Miss    4 <input type="radio"/> Ms. 0054	0054
	Last name

E-mail address: 0018	Web site address: 0020
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Telephone number: ( ) 0017	Extension: 0027	Fax number: ( ) 0016
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How long did you spend collecting the data and completing this questionnaire?	9910 hour(s)	9909 minutes
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**Comments**

If more space is required please enclose a separate sheet.

9920

9913

9914

9915

9916

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*Thank you for completing this questionnaire. Please retain a copy for your records.*

Statistics Canada's publications are available for use  
in Statistics Canada's regional offices and all major libraries.  
As well, please visit our Web site at [www.statcan.ca](http://www.statcan.ca)

If you need help, please contact us at 1-800-916-9316