Service Industries Division

# Annual Survey of Arts, Entertainment and Recreation, 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.

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irvey ojective	expenses and employment. The survey objective is the collection and publication recreation industry. The information from the surve assessment of industry performance; operating of economic policies, by other users involved in residate in publication of the Canadian System data input to the preparation of the Canadian System Statistics Canada is prohibited by law from publish	✓ can be used by bus haracteristics and tre earch or policy maki em of National Accourt	sinesses and tracends, by governing and by Statis ng and by Statis nts.	le associatior ment to deve tics Canada	ns for ma elop nat for ma	narket analysis a tional and regio intaining import
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uestions and eturn	We ask that you complete and return the questionr	naire within 30 days o	f receipt to:			
ocedures	Statistics Canada Operations and Integ 2nd floor, Jean Talor	n Bldg, Ottawa, Onta				
$\langle$	This survey questionnaire can also be sent to Stati	-	-			
	Statistics Canada advises you that there could be upon receipt of your facsimile, Statistics Canada collected under the authority of the Statistics Act.					
	If you have questions or require assistance in com and a representative of Statistics Canada will glad			our toll free	numbe	er: 1-800-916-93
uplicate uestionnaires	If you receive more than one copy of this question labelled and return it with the duplicate(s), writing	ionnaire for the sam DUPLICATE" on the	e business, plea relevant form(s).	use complete	the or	ne that is correc
ote of opreciation	Canada owes the success of its statistical system Canada, its businesses, governments and other in without their continued co-operation and goodwill.					
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	ness Act			
a) Plea	ase describe th	e nature of your firm's business activity in 2000:	021	
b) Is th	iis a change fro	om the previous year?	022	<sup>1</sup> ⊖ Yes <sup>3</sup> ⊖ No ↓ If yes, please provide details in the
		below the one industry that most accurately descri Il source of operating revenue.	bes	"Comments" section on page 8.
023	Performing	Arts Companies		Heritage Institutions
	711111 ()	Theatre (except Musical) Companies		712111 O Art Museums and Galleries, non-commercial
	711112 🔿	Musical Theatre and Opera Companies		712119 O Museums (except Art Museums and Galleries)
	711112 🔿	Dinner Theatres		712120 O Historic and Heritage Sites
	711120 🔿	Dance Companies		712130 O Zoos and Botamical Gardens
	711130 🔿	Musical Groups and Artists		712190 All Other Heritage Institutions
	711190 〇	Other Performing Arts Companies (e.g. circus, ice-skating and magic shows) (please specify)		
	059			$\langle \bigcirc$
			~	× ×
	Spectator S	ports	$\langle \rangle$	Amusement and Recreational Industries
	711211 🔿	Sports Teams and Clubs	$\sum$	713100 Amusement and Theme Parks
	711213 🔿	Horse Race Tracks	$\sim$	713120 O Amusement Arcades
	711213 🔿	Racehorse Stables and Racehorse Training	$\langle \rangle \rangle$	→ 713910 ○ Golf Courses and Country Clubs
	711218 🔿	Other Spectator Sports (e.g. independent athlete and other race tracks) (please specify)	$\langle \cdot \rangle$	713920 Skiing Facilities
	060		~	713930 () Marinas
	000			713940 () Fitness and Recreational Sports Centres (includes gymnasiums, swimming pools, tenni clubs)
	Promoters ( and Similar	Presenters) of Performing Arts, Sports		713950 Bowling Centres
		Live Theatres and Other Performing Arts Presenters with Facilities		713990 () All Other Amusement and Recreational Industries (e.g. recreational sports teams and leagues, pool halls, guide services, miniature
	711319 🔾	Sports Stadiums and Other Presenters with Facilities		golf) ( <i>please specify</i> )
	711319 🔿	Fair Organizers, agricultural, with		062
	711321	Facilities Performing Arts Promoters (Presenters) without Facilities		None of the above (please specify)
	711322	Festivals without Facilities		032
	711322	Agricultural Fair Promoters without Facilities		
	711329 🔿	Sports Presenters and Other Presenters without Facilities		
	Industries F Sports	Related to Performing Arts and Spectator		
	711410 O	Agents and Managers for Artists, Athletes, Entertainers and Other Public Figures		
	711510 🔿	Independent Artists, Writers and Performers (incl. costume and set designers) (please specify)		
	061			

	Organization				
	anization (please check	<u> </u>			0
027 1 (	Sole proprietorship	<sup>2</sup> () Partnership		orporated company	<sup>4</sup> O Co-operative
5 (	Joint venture	<sup>6</sup> O Government bu	siness entity $^7 \bigcirc$ Gov	vernment	<sup>8</sup> O Non-profit
b) Is the sole p	urpose of this business	s unit to provide services	to your parent company, a	an affiliated company	or a professional practice?
025 1 🤇	Yes – <b>If yes</b> , please or profession	fiame the company	33		
з (	<b></b>				
c) Please enter	r your nine-digit Busine	ess Number (if incorporat	ed)		
034					
,	ess affiliated with a cha				$\bigwedge$
030 1 (	✓ Yes (please provide → No	name) 044			
0		n any joint venture(s) dur	ing the reporting period?	(	
A ioint ventu	ure refers to a specific	commercial undertaking	entered into iointly by two	or more parties or co	mpanies, who agree to contribut
the necessa of the under	ary capital and share in rtaking or at a specific t	profits or losses of the p time.	roject in agreed proportior	ns. The association to	erminates either upon completion
028 1 🤇	○ Yes - If yes, please	e go to f) <sup>3</sup> O No	- If no, please go to Ques	stion 3, Reporting Pe	riod
f) Are detailed	revenue and expense	s for the business unit's	share in the joint venture(s	sympluded in this que	estionnaire?
035 1	⊖Yes ³⊖No		(	$\rightarrow$	
		036	$\Diamond$	$\mathcal{D}$	
	ide the name of the ioi	nt venture			
	vide the name of the joi	nt venture.			
<ul> <li>b) Is this joint v</li> <li>037 1 (</li> </ul>	venture:			orated - If unincorr	norated please go to i)
<b>h)</b> Is this joint v 037 1 (	venture:	n <b>corporated</b> , please go t 038	o i) 30 Unincorpo	orated – If unincorp	porated, please go to j)
<ul> <li>h) Is this joint v</li> <li>037 1 (</li> <li>i) Business Nu</li> </ul>	venture: Incorporated – If in umber of joint venture	(if incorporated, please go t			porated, please go to j)
<ul> <li>h) Is this joint v</li> <li>037 1 (</li> <li>i) Business Nu</li> <li>j) If it is an <u>uni</u></li> </ul>	venture: Incorporated – If in umber of joint venture ( <u>incorporated</u> joint venture)	(if incorporated, please go t (if incorporated) ure, please provide the te	ngth of time of the joint ve	enture.	<b>porated</b> , please go to j)
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Λ	levenue	
•	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)	Service revenue Include admission charges, membership fees, subscriptions, fees related to sports events, recreational activities, theatrical productions and amusement facilities (e.g. green fees, parking and mooring fees, check room charges) and revenues from coin-operated amusement devices. <b>Exclude</b> franchise fees and commissions (see item (h) below).	101
b)	Sales of alcoholic beverages	105
	Report offsetting cost in Section 5 item (a).	104
c)	Sales of food and non-alcoholic beverages	104
	Include prepared meals, packaged food, vending machine sales, etc. Report offsetting cost in Section 5 item (a)	106
d)	Rental revenue Report revenue from the rental and/or leasing of recreational and sports equipment and accessories, and any other equipment or goods. Exclude revenue from rental of real estate (see item (k) below).	)
e)	Sales of merchandise Include revenue from parts and materials charged in repair work as well as revenue from the sales of all items other than food or beverages (e.g., recreational and sports equipment and accessories, oil and gasoline). Report offsetting cost in Section 5 item (a).	103
f)	Repair revenue	102
	Exclude charges for parts and materials, report them in item e) Sales of merchandise.	113
g)	Accommodation revenue Report revenue from the rental of conference and banquet halls, as well as from the rental of rooms, cabins, cottages, tent and/or trailer campsites.	115
b)		107
h) i)	Revenue from commissions, royalties, franchise fees, management fees and foreign exchange	109
j)	Operating grants and subsidies	112
	Exclude donations and bequests (see item (m) below).	
k)	Other operating revenue For example, revenue from (entat of year) estate. (please specify)	108
I)	Total operating revenue	115
	(sum of items (a to (k))	100
m	) Non-operating revenue	120
	Interest, donations, bequests and all other revenue that is not directly related to the operation of this business.	130
n)	Total revenue (sum of items (I) and (m))	

## 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 the revenue reported from sales in items 4 b), c) and e). Please <b>exclude</b> purchases for use in the business and for rental purposes (see item (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	
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
		170
I)	Taxes, permits and licenses (exclude income taxes)	171
m)	Heat, light, power and water	172
n)	Telephone, telecommunications, postage and courier fees (include Internet charges)	173
o)	Travel and entertainment	174
p)	Royalties and franchise fees	175
q)	Depreciation and amortization	176
r)	Interest expense	177
s)	Office and all other supplies and materials used in the business ( <b>exclude</b> supplies reported under Cost of goods sold - item ( <i>a</i> ) above)	
t)	All other operating expenses, <b>excluding bad debts</b> . Include fees paid to contract workers. ( <i>Please specify major items or attach a separate sheet.</i> )	178
	051	179
u)	Total Operating Expenses (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	Number
	Wages as shown in Expenses, Section 5, item (b).	152
	i) Full-time employees Regular employees who worked the standard work week as observed by the business	
	ii) <b>Part-time employees</b> Those who worked fewer than the standard work week hours observed by the business <b>or</b> who worked only for a given period or season	151
		154
b)	Contract workers Individuals engaged only for the duration of a specific project or term	
,		153
c)	Working proprietors and/or partners of unincorporated businesses	
	$-\langle \langle \rangle \rangle$	

Dollars
Dollars
(omit cents)
210
220

#### 8. Client Base Please report the percentage of total operating revenue (Section 4, item (I)) derived directly from: Percentage Domestic 180 a) Households or individuals for personal use 181 b) Business 183 c) Federal, provincial and municipal government 186 d) Institution (e.g. hospitals, schools) 185 Foreign Foreign consumers 189 100 % Total (total of above boxes must equal 100%)

	Provincial/	/Territorial Distri	ibution			
expenses and employment.     024       a) Please report the number of permanent business units operated in Canada during the reporting period.						Number
b) Do you have permanent business locations in more than one province or territory?         300       0 No - Please go to Section 10 1 Yes - Please complete 3 (c) Yes - Please complete 3 (c) Yes - Please control the following data for the provinces or territories in which you have units.         7 refritory       Business (Number)       Total revenue       Statiness wages and employee benefits       Employees (number)       Total operating (number)         Nid       301       314       227       445       967         Nid       301       314       227       445       967         Nid       301       314       227       445       356         N.B.       303       316       329       344       359         N.B.       304       317       330       348       360         Ont       306       318       331       344       351         Man.       307       320       332       349       355         Sask.       308       321       336       352       366         Numavut       310       323       337       354       388         Numavut       311       324       337       355       386         Numavut       313       326       333 <td< td=""><td><ul> <li>Business unit is expenses and</li> </ul></td><td>s defined as the lowest leve employment.</td><td>el of the firm for which se</td><td>parate records are kep</td><td>t for such details as reve</td><td>nue, 024</td></td<>	<ul> <li>Business unit is expenses and</li> </ul>	s defined as the lowest leve employment.	el of the firm for which se	parate records are kep	t for such details as reve	nue, 024
00       0       0       Pease on points 9 (c)         c)       0       1       Vess - Please complete 9 (c)         c)       0       Business       Total revenue       Salaries, wages         0       0       0       10       14         1       0       11       14       127       343       367         1       11 <td< td=""><td>a) Please report t</td><td>he number of permanent bi</td><td>usiness units operated in</td><td>Canada during the rep</td><td>oorting period.</td><td></td></td<>	a) Please report t	he number of permanent bi	usiness units operated in	Canada during the rep	oorting period.	
1 Yes - Please complete 9 (c)         c)       Please complete 9 (c)         c)       Business units remitive       Total revenue units (Number)       Statries, wages and employee benefits (s (mit cents)       Employees (Number)       Total operating expenses         Nitel       301       314       327       348       358         Nitel       302       315       328       344       358         NS.       503       316       329       345       358         NB.       304       317       330       386       360         Oute       305       318       331       347       361         Oute       306       319       332       348       362         Man.       307       320       333       361       365         Sask       306       321       333       351       365         Sask       308       322       333       351       365         Sask       308       321       335       388       365         Sask       308       322       333       367       371         Nuravit       310       323       335       388       355       369	b) Do you have p	ermanent business locatior	is in <b>more</b> than one prov	vince or territory?		
1 Yes - Please complete 9 (c)         c)       Please complete 9 (c)         c)       Business units remitive       Total revenue units (Number)       Statries, wages and employee benefits (s (mit cents)       Employees (Number)       Total operating expenses         Nitel       301       314       327       348       358         Nitel       302       315       328       344       358         NS.       503       316       329       345       358         NB.       304       317       330       386       360         Oute       305       318       331       347       361         Oute       306       319       332       348       362         Man.       307       320       333       361       365         Sask       306       321       333       351       365         Sask       308       322       333       351       365         Sask       308       321       335       388       365         Sask       308       322       333       367       371         Nuravit       310       323       335       388       355       369	300 3 🔿	) No – Please go to Sec	tion 10			
Province or Territory         Business units (Number)         Total revenue s (and cents)         Salaries, wages and employee benefits         Employees         Total operating expenses           Nitd.         301         314         227         343         367           Nitd.         301         314         227         343         367           P.E.I.         302         315         328         344         358           N.S.         303         316         329         345         358           N.B.         304         317         330         68         380           Que.         305         318         331         347         361           Que.         306         319         332         348         362           Man.         307         320         333         349         363           Sask         308         321         356         356         364           Atta.         309         322         333         353         367           Nuravut         340         341         342         353         367           Nuravut         310         326         338         355         369						
or Territory         units (Number)         s (omt cents)         and employee benefits (number)         expenses (number)           Nfid.         301         314         327         343         967           Nitid.         302         315         328         344         358           N.S.         303         316         329         345         359           N.B.         304         317         330         361         361           Out.         306         319         332         348         362           Ont.         306         319         332         349         363           Sask.         308         321         334         350         364           Atta.         309         322         335         351         365           B.C.         310         223         336         352         366           Numavut         340         341         342         353         367           Numavut         340         341         342         353         369           Vukon Territory         312         328         336         355         369           Total         313         326	c) Please report t	he following data for the pro	ovinces or territories in w	hich you have units.		
S (omit cents)         S (omit cents)         (Number)         A (omit cents)           Nild.         301         314         327         343         367           P.E.I.         302         315         328         344         358           N.S.         303         316         329         345         359           N.B.         304         317         330         346         360           Que.         305         318         331         347         361           Ont.         306         319         332         348         362           Man.         307         320         333         349         353           Sask.         308         321         354         350         364           Alta.         309         322         333         351         355           B.C.         310         323         336         352         366           Nunavut         340         341         342         353         367           Nunavut         340         331         336         355         369           Yukon Territory         312         328         338         355         36	or	units	Total revenue	Salaries, wages and employee benefits	Employees	
Nifel.       301       314       327       343       367         P.E.I.       302       315       328       344       358         N.S.       303       316       329       345       359         N.S.       303       316       329       345       359         N.B.       304       317       330       246       360         Oue.       305       318       331       347       361         Oue.       306       319       332       346       362         Man.       307       320       333       349       363         Sask.       308       321       334       350       364         Alta.       309       322       338       351       365         B.C.       310       323       336       352       366         NUT. (without Nunavut)       311       326       337       354       369         Yukon Territory       312       328       339       355       369         Total       313       326       339       356       370         Provid equal the um of tiems 5 (b) and 5 (c)       Should equal the um of tiems 5 (c) and 5 (c	Territory	(Number)	\$ (omit cents)	\$ (omit cents)	(Number)	s (omit cents)
P.E.I.       302       315       328       344       358         N.S.       303       316       329       345       359         N.S.       303       316       329       345       359         N.B.       304       317       330       346       360         Oue.       305       318       331       347       361         Oue.       306       319       332       349       363         Man.       307       320       333       349       363         Sask.       308       321       356       351       365         Sask.       309       322       336       351       365         B.C.       310       323       336       352       366         Numavut       340       341       342       353       367         Numavut       311       324       338       355       369         Yukon Territory       312       328       338       355       369         Total       313       326       339       356       370         Certification       1 certify that the information contained herein is complete and correct to the best of m	Nfld	301				
N.S.       303       316       329       345       359         N.B.       304       317       330       346       360         Oue.       305       318       331       347       361         Oue.       306       319       332       348       362         Man.       307       320       333       349       363         Sask.       308       321       350       364         Alta.       309       322       335       351       365         B.C.       310       323       336       352       366         Numavut       340       341       342       353       367         Numavut       340       341       342       353       366         Numavut       311       494       337       354       368         Vukon Territory       312       328       338       355       369         Total       313       325       339       356       370         Total       Should equal the sum of tems 5 (b)       Should equal the sum of tems 5 (b) </td <td></td> <td>302</td> <td>315</td> <td>328</td> <td>344</td> <td>358</td>		302	315	328	344	358
N.B.       304       317       330       \$		303	316	329	345	359
Que.       305       318       331       347       361         Que.       306       319       332       348       362         Man.       307       320       333       349       363         Sask.       308       321       350       364         Alta.       309       322       335       351       365         B.C.       310       323       336       352       366         Nunavut       340       341       342       353       367         Nunavut       340       341       342       353       367         Nunavut       311       324       337       354       368         Vukon Territory       312       325       338       355       369         Yukon Territory       312       326       339       356       370         Total       Should equal item 4 (n)       Should equal the sum of items 5 (b) and 5 (c)       Should equal item 5 (c)       Should equal item 5 (c)         C. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.         nature of authorized person       Title       Item 5 (c)       Should equal item 5 (c)       Should equal		304	317	330	346	360
Ont.         306         319         332         348         362           Man.         307         320         333         349         363           Sask.         308         321         354         350         364           Atta.         309         322         333         351         365           B.C.         310         323         336         352         366           Nunavut         340         341         342         353         367           Numavut         340         341         342         353         367           Nunavut         340         341         342         353         367           Numavut         340         341         342         353         367           Nunavut         311         324         337         354         368           Yukon Territory         312         326         339         356         370           Total         313         326         339         356         370           Accertification         I certify that the information contained herein is complete and correct to the best of my knowledge.         Should equal item 5 ( <i>u</i> )         Should equal item 5 ( <i>u</i> ) <tr< td=""><td></td><td>305</td><td>318</td><td>331</td><td>347</td><td>361</td></tr<>		305	318	331	347	361
Man.       307       320       333       349       363         Sask.       308       321       354       350       364         Alta.       309       322       333       351       365         B.C.       310       323       336       352       366         Numavut       340       341       342       353       367         N.W.T. (without       311       324       337       354       368         Yukon Territory       312       336       355       369         Yukon Territory       312       326       339       356       370         Total       313       326       339       356       370         Patter of authorized person       I certify that the information contained herein is complete and correct to the best of my knowledge.       Should equal item 5 (c)       Should equal item 5 (c)         P. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Item 5 (u)       Item 5 (u)         P. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Item 5 (u)         Inal of authorized person       Title       Company's Home Web page address (URL)       056 <td></td> <td>306</td> <td>319</td> <td>332</td> <td>ў 348</td> <td>362</td>		306	319	332	ў 348	362
Sask.       308       321       354       350       364         Alta.       309       322       335       351       365         B.C.       310       323       336       352       366         Nunavut       340       341       342       353       367         N.W.T. (without       311       324       337       354       368         Yukon Territory       312       326       338       355       369         Total       313       328       339       356       370         Other Territory       312       326       338       355       369         Total       313       328       339       356       370         Other Territory       313       328       339       356       370         Total       313       328       339       356       370         Out equal Item 9 (a)       Should equal Items 16 (b)       Should equal Items 16 (c)       Should equal item 5 (c)         Item 7 (a)       Icertify that the information contained herein is complete and correct to the best of my knowledge.       Item 5 (u)         Attem 0 authorized person       Title       Company's Home Web page address (URL) 058		307	320	333	349	363
Alta.       309       322       335       351       365         B.C.       310       323       336       352       366         Nunavut       340       341       342       353       367         N.W.T. (without Nunavut)       311       (324       337       354       368         Yukon Territory       312       325       338       355       369         Yukon Territory       312       326       339       356       370         Total       313       326       339       356       370         Should equal item 9 (a)       Should equal item 4 (n)       Should equal the sum of items 5 (b) and 5 (c)       Should equal the sum of items 5 (a) ii, and 6 (c)       Should equal item 5 (u)         Certification       1 certify that the information contained herein is complete and correct to the best of my knowledge.       Title         nature of authorized person       Title       1       1       1         Image: Mr.       Mrs.       First Name       Last Name       1         Image: Mrs.       First Name       Company's Home Web page address (URL) 058       056       1         Day       Month       Year       Area code       Telephone number       Ext.       Fax		308	321	384	350	364
B.C.       310       323       336       352       366         Nunavut       340       341       342       353       367         N.W.T. (without       311       324       337       354       368         Yukon Territory       312       326       338       355       369         Total       313       326       339       356       370         Total       313       326       339       356       370         Should equal item 9 (a)       Should equal item 5 (b) and 5 (c)       Should equal item 5 (a) (b) and 5 (c)       Should equal item 5 (a) (c)       Should equal item 5 (a) (c)         Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Item 5 (a) (c)       Should equal item 5 (c)       Should equal item 5 (c)         Inter of authorized person       Title       Itertify that the information (please print)       Last Name       State         Inter of authorized person       056       056       056       056       056         Intel address       056       056       056       056       056       058         Day       Month       Year       Area code       Telephone number       Ext.       Fax </td <td></td> <td>309</td> <td>322</td> <td>335</td> <td>351</td> <td>365</td>		309	322	335	351	365
Nunavut       340       341       342       353       367         N.W.T. (without       311       324       337       354       368         Nunavut       312       325       338       355       369         Yukon Territory       312       326       339       356       370         Total       313       326       339       356       370         Should equal the information contained herein is complete and correct to the best of my knowledge.       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i> ) and 5 ( <i>c</i> ) and 5 ( <i>c</i> )       Should equal item 5 ( <i>b</i>		310	323	336	352	366
N.W.T. (without Nunavut)       311       324       337       354       368         Yukon Territory       312       325       338       355       369         Total       313       326       339       356       370         Total       313       326       339       356       370         Cartification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Should equal the information contained herein is complete and correct to the best of my knowledge.         Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.         Intere of authorized person       Title         Intere of person to contact for further information (please print)       Item 5 (b)         Intere of authorized person       First Name         Intere of authorized person       Company's Home Web page address (URL)         Intere of authorized person       056         Intere of Mrs.       055         Intere of Mrs.       056         Intere of Mrs.       055         Intere of Mrs.       056         Intere of Mrs.       056         Intere of Mrs.       055         Intere of Mrs.       056         Intere of Mrs.       056<		340	341	342	353	367
Yukon Territory       312       325       338       355       369         Total       313       326       339       356       370         Should equal item 9 (a)       Should equal item 4 (n)       Should equal the sum of items 5 (b) and 5 (c)       Should equal the sum of items 6 (a) (h), 6 (a) ii), and 6 (c)       Should equal item 5 (u)         P. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Title         Inductor of authorized person       Title       Item 4 (n)       Should equal item 5 (u)         Mr.       Mrs.       First Name       Last Name         Miss       Ms.       055       056       056         Inail address       Company's Home Web page address (URL) 058       058	N.W.T. (without	311	324 ) ×	337	354	368
Total       313       326       339       356       370         Should equal item 9 (a)       Should equal item 4 (n)       Should equal the sum of items 5 (b) and 5 (c)       Should equal the sum of items 6 (a) i), 6 (a) ii), and 6 (c)       Should equal item 5 (u)         P. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Should equal item 5 (u)       Should equal item 5 (u)         P. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Title         Indextro of authorized person       Title       Item 5 (u)       Item 5 (u)         Mr.       Mrs.       First Name       Last Name         Miss       Ms.       055       056       056         Mail address       Company's Home Web page address (URL)       058         Day       Month       Year       Area code       Telephone number       Ext.       Fax	4	312	325	338	355	369
Should equal item 4 (n)       Should equal the sum of items 5 (b) and 5 (c)       Should equal the sum of items 5 (b) and 5 (c)       Should equal the sum of items 5 (b) and 5 (c)       Should equal item 5 (a) i, 6 (a) ii), and 6 (c)         c. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Title         nature of authorized person       Title       Title         me of person to contact for further information (please print)       Last Name         Miss       Ms.       055         Miss       056       056         mail address       Company's Home Web page address (URL) 058         Day       Month       Year       Area code       Telephone number       Ext.       Fax		313	326	339	356	370
Should equal item 9 (a)       Should equal item 4 (n)       sum of items 5 (b) and 5 (c)       sum of items 6 (a) i), 6 (a) ii), and 6 (c)       Should equal item 5 (u)         b. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Title         b. Certification       I certify that the information contained herein is complete and correct to the best of my knowledge.       Title         ne of person to contact for further information (please print)       Last Name       Last Name         4       Mr.       Mrs.       First Name       Last Name         and address       Company's Home Web page address (URL)       056         7       Day       Month       Year       Area code       Telephone number       Ext.       Fax	TOLAI		•	•	•	<b>•</b>
nature of authorized person       Title         me of person to contact for further information (please print)       Last Name         4       Mr.       Mrs.         9       Mss       Ms.       055         1       Miss       Ms.       055         1       Miss       Ms.       056         1       Miss       Ms.       055         1       Miss       Ms.       055         1       Miss       Ms.       056         1       Miss       Ms.       056         1       Miss       Ms.       055         1       Miss       Kiss       Kiss         1       Miss       Ms.       055         1       Miss       Kiss       Kiss         1       Miss       Ms.       Title         1       Miss       Ms.       055         1       Miss       Kiss       Kiss         1       Miss		Should equal item 9 (a)	Should equal item 4 ( <i>n</i> )	sum of items 5 (b)	sum of items 6 (a) i),	
me of person to contact for further information (please print)         4       Mr.       Mrs.       First Name         4       Miss       Ms.       055         1       Ms.       055       0         1       address       Company's Home Web page address (URL)         058       058         1       Day       Month       Year	. Certification	I certify that the inform	mation contained herein	is complete and correc	t to the best of my knowle	edge.
4       Mr.       Mrs.       First Name       Last Name         4       Miss       Ms.       055       Image: State of the	nature of authorized	person		Title		
4       Mr.       Mrs.       First Name       Last Name         4       Miss       Ms.       055       Image: State of the	ne of person to cont	tact for further information (	please print)			
Image     Image     Image     Image     Image       nail address     Company's Home Web page address (URL)       7     058       Day     Month     Year       Area code     Telephone number       Ext.     Fax	, □ Mr. □ I	Mrs. First Name				
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Comments	If more space is required please enclose a separate sheet.
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### Federal Provincial Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For establishments and/or 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 Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS, respectively. The Statistics Acts of these provinces includes the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

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Please make a copy of this completed questionnaire for your records.

Thank You For Your Co-operation