



Service Industries Division

Annual Survey of Consumer Goods Rental, 2003

▼ 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.

Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au **1-800-916-9316**.

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	

A. General Information

Survey Purpose

The survey objective is the collection and publication of data necessary for the statistical analysis of the consumer goods rental 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 agreement with the statistical agency of *Quebec* in accordance with Section 11 of the *Statistics Act, Revised Statutes of Canada, 1985, Chapter S19*. For business locations operated in *Quebec*, the agreement authorizes Statistics Canada to forward a record of the data collected in this survey to the statistical agency of this province. The *Statistics Acts* of this province includes 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 2003: 0141 _____
-
- b) Is this a change from the previous year? 0142 1 Yes 3 No
 ↓
 If yes, please provide details in the "Comments" section on page 7.
- c) Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue.
- | | | | | | | | |
|--------|------|-----------------------|--|--------|------|-----------------------|---|
| 532210 | 0109 | <input type="radio"/> | Consumer Electronics and Appliance Rental
(excluding computer rental or leasing) | 532310 | 0117 | <input type="radio"/> | General Rental Centres
(e.g. home repair tools, lawn/garden equipment; excludes heavy construction equipment rental) |
| 532220 | 0110 | <input type="radio"/> | Formal Wear and Costume Rental
(except linen and uniform supply) | | | | |
| 532230 | 0111 | <input type="radio"/> | Video Tape and Disc Rental | 0040 | | <input type="radio"/> | None of the above
(please specify) |
| | | | | 0041 | | | _____ |
| 532290 | 0112 | <input type="radio"/> | Other Consumer Goods Rental
(eg. furniture rental centres, party supply centres, home health equipment rental centres, recreational goods rental centres) | | | | _____ |
| | | | | | | | _____ |

2. Form of Organization

- a) Type of organization (please check one only):
- | | | | | | | | | |
|------|-------------------------|---------------------|-------------------------|----------------------------|-------------------------|----------------------|-------------------------|--------------|
| 0024 | 1 <input type="radio"/> | Sole proprietorship | 2 <input type="radio"/> | Partnership | 3 <input type="radio"/> | Incorporated company | 4 <input type="radio"/> | Co-operative |
| | 5 <input type="radio"/> | Joint venture | 6 <input type="radio"/> | Government business entity | 7 <input type="radio"/> | Government | 8 <input type="radio"/> | 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 Y Y Y Y M M D D 0192 Y Y Y Y M M D D
From _____ **To** _____
- k) Venture partner(s) and Business Number(s) (if incorporated)
- | Venture partner(s) | Business Number(s)
(if incorporated) |
|--------------------|---|
| 0181 | 0182 _____ |

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, 2003 and March 31, 2004. Please indicate below the period covered by this questionnaire.

From ⁰⁰¹¹

YYYY	MM	DD

 To ⁰⁰¹²

YYYY	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 2003 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

YYYY	MM	DD

Please report for your 2003 fiscal year, as reported in section 3.

4. Revenue

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

	Dollars (omit cents)
a) Rental and/or Leasing Revenue Report gross revenue generated from the rental and/or leasing of: audio-visual equipment; office furniture, vcr's, home appliances, consumer electronics and machinery, costumes and any household items. Exclude revenue from rental of real estate (see item (g) below).	2046
b) Repair Revenue Include all revenue earned (labour charges) from repairs, but exclude the charges for materials and parts used in these repairs and report them in item (d) as Sales of Merchandise	2041
c) Miscellaneous Services Revenue Include revenue from all other services rendered. Exclude the charges for materials and parts used in repairs and report them in item (d) as Sales of Merchandise	2038
d) Sales of Merchandise Include materials and/or parts charged to a customer in the performance of repairs or forming part of a service rendered. Sales of gasoline, oil and insurance which are part of a rental contract should be included here. Sales of all other items (non-rental items, food, beverages) must be included here. Report offsetting costs in Section 5 (b).	2048
e) Loss or gain on the sales and/or disposal of previously rented and/or leased equipment. Value of sales (disposal value) of previously rented and/or leased equipment <u>2199</u> \$	2198
f) Commissions, Royalty Payments, Franchise Fees, Foreign Exchange and Management Fees	2200
g) Other Operating Revenue e.g., revenue from rental of real estate, etc. (please specify) <u>2071</u>	2077
h) Total Operating Revenue (sum of items (a) to (g))	2080
i) Non-Operating Revenue Interest and all other revenue that is not directly related to the operation of this business.	2097
j) Total Revenue (sum of items (h) and (i))	2098

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)
	4004
a) <u>Purchase of goods for rental purposes, if not capitalized</u>	4025
b) <u>Cost of goods purchased for resale</u>	3010
c) <u>Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions</u>	3040
d) <u>Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans</u>	4120
e) <u>Rent and/or lease of land and buildings</u>	4125
f) <u>Rent and/or lease of motor vehicles</u>	4233
g) <u>Computer services purchased (including equipment rental, data processing and software development)</u>	4135
h) <u>Rent and/or lease of other machinery and equipment</u>	4175
i) <u>Repairs and maintenance</u>	4230
j) <u>Legal, accounting, management and consulting fees</u>	4365
k) <u>Advertising and sales promotion</u>	4350
l) <u>Insurance</u>	4410
m) <u>Taxes, permits and licenses (exclude income taxes)</u>	4042
n) <u>Heat, light, power and water</u>	4102
o) <u>Telephone, telecommunications, postage and courier fees</u>	4370
p) <u>Travel and entertainment</u>	4440
q) <u>Royalties and franchise fees</u>	4520
r) <u>Depreciation and amortization</u>	4630
s) <u>Interest expense</u>	4000
t) <u>Office and all other supplies and materials used in the business</u>	4569
u) <u>All other operating expenses, excluding bad debts. Include fees paid to contract workers. (Please specify major items or attach a separate sheet.)</u> 4561 _____	4599
v) Total Operating Expenses (sum of items (a) to (u))	4599

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 (c).

- 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
- b) **Contract Workers** Individuals engaged only for the duration of a specific project or term
- c) **Working proprietors** and/or partners of **unincorporated** businesses

Number
6310
6311
6320
6321

7. Client Base

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

1. Domestic Clients

Individuals

Business

- a) Retail Trade
- b) Traveller Accommodation and Food Services
- c) Wholesale Trade
- d) Agriculture, Forestry, Fishing and Mining
- e) Manufacturing
- f) Construction
- g) Transportation and warehousing
- h) Finance, Insurance and Real Estate
- i) Other (e.g. professional / scientific services, telecommunications, etc.) (please specify)

Institutions

- j) Educational Services
- k) Health Services
- l) Other institutional demand (please specify)
- m) **Government**

2. Foreign Clients (regardless of type)

Total

(total of boxes 8100 to 8140 must equal 100%)

Percentage
8100
8116
8103
8117
8104
8163
8165
8105
8106
8115
8121
8122
8123
8130
8140
100%

8. 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 as 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 No – Please go to Section 9

Yes – Please complete 8 (c)



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
Total	5015	4889	4891	6290	4990

Should equal Box 5001, Section 8	Should equal Box 2098, Section 4	Should equal the sum of Boxes 3010 and 3040, Section 5	Should equal the sum of Boxes 6310 and 6311, Section 6	Should equal Box 4599, Section 5
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9. Certification

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

Signature of authorized person	Title 0014	0015 Date		
		Year	Month	Day

Name of person to contact for further information (please print)

0013

First name

0026

Mr. Mrs. Miss Ms.

0054

Last name

E-mail address:

0018

Web site address:

0020

Telephone number:

0017

()

Extension:

0027

Fax number:

0016

()

How long did you spend collecting the data and completing this questionnaire?

9910

hour(s)

9909

minutes

Comments

If more space is required please enclose a separate sheet.

9920

9913

9914

9915

9916

For information only

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

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