



2001 Annual Retail Store Survey

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 numéro sans frais suivant : 1 888 881-3666.

Please correct pre-printed information, if necessary, using the corresponding boxes below:



0001	Legal name	0004	Address		
0002	Business name	0005	City	0006	Province or State
0003	C/O	0053	Country	0007	Postal code/Zip code
0008	First name of contact	0028	Last name of contact		
0052	Please report for:	0010	Language preference	1 <input type="radio"/> English 2 <input type="radio"/> French	

A - Introduction

Survey Purpose

The purpose of this survey is to collect the financial and operating/production data needed to develop national and regional economic policies and programs. For further details, please consult the enclosed booklet entitled "Statistics Canada Business Surveys".

Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. **The data reported on this questionnaire will be treated in strict confidence.** For further details, please consult the enclosed booklet entitled "Statistics Canada Business Surveys".

Coverage

Please report for the business unit(s) identified above. Include only the operation(s) located in Canada.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at **1 888 883-7999** within **30 days** of receipt.
Lost the return envelope or need help?
Call us at **1 888 881-3666**.

Data Sharing Agreements

Statistics Canada has entered into agreements with provincial and territorial statistical agencies for the sharing of data. The data are kept confidential and used for statistical purposes only. **Your responses are not shared with Canada Customs and Revenue Agency.** For further details, please consult the enclosed booklet entitled "Statistics Canada Business Surveys".

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 of your information, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

Person primarily responsible for completing this questionnaire, if different from above:

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1 Mr. 2 Mrs. 3 Miss 4 Ms.

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First name

Last name

Title:

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E-mail address:

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Web site address:

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Telephone number:

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Extension:

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Fax number:

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Reporting Instructions

1. Please report all dollar amounts in CANADIAN DOLLARS (\$ CDN).
2. Dollar amounts and percentages should be rounded to whole numbers.
3. A reporting guide is included with the questionnaire for your reference.
4. Please print in ink.
5. When precise figures are not available, please provide your best estimates.

Main Business Activity

1. Is this business unit primarily a store retailer?
 0840 Yes → If yes, please go to question 2.
 No → If no, please provide a brief description of your main activity and call 1 888 881-3666 for further instructions.
 0041 _____
2. How many retail locations does this business unit cover?
 0842 Number of locations _____, if 5 or more locations, please call 1 888 881-3666 for further instructions.
3. Is this business unit a franchise operation? 0841 Yes No
4. List the main lines of merchandise and services sold and the estimated percentages of total operating revenue:

a)	0833		0834	%
b)	0835		0836	%
c)	0837		0838	%

Reporting Period Information

Please report for your **fiscal year** (normal business year) ending between April 1, 2001 and March 31, 2002. Please indicate below the period covered by this questionnaire.

1. From ⁰⁰¹¹ YYYY MM DD To ⁰⁰¹² YYYY MM DD

2. If you did not operate this business unit for a full year, please check the reason(s) below:

- 0031 Seasonal Operation New Business Change of Fiscal Year Change of Ownership Ceased Operations Temporarily Inactive

B - Revenue

Please exclude: GST/HST, PST and TVQ.

	\$ CDN
1. Sales of all goods purchased for resale, net of returns and discounts Include parts used in generating repair and maintenance revenue (report the labour portion of repair and maintenance at question 5 below).	2020
2. Commission revenue and fees earned from selling merchandise on account of others	2060
3. Commission revenue and fees earned from selling services on account of others (e.g., from selling lottery and bus tickets, phone cards, etc.)	2038
4. Sales of goods manufactured as a secondary activity by this retailing business unit	2299
5. Labour revenue from repair and maintenance (report parts at question 1 above)	2041
6. Revenue from rental and leasing of goods and equipment	2037
7. All other operating revenue (e.g., rental of real estate, placement fees) Exclude interest and dividend income; report these amounts at question 9 below.	2077
8. Total operating revenue (add amounts reported at questions 1 to 7 above)	2080
9. Non-operating revenue (e.g., interest and dividend income)	2097
10. Total revenue (add amounts reported at questions 8 and 9 above)	2098

C- Cost of Goods Sold

	\$ CDN
1. Opening inventory	5560
2. Purchases	4019
3. Direct labour costs, (please refer to the Guide)	3006
4. Other direct costs, (please refer to the Guide)	4301
5. Closing inventory	5565
6. Cost of goods sold (sum of questions 1 to 4 minus 5 above)	5720

D - Expenses

	\$ CDN	\$ CDN
1. Wages and salaries of employees	3010	
2. Employer portion of employee benefits	3040	
3. Total labour remuneration (add amounts reported at questions 1 and 2 above)		3041
4. Rental and leasing expenses. Include office space or other real estate, motor vehicles, computers and peripherals, other machinery and equipment, and other goods.		4115
5. Advertising and promotion		4365
6. Depreciation and amortization expenses (e.g., buildings, vehicles, machinery and equipment)		4520
7. All other operating expenses Exclude interest expenses; report these amounts at question 9 below.		4569
8. Total operating expenses (add amounts reported at questions 3 to 7 above)		4598
9. Other expenses		4630
10. Total expenses (add amounts reported at questions 8 and 9 above)		4698

E - Distribution of Operating Revenue by Type of Customer

Please indicate the percentage of "Total operating revenue" (reported in **Section B - Revenue**, at question 8), by type of customer to whom the goods or services were delivered.

1. Individuals and households	8100	%
2. All other customers (e.g., private businesses, public institutions, government)	8115	%
Total		100%

F - Events That May Have Affected Your Business Unit

1. Compared to **last fiscal year**, were there any events that may have **significantly affected the reported values** for this business unit? Please specify:

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G - Location Details

1. Please report the following information for **each** of the retail locations covered by this questionnaire:

Name and address of retail location		Total operating revenue \$ CDN	Gross leasable area	Is this retail location
0843	a) Business name:	0858	0848 Area: _____	0859 1 <input type="checkbox"/> on a street? 2 <input type="checkbox"/> in a shopping centre? 3 <input type="checkbox"/> other (please specify): 0849 _____
0844	Address:	_____	Indicate units	
0845	City:		0847 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Square metres	
0846	Province or Territory	0870		
	Postal code			
0860	b) Business name:	0874	0865 Area: _____	0828 1 <input type="checkbox"/> on a street? 2 <input type="checkbox"/> in a shopping centre? 3 <input type="checkbox"/> other (please specify): 0899 _____
0861	Address:	_____	Indicate units	
0862	City:		0864 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Square metres	
0863	Province or Territory	0893		
	Postal code			
0826	c) Business name:	0891	0881 Area: _____	0892 1 <input type="checkbox"/> on a street? 2 <input type="checkbox"/> in a shopping centre? 3 <input type="checkbox"/> other (please specify): 0830 _____
0827	Address:	_____	Indicate units	
0878	City:		0880 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Square metres	
0879	Province or Territory	0882		
	Postal code			
0912	d) Business name:	0918	0921 Area: _____	0917 1 <input type="checkbox"/> on a street? 2 <input type="checkbox"/> in a shopping centre? 3 <input type="checkbox"/> other (please specify): 0918 _____
0913	Address:	_____	Indicate units	
0914	City:		0920 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Square metres	
0915	Province or Territory	0916		
	Postal code			

H - Comments

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

9910	9909
_____ hour(s)	_____ minutes

2. We invite your comments below. Please be assured that we review all comments with the intent of improving the survey.

9920 _____

9913 _____

9914 _____

9915 _____

Signature: _____



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

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YYYY

MM

DD

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