



# 2002 Annual Retail Store Survey

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                   | 0063 | 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:

0026

1  Mr.    2  Mrs.    3  Miss    4  Ms.

0013

First name

0054

Last name

Title:

0014

E-mail address:

0018

Web site address:

0020

Telephone number:

0017 ( )

Extension:

0027

Fax number:

0016 ( )

## 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 1  Yes → If yes, please go to question 2.  
 3  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 1  Yes 3  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, 2002 and March 31, 2003. 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 1  Seasonal Operation 2  New Business 3  Change of Fiscal Year 4  Change of Ownership 5  Ceased Operations 6  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<br><br>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)<br><br>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. <b>Cost of goods sold</b> (sum of questions 1 to 4 <u>minus</u> 5 above) | 5720   |

## D - Expenses

|  | \$ CDN | \$ CDN |
|--|--------|--------|
| 1. Salaries and wages of employees   | 3010   |        |
| 2. Employer portion of employee benefits   | 3040   |        |
| 3. <b>Total labour remuneration</b> (add amounts reported at questions 1 and 2 above)  |        | 3041   |
| 4. Rental and leasing expenses. <b>Include</b> 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 (please refer to the Guide)<br><b>Exclude</b> interest expenses; report these amounts at question 9 below.                                   |        | 4569   |
| 8. <b>Total operating expenses</b> (add amounts reported at questions 3 to 7 above)  |        | 4598   |
| 9. Other expenses  |        | 4630   |
| 10. <b>Total expenses</b> (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) | 8113 | %           |
| <b>Total</b>   |      | <b>100%</b> |

## 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:

9965 \_\_\_\_\_

9968 \_\_\_\_\_

9969 \_\_\_\_\_

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

## 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. 0015

YYYY

MM

DD

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