



Unified Enterprise Survey – Annual
**2004 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/Territory or State
0003	C/O		0053	Country	0007	Postal code/ Zip code
0028	Last name of contact		0008	First name of contact		
0052	Please report for		0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> 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(s)

Please return the completed questionnaire(s) to Statistics Canada **within 30 days** of receipt by mail, using the enclosed envelope. You can also fax it at **1 888 883-7999**. Lost the return envelope, need help to complete your questionnaire(s)? 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 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, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the *Statistics Act*.

0026	Person primarily responsible for completing this questionnaire, if different from above: 1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs. 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms	0017	Telephone number	
		0027	Extension	
0054	Last name	0016	Fax number	
0013	First name	0020	Web site address	
0014	Title	0018	E-mail address	

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** – Please go to question 2.
³ **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) <small>0833</small>	<input type="text"/>	<small>0834</small> <input type="text"/>
b) <small>0835</small>	<input type="text"/>	<small>0836</small> <input type="text"/>
c) <small>0837</small>	<input type="text"/>	<small>0838</small> <input type="text"/>

Reporting Period Information

Please report 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.

1. **From** 0011 **To** 0012

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 Include parts used in generating repair and maintenance revenue (report the labour portion of repair and maintenance at question 5 below).	2020	<input type="text"/>
2. Commission revenue and fees earned from selling merchandise on account of others	2060	<input type="text"/>
3. Commission revenue and fees earned from selling services on account of others (e.g., from selling lottery and bus tickets, phone cards)	2038	<input type="text"/>
4. Sales of goods manufactured as a secondary activity by this retailing business unit	2299	<input type="text"/>
5. Labour revenue from repair and maintenance (report parts at question 1 above)	2041	<input type="text"/>
6. Revenue from rental and leasing of goods and equipment	2037	<input type="text"/>
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	<input type="text"/>
8. Total operating revenue (add amounts reported at questions 1 to 7 above)	2080	<input type="text"/>
9. Non-operating revenue (e.g., interest and dividend income)	2097	<input type="text"/>
10. Total revenue (add amounts reported at questions 8 and 9 above)	2098	<input type="text"/>

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 <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. 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. Amortization and depreciation expenses (e.g., buildings, vehicles, machinery and equipment)		4520	
7. All other operating expenses (please refer to the Guide) 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 (e.g., interest 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)	8113	
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:

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 \$ CDN	Gross leasable area	Is this retail location
0843	a) Business name:	0858	0848	0859
0844	Address	<input type="text"/>	Area: <input type="text"/>	1 <input type="checkbox"/> on a street?
0845	City		Indicate units	2 <input type="checkbox"/> in a shopping centre?
0846	Province or Territory	0870	0847	3 <input type="checkbox"/> Other (please specify):
	Postal Code		1 <input type="checkbox"/> Square feet	0849
			2 <input type="checkbox"/> Square metres	<input type="text"/>
0860	b) Business name:	0874	0865	0828
0861	Address	<input type="text"/>	Area: <input type="text"/>	1 <input type="checkbox"/> on a street?
0862	City		Indicate units	2 <input type="checkbox"/> in a shopping centre?
0863	Province or Territory	0893	0864	3 <input type="checkbox"/> Other (please specify):
	Postal Code		1 <input type="checkbox"/> Square feet	0899
			2 <input type="checkbox"/> Square metres	<input type="text"/>
0826	c) Business name:	0891	0881	0892
0827	Address	<input type="text"/>	Area: <input type="text"/>	1 <input type="checkbox"/> on a street?
0878	City		Indicate units	2 <input type="checkbox"/> in a shopping centre?
0879	Province or Territory	0882	0880	3 <input type="checkbox"/> Other (please specify):
	Postal Code		1 <input type="checkbox"/> Square feet	0830
			2 <input type="checkbox"/> Square metres	<input type="text"/>
0912	d) Business name:	0919	0921	0917
0913	Address	<input type="text"/>	Area: <input type="text"/>	1 <input type="checkbox"/> on a street?
0914	City		Indicate units	2 <input type="checkbox"/> in a shopping centre?
0915	Province or Territory	0916	0920	3 <input type="checkbox"/> Other (please specify):
	Postal Code		1 <input type="checkbox"/> Square feet	0918
			2 <input type="checkbox"/> Square metres	<input type="text"/>

H - Comments

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

Hour(s) Minutes
 9910 9909

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:

YYYY MM DD
 0015

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

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