



# 2005 Annual Retail Chain 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/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*.

### Coverage

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

### 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*.

### Return of Questionnaire

Please return the completed questionnaire 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? 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*.

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



## Reporting Instructions

1. Please print in ink.
2. Report all dollar amounts in CANADIAN DOLLARS (**CAN\$**).
3. Dollar amounts and percentages should be rounded to whole numbers.
4. A reporting guide is included with the questionnaire for your reference.
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

3. List the main lines of merchandise and services sold and the estimated percentages of total operating revenue:

|         |                      | %                         |
|---------|----------------------|---------------------------|
| a) 0833 | <input type="text"/> | 0834 <input type="text"/> |
| b) 0835 | <input type="text"/> | 0836 <input type="text"/> |
| c) 0837 | <input type="text"/> | 0838 <input type="text"/> |

## Reporting Period Information

Please report for your **fiscal year** (normal business year) ending between **April 1, 2005** and **March 31, 2006**. Indicate the period covered by this questionnaire.

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

## B - Revenue

Please exclude GST/HST, PST and TVQ.

|   | CAN\$                     |
|---|---------------------------|
| 1. Sales of all goods purchased for resale, net of returns and discounts<br><b>Include</b> 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)<br><b>Exclude</b> interest and dividend income; report these amounts at question 9 below.  | 2077 <input type="text"/> |
| 8. <b>Total operating revenue</b> (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. <b>Total revenue</b> (add amounts reported at questions 8 and 9 above)  | 2098 <input type="text"/> |

## C - Cost of Goods Sold

|  |      | CAN\$ |
|--|------|-------|
| 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 minus 5 above) | 5720 |       |

## D - Expenses

|  |      | CAN\$                          | CAN\$                                     |
|--|------|--------------------------------|---|
| 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. Amortization and depreciation 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 (e.g., interest expenses)  |      | 4630                           |   |
| 10. <b>Total expenses</b> (add amounts reported at questions 8 and 9 above)  |      | 4698                           |   |
| 11. Have expenses or fees charged by your Head Office been included?   |      |                                |   |
|  | 4558 | 1 <input type="checkbox"/> Yes | 3 <input type="checkbox"/> No             |
|  |      |                                | 5 <input type="checkbox"/> Not applicable |

## E - Distribution of Operating Revenue by Type of Customer

Please indicate the percentage of total operating revenue (reported in **Section B**, 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 - Concessions

1. Do you rent space to concessionaires located on your business premises?

1242 1  Yes

3  No (go to **Section G**)

2. Did you exclude from your reported revenue, sales of all concessionaires?

1243 1  Yes (go to **Section G**)

3  No (go to question 3)

3. How many concessionaires did you include in your reported revenue?

1244

Number

4. What were the sales of concessions included in your reported revenue?

1241

CAN\$

## G - 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

## H - Comments

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

9910

Hour(s)

9909

Minutes

2. We invite your comments below. Statistics Canada reviews all comments with the intent of improving the survey.

9920

9913

9914

9915

Signature :

0015

YYYY

MM

DD

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.**