



# 1999 Annual Retail Chain Survey

### Reporting Instructions:

- 1) Complete for all business locations operating during the same reporting period as indicated in Part A.
- 2) Enter any location(s) not listed.
- 3) Verify and update, if necessary, the business location activity with the pre-printed NAICS code (see the enclosed NAICS Reference Guide for a detailed description of the NAICS code business activity).
- 4) The sum of all locations on Part B must equal the totals reported on Part A.

Collected under the Authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S19

Completion of this supplement is a legal requirement under this Act.

This document is confidential when completed. Si vous préférez recevoir la Partie B en français, veuillez appeler au numéro **1 888 881-3666**.

|  |                    |                    |                 |
|--|--------------------|--------------------|-----------------|
| Questionnaire Number for Combined Report | Please report for: | Questionnaire Type | Enterprise Name |
|--|--------------------|--------------------|-----------------|

| Questionnaire Number  | If necessary, please correct the pre-printed information for each business. |   | Operating Expenses               |   |                                   |                             | 0875<br>Gross leasable area<br>Indicate (✓) if area reported in:<br>1 <input type="checkbox"/> Square feet<br>2 <input type="checkbox"/> Square metres | Is this retail location . . .   | Part Year Operation<br>check the appropriate box below  | Please provide date(s) for Part Year Operation                     | Comments pertaining to individual locations |
|---|---|---|----------------------------------|---|-----------------------------------|-----------------------------|--|---|---|--|---|
|   | NAICS (see reference guide)   | Business Location (Co. Id., Business Name and Physical Address) | Total Operating Revenue (\$ CDN) | Total Labour Compensation (Salary, wages and benefits) (\$ CDN) | Total Operating Expenses (\$ CDN) | Cost of Goods Sold (\$ CDN) |  |   |   |  |   |
| <b>Please enter, on page 1 only, the totals from your combined report</b> |   |   |                                  |   |                                   |                             |  |   |   |  |   |
|   |   |   | 2080                             | 3041  | 4598                              | 5720                        | 0876   | 0877<br>1 <input type="checkbox"/> on a street?<br>2 <input type="checkbox"/> in a shopping centre?<br>3 <input type="checkbox"/> other (please specify):<br>0829 _____ | 0873<br>1 <input type="checkbox"/> Seasonal operation<br>2 <input type="checkbox"/> New location<br>3 <input type="checkbox"/> Change of fiscal year<br>4 <input type="checkbox"/> Change of ownership<br>5 <input type="checkbox"/> Ceased operations<br>6 <input type="checkbox"/> Temporarily closed | 0871<br>From _____<br>Year Month<br>0872<br>To _____<br>Year Month | 9921  |
|   |   |   | 2080                             | 3041  | 4598                              | 5720                        | 0876   | 0877<br>1 <input type="checkbox"/> on a street?<br>2 <input type="checkbox"/> in a shopping centre?<br>3 <input type="checkbox"/> other (please specify):<br>0829 _____ | 0873<br>1 <input type="checkbox"/> Seasonal operation<br>2 <input type="checkbox"/> New location<br>3 <input type="checkbox"/> Change of fiscal year<br>4 <input type="checkbox"/> Change of ownership<br>5 <input type="checkbox"/> Ceased operations<br>6 <input type="checkbox"/> Temporarily closed | 0871<br>From _____<br>Year Month<br>0872<br>To _____<br>Year Month | 9921  |
|   |   |   | 2080                             | 3041  | 4598                              | 5720                        | 0876   | 0877<br>1 <input type="checkbox"/> on a street?<br>2 <input type="checkbox"/> in a shopping centre?<br>3 <input type="checkbox"/> other (please specify):<br>0829 _____ | 0873<br>1 <input type="checkbox"/> Seasonal operation<br>2 <input type="checkbox"/> New location<br>3 <input type="checkbox"/> Change of fiscal year<br>4 <input type="checkbox"/> Change of ownership<br>5 <input type="checkbox"/> Ceased operations<br>6 <input type="checkbox"/> Temporarily closed | 0871<br>From _____<br>Year Month<br>0872<br>To _____<br>Year Month | 9921  |

|          |            |
|----------|------------|
| Comments | 9920 _____ |
|----------|------------|