



2000 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**.

PART B

Questionnaire Number for Combined Report	Please report for:	Questionnaire Type	Enterprise Name
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Questionnaire Number	If necessary, please correct the pre-printed information for each business.		Operating Expenses				0875 Gross leasable area Indicate (✓) if area reported in: 1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Square metres	Is this retail location . . .	Part Year Operation check the appropriate box below	Please provide the dates 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 Remuneration (Salary, wages and benefits) (\$ CDN)	Total Operating Expenses (\$ CDN)	Cost of Goods Sold (\$ CDN)					
Please enter, on page 1 only, the totals from your combined report			2080	3041	4598	5720					
			2080	3041	4598	5720	0876	0877 1 <input type="checkbox"/> on a street? 2 <input type="checkbox"/> in a shopping centre? 3 <input type="checkbox"/> other (please specify): 0829 _____	0873 1 <input type="checkbox"/> Seasonal operation 2 <input type="checkbox"/> New location 3 <input type="checkbox"/> Change of fiscal year 4 <input type="checkbox"/> Change of ownership 5 <input type="checkbox"/> Ceased operations 6 <input type="checkbox"/> Temporarily closed	0871 From _____ Year Month 0872 To _____ Year Month	9921
			2080	3041	4598	5720	0876	0877 1 <input type="checkbox"/> on a street? 2 <input type="checkbox"/> in a shopping centre? 3 <input type="checkbox"/> other (please specify): 0829 _____	0873 1 <input type="checkbox"/> Seasonal operation 2 <input type="checkbox"/> New location 3 <input type="checkbox"/> Change of fiscal year 4 <input type="checkbox"/> Change of ownership 5 <input type="checkbox"/> Ceased operations 6 <input type="checkbox"/> Temporarily closed	0871 From _____ Year Month 0872 To _____ Year Month	9921
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Comments	9920 _____
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