



2001 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 all locations 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.

This information is 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 nous téléphoner au numéro sans frais suivant : 1 888 881-3666.

PART B

Questionnaire Number for Combined Report	Please report for:	Questionnaire Type	Enterprise Name
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Location Number	If necessary, please correct the pre-printed information for each business.		Total Operating Revenue (\$ CDN)	Total Labour Remuneration (salary, wages and benefits) (\$ CDN)	Total Operating Expenses (\$ CDN)	Cost of Goods Sold (\$ CDN)	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 date(s) for Part Year Operation	Comments pertaining to individual locations
	NAICS (see reference guide)	Business Location (Co. Id., Business Name and Physical Address)									
Please enter, on page 1 only, the totals from your Part A Survey			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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