



Unified Enterprise Survey  
**2006 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 total operating revenue of all locations on Part B must equal the totals reported on Part A.

**PART B**

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.**



Questionnaire number for combined report	Please report for:	Questionnaire type	Business unit name
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Location number	NAICS (see reference guide)	If necessary, please correct the pre-printed information for each business location.  Business location (Co. Id., business name and physical address)	Total operating revenue (CAN\$)	0875 Gross leasable area Indicate if the area is reported in:  1 <input type="checkbox"/> Square feet 2 <input type="checkbox"/> Square metres	Part year operation Please check the appropriate box below, if necessary.	Please provide date(s) for Part year operation	Comments pertaining to individual locations
Please enter, on page 1 only, the totals from Part A of this survey.			2080				
			2080	0876	0873 1 <input type="checkbox"/> Seasonal operation 2 <input type="checkbox"/> New store 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 7 <input type="checkbox"/> Moved	0871 <b>From</b> Year    Month  0872 <b>To</b>	9921
			2080	0876	0873 1 <input type="checkbox"/> Seasonal operation 2 <input type="checkbox"/> New store 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 7 <input type="checkbox"/> Moved	0871 <b>From</b> Year    Month  0872 <b>To</b>	9921
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FOR INFORMATION ONLY

Comments 9920

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		Business location (Co. Id., business name and physical address)					0871 From Year Month	0872 To	
				2080	0876	0873 1 <input type="checkbox"/> Seasonal operation 2 <input type="checkbox"/> New store 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 7 <input type="checkbox"/> Moved	0871 From Year Month	0872 To	9921
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