



2001 Survey of Service Industries: Food Services and Drinking Places

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 **1 888 881-3666**.

If necessary, please correct pre-printed information below.

0001	Legal name	0004	Address (number and street)	
0002	Business name	0005	City	
0003	C/O	0006	Province or State	
0008	First name of contact	0053	Country	0007 Postal code / Zip code
0028	Last name of contact	0010	Language preference 1 <input type="radio"/> English 2 <input type="radio"/> French	

A. General Information

Survey Purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

Data Sharing Agreements

In an effort to reduce reporting burden, 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. Please see the enclosed information booklet for details of the agreements.

Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics 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*.

Reporting Instructions

- Report for **all** operation(s) and/or location(s) described on the address label above. If it is not possible to report for the above business unit(s), please explain the reason(s) in the comments section at the end of the questionnaire.
- When precise figures are not available, please provide your best estimates.
- For further information about this survey and definitions, please consult the enclosed information booklet.

Return of Questionnaire

Please mail the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999 within 30 days of receipt.

Lost the return envelope or need help? Call us at **1 888 881-3666** or mail to:
Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6

B. Main Business Activity

Please describe the nature of your business.

0055 _____

Please check only one of the following categories that represents the **main** activity, at this business unit, which most accurately describes the principal source of operating revenue.

- 722110 0430 **Full-Service Restaurant** - patrons order while seated (*e.g. fine dining*)
722210 0431 **Limited-Service Restaurant** - patrons order food and beverages at a counter, food bar and/or order by phone
722310 0432 **Food Service Contractor** - supplies food services under contract for a specific period of time
722320 0433 **Social Caterer** - provides food services for social or business events
722330 0434 **Mobile Food Service** - serves food and beverages, from motorized vehicles or non-motorized carts
722410 0435 **Drinking Places** - (*e.g. bars, night-clubs, taverns*)
0040 00 **None of the above**

If you responded "**None of the above**", please call **1 888 881-3666** for further instructions.

For further information, please refer to the enclosed information booklet.

C. Reporting Period Information

Please report information for your **fiscal year** (normal business year) ending between April 1, 2001 and March 31, 2002. Please indicate below the period covered by this questionnaire.

0011 Year Month Day 0012 Year Month Day
1. **From** _____ **To** _____

2. If you did not operate this business unit for a full year, please check the reason(s) below:

- 0031 1 Seasonal Operation 2 New Business 3 Change of Fiscal Year 4 Change of Ownership 5 Ceased Operations 6 Temporarily Inactive

3. Please indicate below, any change that may have occurred in the organization of this business unit during this fiscal year:

- 0047 1 Acquired New Units 2 Disposed of/Sold Units

If you have had any other changes in your business within the year, please describe these changes in the comment section at the end of the questionnaire.

D. Business Unit Organization

Type of organization (please check **one** only):

- 0024 1 Unincorporated sole proprietorship 2 Unincorporated partnership 3 Incorporated company
4 Co-operative 5 Joint venture 6 Government business entity
7 Government 8 Non-profit organization

For further information, please refer to the enclosed information booklet.

E. Personnel Characteristics

Please report the average number of people employed during the reporting period.

	Number
Full-time (<i>usually 30 hours or more per week</i>)	6073
Part-time (<i>usually less than 30 hours per week</i>)	6076
Number of working owners or partners of unincorporated businesses (<i>non-salaried</i>)	6079

F. Revenue

	\$ CDN
1. Total alcoholic beverages (<i>include drinks served with meals</i>)	1414
2. Full table food service (<i>customers are waited upon while seated at table, e.g. fine dining</i>)	1415
3. Counter service (<i>self serve and/or food and beverages dispensed to customers and eaten on the premises</i>)	1420
4. Take-out service (<i>customers pick up food and beverages to be eaten away from the premises</i>)	1425
5. Drive-through service (<i>customers drive up and order and consume their purchases away from the premises</i>)	1430
6. Delivery service (<i>food ordered and delivered to customers by vehicle</i>)	1432
7. Contract catering service (<i>food prepared for institutions, government and/or industry</i>)	1435
8. Social catering (<i>food prepared for events, parties and functions</i>)	1440
9. Mobile food service (<i>food and beverages prepared and sold from motorized vehicles and non-motorized carts</i>)	1445
10. Sales of merchandise (<i>e.g. gifts, newspapers, cigarettes</i>)	2028
11. Franchise fee and royalty revenue	2022
12. Commission revenue (<i>e.g. net gambling commissions from video lottery terminals, lottery tickets</i>)	2060
13. All other revenue. (<i>Please specify major items</i>):	2077
2071	
2072	
2073	
14. Total operating revenue (<i>sum of 1 to 13</i>)	2080
15. Investment and other income	2097
16. Total revenue (<i>sum of 14 and 15</i>)	2098

For further information, please refer to the enclosed information booklet.

G. Expenses

	\$ CDN	
1. Cost of merchandise (<i>for resale</i>)	5531	
2. Cost of food and non-alcoholic beverages	5532	
3. Cost of alcoholic beverages	5533	
4. Total cost of goods sold (<i>sum of 1 to 3</i>)		\$ CDN 5721
5. Total wages and salaries of employees	3010	
6. Employer portion of employee benefits	3040	
7. Total labour remuneration (<i>sum of 5 and 6</i>)		3041
8. Supplies and materials used in the business (<i>e.g. plastic utensils, food containers</i>)		3420
9. Office supplies		3301
10. Heat, light, power and water		4066
11. Purchased delivery service (<i>delivery of food and beverages to customers by private contractor</i>)		3440
12. Telephone and other telecommunication expenses		4101
13. Rental of linens and uniforms		3430
14. Legal, accounting and other professional fees		4230
15. Rental of real estate		4120
16. Rental and/or lease of machinery, equipment, computer and motor vehicles		4140
17. Repair and maintenance to buildings, motor vehicles, machinery and equipment		4175
18. Financial service fees and other banking charges		4325
19. Insurance premiums		4350
20. Advertising expenses		4365
21. Travel, meals and entertainment		4370
22. Property and business taxes, licences and permits		4410
23. Royalties and franchise fees		4440
24. Depreciation and amortization		4520
25. Management fees paid to head office and other business support units		4555
26. Interest expenses		4630
27. All other expenses. (<i>Please specify major items</i>):		4569
4561		
4562		
4563		
28. Total expenses (<i>sum of 4, 7 and 8 to 27</i>)		4699

H. Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person	Title 0014	0015 Date		
		Year	Month	Day
Name of person to contact for further information 0026 1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms.	0013	First name		
	0054	Last name		
E-mail address: 0018		Web site address: 0020		
Telephone number: 0017 ()	Extension: 0027	Fax number: 0016 ()		
How long did you spend collecting the data and completing this questionnaire?		9910 hour(s)	9909 minutes	

I. Comments

We invite your comments below. If necessary, please attach a separate page. Please be assured that we review all comments with the intent to improve the survey.

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Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use
in Statistics Canada's regional offices and all major libraries.
As well, please visit our Web site at www.statcan.ca

If you need help, please contact us at **1 888 881-3666**.