

# 2004 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.

B

If n	necessary, pleas	se correct pre-printed information below.							
0001	Legal name		0004	Address (number and street)	9				
0002	Business name		0005	City					
0003	C/O		0006	Province/ Territory or State					
	First name of contact		0053	Country		0007	Postal code/ Zip code		
	Last name of contact			Language preference	<sup>1</sup> English	h	2	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 reporting guide for details of these 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) pre-printed in the above address area. 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 reporting guide.

## **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

Statistics Canada

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Statistique

Canada

B - Main Business Activity							
Please describe the nature of your business.							
0055							
-							
•	one of the following categories that represents the <u>main</u> activity, at this business unit, which most s the principal source of operating revenue.						
722110 <sup>0430</sup>	Full-Service Restaurant - patrons order while seated						
722210	Limited-Service Restaurant - patrons order food and beverages at a counter, and/or order by phone						
722310	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	Mobile Food Service - serves food and beverages, from motorized vehicles or non-motorized carts						
722410	Drinking Places (e.g., bars, night-clubs, taverns)						
0040	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 reporting guide.						
C - Reporting	Period Information						
	nation for your <u>fiscal year</u> (normal business year) ending between April 1, 2004 and March 31, 2005. Please period covered by this questionnaire.  YYYY MM DD YYYY MM DD						
<b>1.</b> From 0011	To 0012						
2. If you did not	operate this business unit for a full year, please check the reason(s) below:						
0031 1 Seas Oper	conal <sup>2</sup> New <sup>3</sup> Change of <sup>4</sup> Change of <sup>5</sup> Ceased <sup>6</sup> Temporarily cation Business Fiscal Year Ownership Operations Inactive						
Please indicate below, any change that may have occurred in the organization of this business unit during the reported period:							
O047 1 Acquired New 2 Disposed of/ Business Units Sold Business Units							
If you have had any other changes in your business within the year, please describe these changes in the Comments section at the end of the questionnaire.							
D - Business Unit Organization							
Type of organization (please check <u>one</u> only):							
O024 1 Unincorpord 4 Co-opera 7 Governm	•						
	- Hon prom organization						

For further information, please refer to the enclosed reporting guide.									
E - Menu Theme									
Plea	se identify your dominant menu theme(s) maximum	of three (3).							
9181 [ 9182 [ 9183 [ 9184 [ 9185 [ 9186 [ 9187 [ 9188 [ 9198 [	Baked Goods (e.g., doughnuts, muffins, pastries) Chicken Chinese Other Asian Coffee Hamburger Mexican North American (varied)	200	Y						
F -	9198  Other Speciality (please specify): 9201								
Γ-	\$ CDN								
1.	Total alcoholic beverages (include drinks served	1414							
2.	Full table food service (customers are waited upon	1415							
3.	Counter service (food and beverages dispensed to premises)	1420							
4.	Take-out service (customers pick up food and bever premises)	1425							
5.									
6.	Delivery service (food ordered and delivered to cus	1432							
7.	Contract catering service (food prepared for institu	1435							
8.	Social catering (food prepared for events, parties a	1440							
9.	Mobile food service (food and beverages prepared and non-motorized carts)								
10.	Sales of merchandise (e.g., gifts, toys, newspapers, cigarettes)  2028								
11.	Franchise fee and royalty revenue	2022							
12.	Commission revenue (e.g., net gambling commission lottery tickets)	2060							
13.	All other revenue (Please specify major items):	2077							
	2071								
14.	4. Total operating revenue (sum of 1 to 13)								
15.	5. Investment and other income (e.g., interest and dividend income, capital gains)								
16.	6. Total revenue (sum of 14 and 15)								

# For further information, please refer to the enclosed reporting guide. G - Expenses \$ CDN 5533 Cost of alcoholic beverages Cost of food and non-alcoholic beverages 5531 Cost of merchandise (for resale) \$ CDN Total cost of goods sold (sum of 1 to 3) Total salaries and wages of employees (include management salaries) 3040 Employer portion of employee benefits 7. Total labour remuneration (sum of 5 and 6) 8. Supplies and materials used in the business (e.g., plastic utensils, paper products, food 3420 containers) Office supplies (include paper and supplies, computers, printers, photocopiers) 4066 Heat, light, power and water (e.g., electricity, gas, propane) 3440 Purchased delivery service (delivery of food and beverages to customers by private contractor) 12. Telephone and other telecommunication expenses (include cell phone, Internet access, cable and satellite fees) **13.** Rental of linens and uniforms (**include** laundry) 4230 Legal, accounting and other professional fees **15.** Rent 4140 16. Rental and/or lease of computers, motor vehicles, machinery and equipment 17. Repair and maintenance to buildings, motor vehicles, machinery and equipment (include 4175 janitorial service, snow removal) 4325 18. Financial service fees and other banking charges (include credit/debit card charges) 19. Insurance premiums (include liability, business interruption insurance, motor 4350 vehicle insurance) 20. Advertising and promotion expenses 4370 Travel, meal and entertainment expenses 21. 4410 Property and business taxes, licences and permits 23. Royalties and franchise fees 4520 24. Amortization and depreciation Management fees paid to head office and other business support units (exclude 4555 management salaries) 4630 Interest expenses (e.g., interest on loans/mortgages) 26. 4349 Write-offs, valuations, adjustments, capital losses All other expenses (Please specify major items): 4562 4699 29. Total expenses (sum of 4, 7 and 8 to 28)

H - Personnel Characteristics										
Please report the average number of people employed during the reporting period.										
										Number
Full-time (usually 3	Full-time (usually 30 hours or more per week)									
Part-time (usually l	Part-time (usually less than 30 hours per week)									
Number of working	Number of working owners or partners of unincorporated businesses (non-salaried)									
I - Provincial/Te	rrito	orial Distrib	uti	on						
				0066 3 🗔				104		
	1. Are you reporting for food service  and drinking place operations  9966  No - If no, please go to Section J.  Yes - If yes, report the following items by									
located in more the province/territory?	an on	е						province/ter	ritoı	ry of operation.
2. Please indicate if y	ou ar	re reporting in:		9967 1	\$	or		2		
	То	otal Operating		Total Cost of		Total Labour	Aı	mortization and		Total
Province/Territory		Revenue (Section F,		Goods Sold (Section G,		Remuneration (Section G,		Depreciation (Section G,		Expenses (Section G,
		question 14)		question 4)		question 7)		question 24)		question 29)
Newfoundland and Labrador	4824		4825		4826		4827	4	927	
Prince Edward Island	4829		4830		4831		4832	4	932	
Nova Scotia	4834		4835	2	4836		4837	4	937	
New Brunswick	4839		4840	$\bigcup$	4841		4842	4	942	
Quebec	4844		4845		4846		4847	4	947	
Ontario	4849		4850		4851		4852	4	952	
Manitoba	4854	<b>R</b>	4855		4856		4857	4	957	
Saskatchewan	4859	) '	4860		4861		4862	4	962	
Alberta	4864		4865		4866		4867	4	967	
British Columbia	4869		4870		4871		4872	4	972	
Yukon	4874		4875		4876		4877	4	977	
Northwest Territories	4879		4880		4881		4882	4	982	
Nunavut	4884		4885		4886		4887	4	987	
Canada Totals	4889		4890		4891		4892	4	992	
									1	

J - Certification					
I certify that the information contained herein is	s complete	and correct to	the best of my	knowledge.	
Signature of authorized person	Title 0014			0015 Year	Date  Month Day
Name of person to contact for further information:	0013 First nar	me			
<sup>1</sup> Mr. <sup>2</sup> Mrs <sup>3</sup> Miss <sup>4</sup> Ms	0054 Last nai	me			
E-mail address 0018		Web site address		. 1	
Telephone number 0017	Extension number		Fax number		,
How long did you spend collecting the data and co	mpleting this	s questionnaire?	,	9910 Ho	ur(s) Minutes
K - Comments We invite your comments below. Please be assure	ed that we re	eview all comme	nts with the inte	nt to improve the	survey.
9920					
9913					
	32	Y			
9914					
9915					
9916					
Thank you for completing this q	uestion	naire. Pleas	se retain a d	copy for you	ır records.
	al offices and	ivailable for use d all major librari eb site at <b>www.</b> :	ies.	nada's	
If you need help	p, please co	ntact us at <b>1 88</b>	8 881-3666.		