



2004 Survey of Service Industries: Specialized Design

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/Territory 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="checkbox"/> English 2 <input type="checkbox"/> 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



B - Main Business Activity

Please describe the nature of your business.

0055 _____

Please check the category that represents the **principal** source of operating revenue for this business unit.

- 541320 0251 Landscape Architectural Services and Urban Planning Services
- 541410 0252 Interior Design Services
- 541420 0253 Industrial Design Services
- 541430 0254 Graphic Design Services
- 541490 0255 Other Specialized Design Services (e.g., clothing, shoes or jewellery, fashion designers, textiles, theatrical sets, floats, museum exhibits)
- 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

Please report information for your **fiscal year** (normal business year) ending between April 1, 2004 and March 31, 2005. Please indicate below the period covered by this questionnaire.

1. **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 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 Business Units 2 Disposed of/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 **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 reporting guide.

E - Personnel Characteristics

		Number
1. Number of partners and working proprietors (non-salaried)	6321	
2. Number of paid employees (Count of employees should be based on year-end T4 payroll summaries)		
a) Professionals	6332	
b) Technical and trades	6333	
c) Administrative, support staff and other	6330	
Total number of paid employees (sum of items a to c)	6339	
3. Percentage of paid employees that worked full time	6328	%
4. Employee turnover		
a) Number of paid employees hired during the reporting period	6329	
b) Number of paid employees that resigned or were dismissed during the reporting period	6338	
5. Number of contract workers hired during the year (individuals engaged only for the duration of a specific project or term)	6320	

F - Revenue

		\$ CDN
1. Landscape architectural services	2476	
2. Urban planning services	2481	
3. Interior design services	2477	
4. Industrial design services	2478	
5. Graphic design services	2479	
6. Other design services	2480	
7. Sales of other goods and services provided (Please specify major items):	2000	
2001 _____		
2002 _____		
8. Total operating revenue (sum of 1 to 7)	2080	
9. Investment and other income (e.g., interest and dividend income, capital gains)	2097	
10. Total revenue (sum of 8 and 9)	2098	

G - Revenue by Design Activity

Please indicate the percentage of Total operating revenue (reported in Section F, question 8) by type of design activity.

		%
1. Design consultation	2721	
2. Provision of design services	2722	
3. Project management	2723	
4. Other (Please specify):	2725	
2726 _____		
5. Total		100%

For further information, please refer to the enclosed reporting guide.

H - Expenses

		\$ CDN	
1.	Total salaries and wages of employees	3010	
2.	Employer portion of employee benefits	3040	
3.	Total labour remuneration (sum of 1 and 2)	3041	\$ CDN
4.	Cost of merchandise purchased for resale (if applicable)	4025	
5.	Telephone and other telecommunication expenses	4101	
6.	Rental and lease of office space and other real estate expenses	4120	
7.	Other rental and leasing expenses	4140	
8.	Design work subcontracted to others	3086	
9.	Other professional and business service fees	4275	
10.	Insurance premiums	4350	
11.	Advertising expenses	4365	
12.	Travel, meal and entertainment expenses	4370	
13.	Office supply expenses	3301	
14.	All other materials, components and supplies	3392	
15.	Heat, light and power expenses	4036	
16.	Amortization and depreciation	4520	
17.	Interest expenses	4630	
18.	Write-offs, valuation adjustments, capital losses	4349	
19.	All other expenses (Please specify major items):	4569	
	4561 _____		
	4562 _____		
	4563 _____		
20.	Total expenses (sum of 3 to 19)	4699	

For further information, please refer to the enclosed reporting guide.

I - Distribution of Operating Revenue by Client Location

Please indicate the percentage of *Total operating revenue* (reported in **Section F**, question 8) by the location of client to whom the goods or services were delivered.

Clients in Canada		%
1. Newfoundland and Labrador	8400	
2. Prince Edward Island	8415	
3. Nova Scotia	8405	
4. New Brunswick	8410	
5. Quebec	8420	
6. Ontario	8425	
7. Manitoba	8430	
8. Saskatchewan	8435	
9. Alberta	8440	
10. British Columbia	8445	
11. Yukon	8455	
12. Northwest Territories	8451	
13. Nunavut	8452	
Clients outside Canada (exports)		
14. United States	8465	
15. Mexico	8470	
16. Central and South America	8462	
17. European Union Countries	8477	
18. Other European Countries	8463	
19. Africa	8464	
20. Middle East	8466	
21. Asia	8471	
22. Australia, New Zealand	8467	
23. All other countries	8476	
Total clients		100%

J - Distribution of Operating Revenue by Type of Client

Please indicate the percentage of *Total operating revenue* (reported in **Section F**, question 8) by type of client to whom the goods or services were delivered.

1. Clients in Canada		%
a) Individuals and households	8100	
b) Businesses	8110	
c) Public institutions (<i>e.g., hospitals, schools, universities</i>)	8120	
d) Governments (<i>federal, provincial, territorial and municipal administration</i>)	8130	
2. Clients outside Canada (exports) - (should equal sum of 14 to 23 in Section I above)	8140	
Total		100%

K - Certification

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

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

L - Comments

We invite your comments below. 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**.