

2002 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 s | street) | |
|------|-----------------------|-----------------------|------|-------------------------|---------|------------------------|
| 0002 | Business name | \Diamond_{\wedge} (| 0005 | City | | |
| 0003 | C/O | | 0006 | Province or State | | |
| 8000 | First name of contact | | 0053 | Country | 0007 | Postal code / Zip code |
| 0028 | Last name of contact | | 0010 | Language preference 1 E | nglish | ² French |

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) 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 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

Statistics Statistique Canada

5-3300-138.1: 2002-04-03

Canada

STC/UES-307-75135

2002 Survey of Service Industries: Specialized Design





| B. Main Business Activity | | | | | |
|---|--|------|--|--|--|
| Please describe the nature of your business. | | | | | |
| 0055 | | | | | |
| | | _ | | | |
| | | - | | | |
| | | _ | | | |
| | | | | | |
| Please check only one of the following categories that represents the <u>main</u> activity, at this business unit, which most accurately describes the principal source of operating revenue. | | | | | |
| 541320 0251 Landscape Architectural Se | rvices and Urban Planning Services | | | | |
| 541410 0252 Interior Design Services | | | | | |
| 541420 0253 Industrial Design Services | | | | | |
| 541430 0254 Graphic Design Services | | | | | |
| | ervices (e.g. clothing, shoes or jewelery, fashion al sets, floats, museum exhibits) | | | | |
| 0040 \bigcirc None of the above | | | | | |
| If you responded "None of | the above", please call 1 888 881-3666 for further instructions. | | | | |
| For further information, ple | ease refer to the enclosed information booklet. | | | | |
| To raine mornians, pro | | | | | |
| C. Beneving Period Information | | | | | |
| C. Reporting Period Information | | | | | |
| C. Reporting Period Information Please report information for your <u>fiscal year</u> (to 2003). Please indicate below the period covers | normal business year) ending between April 1, 2002 and March 31, | | | | |
| Please report information for your <u>fiscal year</u> (2003. Please indicate below the period covered | by this questionnaire. | | | | |
| Please report information for your fiscal year | normal business year) ending between April 1, 2002 and March 31, dby this questionnaire. Year Month Day To | | | | |
| Please report information for your <u>fiscal year</u> (to 2003. Please indicate below the period covered on the per | this questionnaire. Year Month Day To | | | | |
| Please report information for your <u>fiscal year</u> (12003. Please indicate below the period covered 1. From Month Day 2. If you did not operate this business unit for a | this questionnaire. Year Month Day To | ily | | | |
| Please report information for your fiscal year (2003. Please indicate below the period covered on the period c | Year Month Day To Year Month Day a full year, please check the reason(s) below: Change of 4 Change of 5 Ceased 6 Temporari | ily | | | |
| Please report information for your <u>fiscal year</u> (2003. Please indicate below the period covered on the period | To Year Month Day | ily | | | |
| Please report information for your fiscal year (2003. Please indicate below the period covered of the period c | Year Month Day To a full year, please check the reason(s) below: Change of 4 Change of 5 Ceased 6 Temporari Fiscal Year Ownership Operations Inactive A have occurred in the organization of this business unit during this Units 2 Disposed of/Sold Units In your business within the year, please describe these | ily | | | |
| Please report information for your fiscal year (2003. Please indicate below the period covered of the period c | Year Month Day To Year Month Day a full year, please check the reason(s) below: Change of 4 Change of 5 Ceased 6 Temporari Fiscal Year Ownership Operations Inactive have occurred in the organization of this business unit during this Units 2 Disposed of/Sold Units | rily | | | |
| Please report information for your fiscal year (2003. Please indicate below the period covered of the period c | Year Month Day To a full year, please check the reason(s) below: Change of 4 Change of 5 Ceased 6 Temporari Fiscal Year Ownership Operations Inactive A have occurred in the organization of this business unit during this Units 2 Disposed of/Sold Units In your business within the year, please describe these | rily | | | |
| Please report information for your fiscal year (2003. Please indicate below the period covered on the period c | Year Month Day To a full year, please check the reason(s) below: Change of 4 Change of 5 Ceased 6 Temporari Fiscal Year Ownership Operations Inactive A have occurred in the organization of this business unit during this Units 2 Disposed of/Sold Units In your business within the year, please describe these | rily | | | |
| Please report information for your fiscal year (2003. Please indicate below the period covered and the period cove | Year Month Day To a full year, please check the reason(s) below: Change of 4 Change of 5 Ceased 6 Temporari Fiscal Year Ownership Operations Inactive y have occurred in the organization of this business unit during this Units 2 Disposed of/Sold Units In your business within the year, please describe these nt section at the end of the questionnaire. | ily | | | |
| Please report information for your fiscal year (2003. Please indicate below the period covered of the period c | To Year Month Day To | rily | | | |

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

| E. | Personnel Characteristics | |
|-----|--|-------------------------|
| 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 pa | vroll 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 p | eriod 6338 |
| | | |
| 5. | Number of contract workers hired during the year (individuals engaged only for the duration of a specific project or term) | 6320 |
| | duration of a specific project of term) | |
| F. | Revenue | |
| | | \$ CDN |
| 1. | Landscape architectural services | 476 |
| 2. | Orban planning services | 481 |
| 3. | Interior design services | 477 |
| 4. | industrial design services | 478 |
| 5. | Grapnic design services | 479 |
| 6. | Other design services | 480 |
| 7. | Sales of other goods and services provided (please specify major items): | 000 |
| | 2001 | |
| | 2002 | |
| 8. | Total Operating Revenue (sum of 1 to 7) | 080 |
| | | 097 |
| 9. | Investment and other income | 098 |
| 10. | Total Reverue (sum of 8 and 9) | |
| G. | Revenue by Design Activity | |
| | ase indicate the percentage of "Total Operating Revenue" (reported in section F, question | on 8) by type of design |
| | ivity. | Percentage |
| 1. | Design consultation 2 | 721 |
| 2. | | 722 |
| 3. | • | 723 |
| 4. | • | 725 |
| | 2726 | |
| 5. | Total | 100% |
| | | |

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

H. Expenses

| | | \$ CDN | |
|-----|---|------------|--------|
| 1. | Total wages and salaries of employees | 3010 | |
| 2. | Employer portion of employee benefits | 3040 | \$ CDN |
| 3. | Total labour remuneration (sum of 1 and 2) | | 3041 |
| 4. | Cost of merchandise purchased for resale (if applicable) | (| 4025 |
| 5. | Telephone and other telecommunications expenses | | 4101 |
| 6. | Rental and lease of office space and other real estate ex | penses | 4120 |
| 7. | Other rental and leasing expenses | \Diamond | 4140 |
| 8. | Design work subcontracted to others | | 3086 |
| 9. | Other professional and business services fees | | 4275 |
| 10. | Insurance premiums | | 4350 |
| 11. | Advertising expenses | | 4365 |
| 12. | Travel, meals 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. | Depreciation and amortization | | 4520 |
| 17. | Interest expenses | | 4630 |
| 18. | All other expenses. (Please specify major items): | | 4569 |
| | 4561 | | |
| | 4562 | | |
| | 4563 | | |
| 19. | Total expenses (sum of 3 to 18) | | 4699 |
| | | | |

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

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.

| Clie | nts in Canada | Percentage |
|------|------------------------------|------------|
| 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 |
| Clie | nts 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 |
| | All other countries | 8476 |
| Γota | ul 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 | Percentage |
|---|------------|
| a) Individuals and households | 8100 |
| b) Businesses | 8110 |
| c) Public institutions (hospitals, schools, universities, etc.) | 8120 |
| d) Governments (federal, provincial, territorial and municipal administration) | 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 | io boot of my miomougo. | 0015 Date | | |
| | 0014 | | Year Month Day | | |
| | | | | | |
| Name of person to contact for further 0013 information | ' | | | | |
| <u> </u> | name | | | | |
| 1 Mr. 2 Mrs. 3 Miss 4 Ms. 0054 Last | | | | | |
| E-mail address: | | address: | | | |
| 0018 | 0020 | address. | | | |
| Telephone number: | Extension: | Fax number: | | | |
| 0017 () | 0027 | 0016 () | $\searrow U$ | | |
| | | 9910 hour(s) 9909 | minutes | | |
| How long did you spend collecting the data and comp | oleting this questionnaire? | | | | |
| <u> </u> | | | | | |
| L. Comments | | | | | |
| | | | | | |
| We invite your comments below. If necessary, comments with the intent to improve the survey | | e page. Please be assu | red that we review all | | |
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| | | | | | |
| Thank you for completing this qu | uestionnaire. Pleas | se 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 | o, please contact us at 1 | 888 881-3666. | | | |