



# Annual Survey of Advertising and Related Services, 1999

▼ Reference number ▼

**Authority**

The survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, chapter S19.



Correct pre-printed information if necessary using the corresponding boxes below:

001	Legal name	004	Number and street		
002	Business name	005	City	006	Province or State
003	C/o	053	Country	007	Postal code

**Please read carefully before completing the questionnaire**

**Coverage**

Please complete the questionnaire for the business unit(s) described in the pre-printed area above. For this purpose, a "business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

**Survey Objective**

The survey objective is the collection and publication of data necessary for the statistical analysis of the advertising and related services industries. The information from the survey can be used by businesses and trade associations for market analysis and assessment of industry performance, operating characteristics and trends, by government to develop national and regional economic policies, by other users involved in research or policy making and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts.

**Confidentiality**

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to any identifiable business without the previous written consent of that business. **The data reported on this questionnaire will be treated in strict confidence, used for statistical purposes, and published in aggregate form only.** The confidentiality provisions of the Statistics Act are not affected by either the Access to Information Act or by any other legislation.

**Questions and Return Procedures**

We ask that you complete and return questionnaire within 30 days of receipt to:

**Statistics Canada  
Operations and Integration Division  
2nd floor, Jean Talon Bldg, Ottawa, Ontario K1A 0T6**

This survey questionnaire can also be sent to Statistics Canada using the following facsimile communication: **1-888-605-2493**

Statistics Canada advises you that there could be a risk of disclosure during the facsimile communication process. However, upon receipt of your facsimile, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the Statistics Act.

If you have questions or require assistance in completing this questionnaire, please call our **toll free number: 1-800-916-9316** and a representative of Statistics Canada will gladly answer your queries.

**Duplicate Questionnaires**

If you receive more than one copy of this questionnaire for the same business, please complete the one that is correctly labelled and return it with the duplicate(s), writing "DUPLICATE" on the relevant form(s).

**Note of Appreciation**

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

# 1. Business Activity

- a) Please describe the nature of your firm's business activity in 1999: 021 \_\_\_\_\_
- 
- b) Is this a change from the previous year? . . . . . 022    1  Yes    3  No  
 ↓  
 If yes, please provide details in the "Comments" section on page 7.
- c) Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue. For detailed industry descriptions, please refer to the enclosed "Definitions sheet".
- |     |                                                                                                                                                |                                                                                                                                                         |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| 023 | 541810 <input type="radio"/> Advertising Agencies                                                                                              | 541891 <input type="radio"/> Specialty Advertising                                                                                                      |
|     | 541820 <input type="radio"/> Public Relations Services                                                                                         | 541899 <input type="radio"/> All Services Related to Advertising (e.g., merchandise demonstration services, sign painting and lettering services, etc.) |
|     | 541830 <input type="radio"/> Media Buying Agencies                                                                                             | 561420 <input type="radio"/> Telemarketing                                                                                                              |
|     | 541840 <input type="radio"/> Media Representatives                                                                                             | 339950 <input type="radio"/> Sign and display manufacturing                                                                                             |
|     | 541850 <input type="radio"/> Display Advertising                                                                                               | <input type="radio"/> Other (please specify)                                                                                                            |
|     | 541860 <input type="radio"/> Direct Mail Advertising                                                                                           | 032 _____                                                                                                                                               |
|     | 541870 <input type="radio"/> Advertising Material Distribution Services (e.g., sample/advertising material direct distribution services, etc.) | _____                                                                                                                                                   |

# 2. Form of Organization

- a) Type of organization (please check **one** only):
- |     |                                             |                                                    |                                              |                                      |
|-----|---------------------------------------------|----------------------------------------------------|----------------------------------------------|--------------------------------------|
| 027 | 1 <input type="radio"/> Sole proprietorship | 2 <input type="radio"/> Partnership                | 3 <input type="radio"/> Incorporated company | 4 <input type="radio"/> Co-operative |
|     | 5 <input type="radio"/> Joint venture       | 6 <input type="radio"/> Government business entity | 7 <input type="radio"/> Government           | 8 <input type="radio"/> Non-profit   |
- b) Is the sole purpose of this business unit to provide services to your parent company, an affiliated company or a professional practice?  
 025    1  Yes – **If yes**, please name the company or professional practice    033 \_\_\_\_\_  
       3  No
- c) Please enter your nine-digit Business Number (if incorporated)  
 034    

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- d) Is this business affiliated with a chain or franchise group?  
 030    1  Yes (please provide name)    044 \_\_\_\_\_  
       3  No
- e) Did this business unit participate in any joint venture(s) during the reporting period?  
 A joint venture refers to a specific commercial undertaking entered into jointly by two or more parties or companies, who agree to contribute the necessary capital and share in profits or losses of the project in agreed proportions. The association terminates either upon completion of the undertaking or at a specific time.  
 028    1  Yes – **If yes**, please go to f)    3  No – **If no**, please go to Question 3, Reporting Period
- f) Are detailed revenue and expenses for the business unit's share in the joint venture(s) included in this questionnaire?  
 035    1  Yes    3  No
- g) Please provide the name of the joint venture.    036 \_\_\_\_\_
- h) Is this joint venture:  
 037    1  Incorporated – **If incorporated**, please go to i)    3  Unincorporated – **If unincorporated**, please go to j)
- i) Business Number of joint venture (if incorporated)    038    

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- j) If it is an unincorporated joint venture, please provide the length of time of the joint venture.  
 039    

YYYY	MM	DD
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    040    

YYYY	MM	DD
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- k) Venture partner(s) and Business Number(s) (if incorporated)
- | Venture partner(s) | Business Number(s) (if incorporated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| 041                | 043 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |  |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |  |

**If you participated in more than one joint venture or if more space is required, please enclose a separate page.**

### 3. Reporting Period

Please report for the calendar year 1999 or for your most recent fiscal year ending no later than March 31, 2000.

This report covers  229  230  231  232  233  234

no. of months ending

YYYY	MM	DD

**Period of Operation** If you did not operate this business for a full year, please check (✓) the reason below:

235  Seasonal operation  Ceased operation (please specify) 046 \_\_\_\_\_

New business in 1999  Temporarily closed (please specify) 047 \_\_\_\_\_

Change of fiscal year end

Change of ownership (please provide name and address of the other owner)

045 \_\_\_\_\_

Effective date of change  236

YYYY	MM	DD

Please report for your 1999 fiscal year, as reported in section 3

### 4.1 Revenue

- Please report in **Canadian dollars**.
- Please report sales and receipts excluding GST and all other taxes collected by you for remittance to a government agency.

a) **Commissions & fees from sale of media time and/or space**

- i) commissions
- ii) fees

b) **Production Work Performed By Your Own Staff**

c) **Other Service Revenue**

- i) commissions (please specify type of service)
- 048 \_\_\_\_\_
- ii) fees (please specify type of service)
- 049 \_\_\_\_\_

d) **Sales of Specialty Advertising Products**

e) **Sales of Other Merchandise**

f) **Rental and/or Leasing of Billboards, Signs and Displays**

g) **Other Operating Revenue**

e.g., revenue from rental of real estate, miscellaneous service revenue, etc. (Please specify)

050 \_\_\_\_\_

h) **Total Operating Revenue**

(sum of items (a) to (g))

i) **Non-Operating Revenue**

Interest and all other revenue that is not directly related to the operation of this business

j) **Total Revenue**

(sum of items (h) and (i))

	Dollars (omit cents)
a) Commissions & fees from sale of media time and/or space	095
i) commissions	
ii) fees	096
b) Production Work Performed By Your Own Staff	097
c) Other Service Revenue	098
i) commissions (please specify type of service)	
048 _____	
ii) fees (please specify type of service)	
049 _____	
d) Sales of Specialty Advertising Products	138
e) Sales of Other Merchandise	103
f) Rental and/or Leasing of Billboards, Signs and Displays	106
g) Other Operating Revenue	108
e.g., revenue from rental of real estate, miscellaneous service revenue, etc. (Please specify)	
050 _____	
h) Total Operating Revenue	115
(sum of items (a) to (g))	
i) Non-Operating Revenue	120
Interest and all other revenue that is not directly related to the operation of this business	
j) Total Revenue	130
(sum of items (h) and (i))	

### 4.2 Advertising Agencies, Media Buyers and Media Representatives

**Total Gross Billings**

Please report your total gross billings to clients

**Media Costs**

Please report the value of media purchases made on behalf of your clients. **Please exclude these costs when reporting "Operating Expenses" in question 5**

	Dollars (omit cents)
Total Gross Billings	094
Media Costs	093

## 5. Operating Expenses

- Please report in **Canadian dollars**.
- Do not include capital expenditures.
- Please include GST, except the portion that is refundable by government.
- Please distribute your cost of sales by the expense categories below.
- If you prefer, you may attach a copy of your income statement and proceed to Section 6.

	Dollars (omit cents)
a) Cost of merchandise sold (purchases plus opening inventory minus closing inventory). This item represents the <b>offsetting cost of revenue reported in section 4.1 parts (d) and (e)</b> . Please exclude purchases for use in the business and for rental purposes (see item (s) below)	159
b) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	160
c) Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans	161
d) Rent and/or lease of land and buildings	162
e) Rent and/or lease of motor vehicles	163
f) Computer services purchased ( <b>including</b> equipment rental, data processing and software development)	164
g) Rent and/or lease of other machinery and equipment	165
h) Repairs and maintenance	166
i) Legal, accounting, management and consulting fees	167
j) Advertising and sales promotion	168
k) Insurance	169
l) Taxes, permits and licenses ( <b>exclude income taxes</b> )	170
m) Heat, light, power and water	171
n) Telephone, telecommunications, postage and courier fees	172
o) Travel and entertainment	173
p) Royalties and franchise fees	174
q) Depreciation and amortization	175
r) Interest expense	176
s) Office and all other supplies and materials used in the business ( <b>exclude</b> supplies reported under Cost of merchandise sold – item (a) above)	177
t) All other operating expenses, <b>excluding bad debts</b> . Include fees paid to contract workers. (Please specify major items or attach a separate sheet.)	178
051 _____	179
u) <b>Total Operating Expenses</b> (sum of items (a) to (t) )	

## 6. Employment

### a) Paid Employees

Please report the average number of persons employed during the reporting period to whom you paid Salaries and Wages as shown in Expenses, Section 5, item (b).

- i) **Full-time Employees:** Regular employees who worked the standard work week as observed by the business
- ii) **Part-time Employees:** Those who worked fewer than the standard work week hours observed by the business
- b) **Contract Workers:** Individuals engaged only for the duration of a specific project or term and for whom a T4 Supplementary form was **not** issued.
- c) **Working proprietors** and/or partners of unincorporated businesses

Number
152
151
154
153

## 7. Client Base

Please report the percentage of total operating revenue (Section 4.1, item (h) ) derived **directly** from:

### 1. Domestic Clients

#### Individuals

#### Business

- a) Retail Trade
- b) Traveller Accommodation and Food Services
- c) Wholesale Trade
- d) Agriculture, Forestry, Fishing and Mining
- e) Manufacturing
- f) Construction
- g) Transportation and warehousing
- h) Finance, Insurance and Real Estate
- i) Other (e.g. professional / scientific services, telecommunications, etc.) (please specify)
- 052 \_\_\_\_\_

#### Institutions

- j) Educational Services
- k) Health Services
- l) Other institutions (please specify)
- 053 \_\_\_\_\_

#### m) Government

### 2. Foreign Clients (regardless of type)

#### Total

(total of boxes 190 to 206 must equal 100%)

Percentage
190
191
192
193
194
195
196
197
199
200
202
203
204
205
206
207
<b>100 %</b>

**8. Provincial/Territorial Distribution**

- Please report in **Canadian dollars**
- "Business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

Number
024

a) Please report the number of permanent business units operated in **Canada** during the reporting period.

b) Do you have permanent business locations in **more** than one province or territory?

300     No – Please go to Section 9  
 Yes – Please complete 8 (c)  
 ↓

c) Please report the following data for the provinces or territories in which you have units.

Province or Territory	Business Units (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)	Employees (Number)	Total Operating Expenses \$ (omit cents)
Nfld.	301	314	327	343	357
P.E.I.	302	315	328	344	358
N.S.	303	316	329	345	359
N.B.	304	317	330	346	360
Que.	305	318	331	347	361
Ont.	306	319	332	348	362
Man.	307	320	333	349	363
Sask.	308	321	334	350	364
Alta.	309	322	335	351	365
B.C.	310	323	336	352	366
Nunavut	340	341	342	353	367
N.W.T. (without Nunavut)	311	324	337	354	368
Yukon Territory	312	325	338	355	369
<b>Total</b>	313	326	339	356	370

Should equal Box 024, Section 8	Should equal Box 130, Section 4.1	Should equal the sum of Boxes 160 and 161, Section 5	Should equal the sum of Boxes 151, 152 and 153, Section 6	Should equal Box 179, Section 5
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**9. Certification** I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person		Title
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Name of person to contact for further information (please print)		First Name	Last Name
054	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	055	056

E-mail address 057	Company's Home Web page address (URL) 058
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Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

How long did you spend collecting the data and completing this form?	801	[ ] hours
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## Comments

If more space is required please enclose a separate sheet.

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### Federal Provincial Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For establishments and/or business locations operated in Quebec, Manitoba and British Columbia, the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS, respectively. The Statistics Acts of these provinces includes the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

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](http://www.statcan.ca)

Please make a copy of  
this completed questionnaire  
for your records.

**Thank You For Your Co-operation**