



2004 Annual Non-Store Retail Survey

Please correct pre-printed information, **if necessary**, using the corresponding boxes below:



0001	Legal name		0004	Address		
0002	Business name		0005	City	0006	Province/Territory or State
0003	C/O		0053	Country	0007	Postal code/ Zip code
0028	Last name of contact		0008	First name of contact		
0052	Please report for		0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> French	

A - Introduction

Survey Purpose

The purpose of this survey is to collect the financial and operating/production data needed to develop national and regional economic policies and programs. For further details, please consult the enclosed booklet entitled *Statistics Canada Business Surveys*.

Confidentiality

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. The data reported on this questionnaire will be treated in strict confidence. For further details, please consult the enclosed booklet entitled *Statistics Canada Business Surveys*.

Coverage

Please report for the business unit(s) identified above. Include only the operation(s) located in Canada.

Return of Questionnaire(s)

Please return the completed questionnaire(s) to Statistics Canada **within 30 days** of receipt by mail, using the enclosed envelope. You can also fax it at **1 888 883-7999**. Lost the return envelope, need help to complete your questionnaire(s)? Call us at **1 888 881-3666**.

Data-sharing Agreements

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. **Your responses are not shared with Canada Revenue Agency.** For further details, please consult the enclosed booklet entitled *Statistics Canada Business Surveys*.

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*.

0026	Person primarily responsible for completing this questionnaire, if different from above: 1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs. 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms	0017	Telephone number	
		0027	Extension	
0054	Last name	0016	Fax number	
0013	First name	0020	Web site address	
0014	Title	0018	E-mail address	

Are you a Non-Store Retailer?

0820

1

Yes – Please complete this questionnaire.

3

No – Please provide a brief description of your main activity and call

1 888 881-3666 for further instructions.

0041

Reporting Period Information

Please report 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 ^{YYYY} ^{MM} ^{DD} **To** ⁰⁰¹² ^{YYYY} ^{MM} ^{DD}

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

B - Revenue Please exclude: GST/HST, PST and TVQ.

\$ CDN

1. Revenue from sales of goods (purchased for resale or manufactured), net of returns and discounts Include parts used in generating repair and maintenance revenue (report the labour portion of repair and maintenance in this section, at question 4).	2048	
2. Revenue from shipping and handling charges that are not embedded in the price of the merchandise	2043	
3. Commission revenue and fees earned from selling merchandise on account of others	2060	
4. All other operating revenue (e.g., revenue from services provided) Exclude interest and dividend income; report these amounts in this section, at question 6.	2077	
5. Total operating revenue (add amounts reported at questions 1 to 4 above)	2080	
6. Non-operating revenue (e.g., interest and dividend income)	2097	
7. Total revenue (add amounts reported at questions 5 and 6 above)	2098	

C - Cost of Goods Sold

\$ CDN

1. Opening inventory	5560	
2. Purchases	4019	
3. Direct labour costs (please refer to the Guide)	3006	
4. Other direct costs (please refer to the Guide)	4301	
5. Closing inventory	5565	
6. Cost of goods sold (sum of questions 1 to 4 minus 5 above)	5720	

D - Expenses

\$ CDN

\$ CDN

1. Salaries and wages of employees	3010		
2. Employer portion of employee benefits	3040		
3. Total labour remuneration (add amounts reported at questions 1 and 2 above)	3041		
4. Rental and leasing expenses	4115		
5. Advertising and promotion	4365		
6. Amortization and depreciation expenses (e.g., buildings, vehicles, machinery and equipment)	4520		
7. All other operating expenses (please refer to the Guide) Exclude interest expenses; report these amounts in this section, at question 9.	4569		
8. Total operating expenses (add amounts reported at questions 3 to 7 above)	4598		
9. Other expenses (e.g., interest expenses)	4630		
10. Total expenses (add amounts reported at questions 8 and 9 above)	4698		

E - Distribution of Operating Revenue by Method of Sale

Please indicate the percentage of *Total operating revenue* (reported in **Section B - Revenue**, at question 5), according to the method of sale that applies.

1. Electronic Shopping and Mail-order

%

a) Internet: sales generated through on-line Internet orders regardless of method of delivery and payment	2252	
b) Telephone: sales of goods made by telephone solicitation or telephone orders in response to advertising	2253	
c) Catalogue and mail-order: sales made from mail-order catalogues or flyers, including showrooms without stock	2254	
d) Subscriptions: sales of subscriptions to magazines or newspapers Exclude home delivery of newspapers; report these amounts at question 3c below.	2255	

2. Vending Machine and Coffee Service

%

a) Vending machine Exclude juke boxes, arcade games, automatic photography machines; report these amounts at question 4 below.	2248	
b) Coffee service: sales from manual office coffee machines where the operator normally sells or leases the machines and supplies coffee on a regular basis	2249	

3. Direct Selling

If you are an independent sales contractor, agent, distributor or sales representative of a company engaged in direct selling, please report the company name(s):

0898 _____

%

a) Door-to-door: sales made in person through individual canvassing	2250	
b) Party plan: sales made in person at group demonstrations such as house parties	2251	
c) Home delivery: sales from delivery of fuel (please refer to the Guide), newspapers, milk, bread, etc.	2257	
d) Other direct selling methods: sales from market stalls, exhibition booths, auctions, newspaper coin boxes, kiosks in shopping centres, etc.	2258	

Please specify: 2267 _____

4. All Other Methods

%

Please specify: 2244 _____

Total

100%

F - Distribution of Operating Revenue by Type of Customer

Please indicate the percentage of *Total operating revenue* (reported in **Section B - Revenue**, at question 5), by type of customer to whom the goods or services were delivered.

%

1. Individuals and households	8100	
2. All other customers (e.g., private businesses, public institutions, government)	8113	

Total

100%

G - Location of Customer

Please indicate the percentage of *Total operating revenue* (reported in **Section B - Revenue**, at question 5) by the location of the customer to whom the goods or services were delivered.

Customers 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
Customers outside Canada		
14.	United States	8465
15.	All other countries	8476
Total		100%

H - Events that may have affected your Business Unit

1. Compared to **last fiscal year**, were there any events that may have **significantly affected the reported values** for this business unit? Please specify:

9965 _____

9968 _____

9969 _____

I - Comments

1. How long did you spend collecting the data and completing this questionnaire?

Hour(s)	Minutes
9910 <input type="text"/>	9909 <input type="text"/>

2. We invite your comments below. Please be assured that we review all comments with the intent of improving the survey.

9920 _____

9913 _____

9914 _____

9915 _____

Signature: _____

YYYY	MM	DD
0015 <input type="text"/>	<input type="text"/>	<input type="text"/>

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

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