



Service Industries Division

Annual Survey of Personal Services, 2001

▼ Reference number ▼

Confidential when completed

Français au verso

Authority

The survey is conducted 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.



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 personal services industry. 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 the 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.

5-3300-3: 2001-11-23 STC/SER-425-60129

1. Business Activity

a) Please describe the nature of your firm's business activity in 2001: **021** _____

b) Is this a change from the previous year? **022** 1 Yes 3 No

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If yes, please provide details in the "Comments" section on page 8.

c) Please check (✓) below the one industry that most accurately describes your firm's principal source of operating revenue.

023 Personal Care Services

- 812114 Barber Shops
- 812115 Beauty Salons and/or Esthetic Services
- 812116 Unisex Hair Salons
- 812190 Other Personal Care Services (e.g. hair removal or replacement, weight loss centres, tanning salons, massage therapy, etc.) (please specify)

059 _____

Laundry Services

- 812310 Coin-Operated Laundries and Dry Cleaners
- 812320 Dry Cleaning and Laundry Services (except Coin-Operated)
- 812330 Linen and Uniform Supply

Funeral Services

- 812210 Funeral Homes
- 812220 Cemeteries and Crematoria

032 Other (please specify)

Other Personal Services

- 812910 Pet Care (except Veterinary) Services
- 812921 Photo Finishing Laboratories (except One-Hour)
- 812922 One-Hour Photo Finishing
- 812930 Parking Lots and Garages
- 812990 All Other Personal Services (e.g. dating bureau, escort service, checkroom service). (please specify)

060 _____

2. Form of Organization

a) Type of organization (please check **one** only):

- 027 1 Sole proprietorship 2 Partnership 3 Incorporated company 4 Co-operative
 5 Joint venture 6 Government business entity 7 Government 8 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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 From **To** 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 information for your **fiscal year** (normal business year) ending between April 1, 2001 and March 31, 2002.

Please indicate below the period covered by this questionnaire.

From 230

YYYY	MM	DD
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To 231

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

- 235 1 Seasonal operation 5 Ceased operation (*please specify*) 046 _____
 2 New business in 2001 6 Temporarily closed (*please specify*) 047 _____
 3 Change of fiscal year end
 4 Change of ownership (*please provide name and address of the other owner*)

045 _____

Effective date of change ►

236

YYYY	MM	DD
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Please report for your 2001 fiscal year, as reported in section 3, on page 3.

4. Revenue

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

		Dollars (omit cents)
a)	Service revenue Include revenue from all services rendered, such as cleaning, laundering, escort services, health spas and funeral services. Membership and club fees along with storage charges also form part of service revenue.	101
b)	Repair revenue Exclude charges for parts and materials, report them in item 4 c) Sales of Merchandise.	102
c)	Sales of merchandise Include revenue from parts and materials charged in repair work as well as revenue from the sale of such items as funeral caskets, beauty or barber supplies, cleaning supplies, etc. Report offsetting cost in item 5 (a).	103
d)	Rental revenue Report revenue from the rental and/or leasing of cleaning equipment, linen and uniforms, sports equipment, automobiles and any other equipment or goods. Exclude revenue from rental of real estate (see item 4 (g) below).	106
e)	Sales of food and beverages Include prepared meals, packaged foods, and vending machine sales, etc. Report offsetting cost in item 5 (a).	104
f)	Revenue from royalties, franchise fees, management fees, gambling, lottery, foreign exchange and other commissions	107
g)	Other Operating Revenue e.g., revenue from rental of real estate. (please specify) 050 _____	108
h)	Total Operating Revenue (sum of items (a) to (g))	115
i)	Non-operating revenue Interest and all other revenue that is not directly related to the operation of this business.	120
j)	Total revenue (sum of items (h) and (i))	130

5. Operating Expenses

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

	Dollars (omit cents)
a) Cost of goods sold (purchases plus opening inventory minus closing inventory). This item represents the offsetting cost of revenue reported from sales in items 4 (c) and (e). Exclude purchases for use in the business and for rental purposes (see item 5 (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 (include rent/lease of office space)	162
e) Rent and/or lease of motor vehicles	163
f) Computer services purchased (including 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 (exclude income taxes)	170
m) Heat, light, power and water	171
n) Telephone, telecommunications, postage and courier fees (include Internet charges)	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 (exclude supplies reported under Cost of goods sold - item 5 (a) above)	177
t) All other operating expenses, excluding bad debts . Include fees paid to contract workers. (Please specify major items or attach a separate sheet.)	178
051 _____	179
u) Total operating expenses (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 or who worked only for a given period or season
- b) **Contract workers** Individuals not on your payroll engaged only for the duration of specific project or term
- c) **Working proprietors** and/or partners of **unincorporated** businesses

Number
152
151
154
153

7. Inventories

Please report the value of goods held by you FOR SALE at the opening and closing of your 2001 reporting period. Do not include inventories held on consignment from others. Also exclude supplies and materials used in the business or for rental purposes.

Opening inventory

Closing inventory

Dollars (omit cents)
210
220

8. Client Base

Please report the percentage of **total operating revenue** (Section 4, item (h)) derived **directly** from:

Domestic

- a) Households or individuals for personal use
- b) Business
- c) Federal, provincial and municipal government
- d) Institutions (e.g. hospitals, schools)

Foreign

Foreign consumers

Total (total of above boxes must equal 100%)

Percentage
180
181
183
186
185
189
100 %

9. Provincial/Territorial Distribution

- Please report all answers in **Canadian dollars**
- Business unit is defined as the lowest level of the firm for which separate records are kept for such details or revenues, 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 ³ No – Please go to Section 10

1 Yes – Please complete 9 (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.	311	324	337	354	368
Yukon	312	325	338	355	369
Total	313	326	339	356	370

Should equal Item 9 (a)	Should equal Item 4 (j)	Should equal the sum of items 5 (b) and 5 (c)	Should equal the sum of items 6(a)i) and 6(a)ii)	Should equal item 5(u)
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10. 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)

054 Mr. Mrs. First Name Last Name

Miss 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

