

Services Division

# Annual Survey of Advertising and Related Services, 1998

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.

Please revise name and/or address if required Legal name (please print)	G
Operating (trading) name	
Operating (trading) name (if different from address label or legal name)	
Business address (if different from address label)	

#### Please read carefully before completing the questionnaire

# Coverage

This survey is being collected from businesses at the establishment level of organization. For this purpose, an "establishment" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

"Single-establishment" firms should report data for all their activities on this report.

Other firms (generally those which are larger and more diverse) will have more complex organizational structures and record-keeping needs, and therefore may have more than one establishment. For this survey, such firms should report data for only their establishments whose principal business activity is in the advertising services industry (see Section 2). It may be that these establishments engage in sideline activities outside the advertising services industry; their data (e.g. revenue, expenses, employment, etc.) relating to those activities should also be reported on this form.

This report should **exclude** the revenue of your separately incorporated subsidiaries or foreign branches, but should **include** your portion of the revenue and expenses of unincorporated joint ventures in which you are involved. Please report all amounts in **Canadian dollars**.

# Survey Objective

The survey objective is the collection and publication of data necessary for the statistical analysis of the advertising and related 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?

If you require assistance in the completion of this questionnaire or have any questions regarding the survey, please address all eriquiries to your nearest Statistics Canada regional office; the telephone numbers are listed on page 6.

#### 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).

#### Return Procedure

Please return the questionnaire within 30 days of receipt. If you are unable to do so, please inform us of the expected completion date.

For Office Use Only	Status Code	Clerk	
			-

5-3300-12: 1998-12-16 STC/SER-425-75108



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a) is the sole purpose of this corporation to provide services to your parent company, an affiliated company or a professional practice?  If YES, please name your affiliated company or a professional practice?  If YES, please name your professional to the provide practice professional to the provide practice professional to the provide practice professional to the practice process of the pr	1.	Е	nterprise Details											
affiliated corporation or name the proteinsonal passes enter your nine-digit GST Registered Account Number.  2. Business Activity  a) Please describe the nature of your firm's business activity in 1998:  b) Is this a change from the previous year?  c) Please check ( / ) below the one industry which most accurately describes your firm's principal source of operating revenue. For detailed industry describes, please refer to the enclosed "Definitions sheet".  22. St1810		a)	Is the sole purpose of the parent company, an affili	nis corporation to ated company or	provide s a profess	ervices to sional pra	o your actice?	025	1(	Yes	2			
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a) Please describe the nature of your firm's business activity in 1998:    District   Di	2	R	usiness Activity											
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Jour times principal source of operating revenue. For dealled industry descriptions, please refer to the enclosed "Definitions sheet".    233		۵)	Diagon shook ( ( ) halou	u tha ana industr	uuhiah m	oot ooo	rotalı da	oriboo	;	it yes, pie 'Commer	ase provide det nts" sectio <del>n</del> on p	age 6.)		
541810  Advertising Agencies 541820  Public Relations Services 541830  Media Buying Agencies 541830  Media Buying Agencies 541830  Media Representatives 541830  Display Advertising 541830  Display Advertising 541830  Direct Mail Advertising 541830  OD Direct Mail Advertising material direct distribution services, etc.)  3. Form of Organization a) Please check ( / ) below the legal status of this business.  927		C)	your firm's principal sour	ce of operating re	evenue. F	or detaile	ed industr	y y				$\stackrel{>}{\searrow}$		
541820  Public Relations Services 541830  Media Buying Agencies 541840  Media Representatives 541840  Media Representatives 541850  Display Advertising 541860  Direct Mail Advertising 541860  Direct Mail Advertising 541870  Advertising Material Distribution Services (e.g., sample/advertising material direct distribution services, etc.)  3. Form of Organization a) Please check (*/ ) below the legal status of this business  2  Unincorporated-individual proprietors business of partners / venturers)  2   Unincorporated-individual proprietors / venturers)  2   No c) Is this business a fill/life with a chain or a franchise group?  3. Reporting Period  4. Reporting Period  Please report for the calendar year 1998 or for your most recent fiscal year ending no later than March 31, 1999.  Period of Operation If you did not operate this business for a full year, please check (*/ ) the reason below:  2   New business in 1998 3   Change of fiscal year end 4   Change of sical year end 6   Temporarily closed (please specify)  Effective date  Effective date  Effective date  541899  All Services demonstration services, sign fighting enchancing effectives, sign fighting enchancing effectives, sign fighting and letering services, etc.)  (6) The report (please specify)  4   Unincorporated-limited partnership 5   Other (please specify)  5   Other (please specify)  1			descriptions, please refe	r to the enclosed	"Definitio	ns sheet	".							
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541850			541830 O M	ledia Buying Age	ncies				^	(e.g., m (painting	nerchandise den g and lettering se	nonstratior ervices, etc	ı services :.)	, sign
541860			541840 O M	edia Representa	tives			56	1420 Q	Telema	arketing			
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(e.g., sample/advertising material direct distribution services, etc.)  3. Form of Organization  a) Please check ( / ) below the legal status of this business.  227 1			541860 O D	irect Mail Adverti	sing			^^		Other (	please specify)			
3. Form of Organization  a) Please check (  ) below the legal status of this business  027 1									$\searrow$	-				
a) Please check ( / ) below the legal status of this business.    027			(e di	e.g., sample/adve stribution service	rtising ma s, etc.)	terial dir	ect (							
a) Please check ( / ) below the legal status of this business.    027								(0)						<del></del>
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b) Is this business a joint venture?    028   1    Yes (please provide name) of partners / venturers)					/ ./ /	ship)		5 🔾 😋			• )			
1 Yes (please provide names of partners / venturers)  2 No  c) Is this business affiliated with a chain or a franchise group?  300 1 yes (please provide name)  2 No  4. Reporting Period  Please report for the calendar year 1998 or for your most recent fiscal year ending no later than March 31, 1999.  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)  2 New business in 1998  3 Change of fiscal year end  6 Temporarily closed (please specify)  4 Change of ownership (please provide name and address of the other owner)  Effective date			Unincorpo	orated-partnershi	3///			<sup>3</sup> O 0	ther ( <i>plea</i>	ise specit	ty)			
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Please report for the calendar year 1998 or for your most recent fiscal year ending no later than March 31, 1999.  This report covers  This report	4.	R	eporting Period						no.	of months	S	en	ding	
Period of Operation If you did not operate this business for a full year, please check (✓) the reason below:  1 ○ Seasonal operation 2 ○ New business in 1998 3 ○ Change of fiscal year end 4 ○ Change of ownership (please provide name and address of the other owner)  Effective date  D M Y		Ple	ase report for the calend	lar year 1998 or	for your m	nost	This ror	ort -		01111011111	Ĭ <u> </u>			
235 1 Seasonal operation 2 New business in 1998 3 Change of fiscal year end 4 Change of ownership (please provide name and address of the other owner)  Effective date  5 Ceased operation (please specify)  6 Temporarily closed (please specify)  Effective date		rec	ent fiscal year ending no	later than March	31, 1999.			) in	229		231			
235 1 Seasonal operation 2 New business in 1998 3 Change of fiscal year end 4 Change of ownership (please provide name and address of the other owner)  Effective date  5 Ceased operation (please specify)  6 Temporarily closed (please specify)  Effective date		Pe	riod of Operation	If you did not one	rate this h	usiness	for a full	vear nleas	e check	(/) the	reason helow:			
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Change of fiscal year end  Change of ownership (please provide name and address of the other owner)  Effective date		2,					5 ○ C	eased ope	ration (pl	ease spe	cify)			
Change of instal year chu  Change of ownership (please provide name and address of the other owner)  Effective date			_				6 () т	emporarily	closed (r	olease so	ecify)			
Effective date D M Y				•			<b>○</b> 1	omporarily	olosea (p	πουσυ σρι				
Effective date D M Y			<sup>4</sup>	vnership ( <i>please</i> Idress of the othe	provide r owner)									
Effective date			_									D M	l v	
of change								_ <del>_</del>			236	IVI 		

		report for your 1998 fiscal year, as evenue	reported in se	6. Operating Expenses						
J. 1		ease report sales and receipts excluding G	ST and all other		-	Oo not include capital expenditures.				
	tax	tes collected by you for remittance to a government	nent agency.		F	Please include GST except the portion which	is refundable by			
				•	_	jovernment. Please distribute your cost of sales by the ex	pense categories			
	a)	Commissions & fees from sale of media	Dollars (omit cents)		b	pelow. If you prefer, you may attach a copy of your in				
		time and/or space	095			and proceed to Section 7.	Dollars			
		N		а	1)	Cost of merchandise sold (purchases plus	(omit cents)			
		i) commissions	096			opening inventory minus closing inventory). This item represents the <b>offsetting cost of</b>	159			
						revenue reported in section 5.1 parts (d) and (e). Please exclude purchases for use				
		ii) fees				in the business and for rental purposes				
	LA	Desidentian West Desferond De Vern	097			(see item (s) below)	160			
	D)	Production Work Performed By Your Own Staff		b	)	Salaries and wages paid to employees for				
	٠,	Other Comics Bourney	098			whom you issued a T4 supplementary form; include vacation pay, bonuses and				
	C)	Other Service Revenue i) commissions				commissions				
5.1 F		(please specify type of service))		С	:)	Employee benefits paid for all employees for	161			
	Pleastaxes  a) Citi ii) iii) PO O ii) (p iii) (p iiii) (p iiiiii) (p iiiiiii) (p iiiiiiiii) (p iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	I				whom you issued a T4 supplementary form; include employer's contributions to pension,				
		ii) fees	099			medical/life, employment insurance and workers' compensation plans				
		(please specify type of service))				werkere compensation prante	162			
				d	l)	Rent and/or lease of land and buildings				
					.\	Rent and/or lease of motor vehicles	163			
			138	$\Diamond$	;) ^_	rem addition vehicles	164			
	d)	Sales of Specialty Advertising Products		( <del>)</del>		Computer services purchased (including				
			103			equipment rental, data processing and software development)				
	a) Calas	Sales of Other Merchandise		$\int \int \int g$	) H	Rent and/or lease of other machinery and	165			
	C)	Cales of Other merchandise	106		,	equipment				
	f)	Rental and/or Leasing of Billboards, Signs		$\searrow$ h	1)	Repairs and maintenance	166			
	,	and Displays	108	 (i	′	Legal, accounting, management and	167			
	g)	Other Operating Revenue (please specify)	100	,		consulting fees				
		$\Diamond$ (		i)		Advertising and sales promotion	168			
		(~)		1/		national gard calco promotion	169			
			115	k	.)	Insurance				
	h)	Total Operating Revenue (sum of items (a) to (g))		I)		Taxes, permits and licenses (exclude income taxes)	170			
b) c) d) e) f) g) h) i)  5.2 A  A  TOP MPI me)			120			(exclude income taxes)	171			
	i)	Non-Operating Revenue		m	n)	Heat, light, power and water				
		Interest and all other revenue that is not directly related to the operation of this		n		Telephone, telecommunications, postage	172			
		business	130			and courier fees	173			
	i)	Total Revenue	100	o	)	Travel and entertainment				
	1/	(sum of items (h) and (i))					174			
		$\searrow$		р	)	Royalties and franchise fees	175			
				q	)	Depreciation and amortization	173			
<i>5</i> 2	Δ.	duarticina Agencies Media Buyare					176			
5.2	ar	dvertising Agencies, Media Buyers nd Media Representatives		r)	)	Interest expense	477			
			Dollars (omit cents)	s	)	Office and all other supplies and materials	177			
			,			used in the business (exclude supplies reported under Cost of merchandise sold –				
			094			item (a) above)				
5.2		tal Gross Billings	t) A	All other operating expenses, <b>excluding bad debts</b> . Include fees paid to contract workers.	178					
		ease report your total gross billings to clients	002			(Please specify major items or attach a				
		edia Costs ease report the value of media purchases	093			separate sheet.)				
	ma	ide on behalf of your clients. Please clude these costs when reporting			١)	Total Operating Expenses	179			
	"O	perating Expenses" in question 6		u	)	(sum of items (a) to (t))				

7.	Employment		9. Provincial Distribution						
	a) Paid Employees		busi	ise report the	rina				
	Please report the <b>average number</b> of persons employed during the reporting period to whom you paid Salaries and Wages as shown in Expenses, Section 6, item (b).	Number		reporting period offices, reseations.)	od. (Include warehous arch facilities and trad	es, ing			
	- Full-time Employees	152							
	Regular employees who worked the standard work week as observed by the business		b) Do y mor	ou have perma <b>e</b> than one prov	nent business locations ince?	in			
	- Part-time Employees	151	300	1 O No	<ul> <li>Please go to Secti</li> </ul>	ion 10			
	Those who worked fewer than the			<sup>2</sup> O Yes	S - Please complete 9	) (c)			
	standard work week hours observed by the business			Ψ					
	b) Contract Workers	154	c) Plea total	se report the nu revenue and se	umber of permanent bus elected expenses, by pro	iness locations, ovince.			
	Individuals engaged only for the duration of a specific project or term			Locations	Total Revenue	Salaries, Wages			
	specific project of term	153	Province			and Employee Benefits			
	c) Working proprietors and/or partners of			(Number)	\$ (omit sents)	\$ (omit cents)			
	unincorporated businesses			301	314	327			
8	Client Base		Nfld.						
O.	Please report the percentage of total operating i	revenue		302	315	328			
	(Section 5.1, item (h)) derived <b>directly</b> from:		P.E.I.						
	4. Damastic Cliente	Percentage		303	316	329			
	1. Domestic Clients	190	N.S.	$(\bigcirc)^{\vee}$					
	Individuals		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	304	317	330			
	Business	191							
	a) Retail Trade	192	MB.	305	318	331			
	b) Traveller Accommodation and Food Services			303	010				
		193	Que.						
	c) Wholesale Trade	194		306	319	332			
	d) Agriculture, Forestry, Fishing and Mining,	134	Ont.						
		195		307	320	333			
	e) Manufacturing	196	Man.						
	f) Construction	130		308	321	334			
		197	Sask.						
	g) Transportation and Warehousing	199		309	322	335			
	h) Finance, Insurance and Real Estate	133	Alta.						
	i) Other (e.g. professional scientific services,	200		310	323	336			
	telecommunications, etc.) (please specify)		B.C.						
		202		340	341	342			
	Institutions	202	Nunavut						
	j) Educational Services	203	N.W.T.	311	324	337			
	k) Health Services		(without						
	Other institutional demand (please specify)	204	Nunavut)	312	325	338			
			Yukon		-				
		205	Territory	313	326	339			
	m) Government	206		010	020	553			
	2. Foreign Clients (regardless of type)		Total						
	Total	207		Should count	Should assess	Should equal the			
	(total of boxes 190 to 206 must equal 100%)	100 %		Should equal Item 9 (a)	Should equal Item 5 <i>(j)</i>	sum of Items 6 (b) and 6 (c)			

# 10. Trade Patterns: Sales Within Province/Territory, Inter-provincial and International Exports

- (1) Businesses with locations in only one province or territory, please complete the vertical column in the table below that represents the province or territory of your business location(s); list the percentage of total revenue (as reported in **Section 5.1**, **item** (j)), generated by clients from the applicable geographic regions listed in the horizontal table rows. Remember to include the share of revenue from sales to clients within the same province or territory as the business location and check that the vertical column percentages add to 100.
- (2) Businesses located in more than one province/territory, please complete a separate vertical column for each province/territory for which you have reported revenue in Section 9. Distribute the revenue earned by your locations in each province/territory according to the geographic residence of your locations' clients.

If you do not keep records of this information, your best estimate is acceptable.

	Ol' t		Your Business Location(s)											
	Client Residence	Nfld. %	P.E.I.	N.S. %	N.B. %	Que.	Ont. %	Man. %	Sask.	Alta.	B.C.	Nvt %\	N.W.T. (without Nvt) %	Yukon %
Newf	foundland			,,	7.5		,,,	,,,					\	7.5
Princ	ce Edward Island												)	
Nova	a Scotia													
New	Brunswick										/			
Queb	pec	<u> </u>												
Onta	rio						< 							
Mani	toba													
Sask	atchewan							>						
Alber	rta						$\rightarrow$							
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Nuna	avut			(2)	$\bigcirc$	<b>*</b>								
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Montréal	283-5724	1-800-363-6720	1-514-283-7969	1-800-611-7211					
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# Federal Provincial Agreements

Sturgeon Falls

Vancouy<sub>e</sub>y

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.

1-800-461-1662

1-800-660-1411

# **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.

753-4888

666-3612

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

1-800-787-3161

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1-604-666-6495

# Thank You For Your Co-operation