Service Industries Division

# **Annual Survey of Advertising and Related** Services, 2000

▼ 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	Post	al code

### Please read carefully before completing the questionnaire

### Coverage

Please complete the questionnaire for the business units 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.

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 4 1

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, bpon 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 guestions or require assistance in completing this guestionnaire, 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.

5-3300-12: 2000-10-17 STC/SER-425-75108



Statistics Canada

Statistique Canada



a) Please describe the nature of your firm's business activity in 2000.  b) Is this a change from the previous year?	1. B		Business Activity				
Please thek (*/ ) balow he na industry which mod accurately describes your firm a principal source of operating revenue. For detailed industry descriptions, please refer to the enclosed "Definitions sheet".    Column		a)	Please describe the nature of your firm's business activity in 2000.	021			
describes your firm's principal source of operating revenue. For detailed industry descriptions, please refer to the enclosed Technitoris sheer'.  23 541810		b)	Is this a change from the previous year?	022 1 Yes 3 No			
541830		c)	describes your firm's principal source of operating revenue. For detailed	If yes, please provide details in the "Comments" section on page 7.			
541830			023 541810 Advertising Agencies	541891 O Specialty Advertising			
S41830 Media Buying Agencies  541840 Media Representatives  541840 Display Advertising  541840 Display Advertising  541880 Display Advertising  541880 Display Advertising  541870 Advertising Media display manufacturing  541870 Display Advertising Media display manufacturing  541870 Advertising Media display manufacturing  551870 Advertising Media display manufacturing  571 Advertising Media display manufacturing  572 Ajoint Venture of Goognatization  172 As Joint Venture of Goognatization  173 No  174 Sole proprietorship 2 Partnership  575 Ajoint Venture refers to a specific North of Partnership and Partnership, an affiliated company or a professional practice?  577 Ajoint venture refers to a specific North of Media and Partnership and Part			541820 O Public Relations Services	541899 All Services Related to Advertising (e.g			
541840 Media Representatives 541850 Display Advertising 541860 Direct Mail Advertising 541860 Direct Mail Advertising 541870 Advertising Mariaria Distribution Services (e.g., sample/advertising Mariaria Distributi				merchandise demonstration services, sig painting and lettering services, etc.)			
541850				561420 O Telemarketing			
S41860 Display Advertising Material Distribution Services (c.g., samplesteredising material direct distribution services)  2. Form of Organization  a) Type of organization  a) Type of organization  b) Is the sole purpose of this business unit to provide services to your parely company  b) Is the sole purpose of this business unit to provide services to your parely company, an affiliated company or a professional practice?  7. Yes — If yes, please name the company  of professional practice  1				339950 O Sign and display manufacturing			
541870 Advertising Material Distribution Services (e.g., sample/advertising material direct distribution services, (e.g., sample/advertising material direct distribution services).  2. Form of Organization  a) Type of organization (please check one only):  2. Form of Organization  a) Type of organization (please check one only):  3. John venture each of the substitution of the services to your parely temperative and affiliated company or a professional practice?  2. Form of Organization  3. John venture each of the substitution of the services to your parely temperative, an affiliated company or a professional practice?  2. Form of Organization (please check one only):  3. John venture refers to a specific company or a professional practice?  3. No  4. Co-operative devertises of the project organization of temperation or a professional practice?  3. No  4. Oser of types (please provide name) organization organizati							
describing material direct distribution services, etc.)  2. Form of Organization  a) Type of organization (please check one only):  2. Sole proprietorship 2 Partnership 3 Incorporated company 4 Co-operative 5 Joint venture 6 Government business entity Covernment 6 Non-profit 6 Ves - If yes, please name the company 033 or professional practice?  2. Form of Organization (please check one only):  3. Joint venture 6 Government business entity Covernment 6 Non-profit 7 Ves - If yes, please name the company 033 or professional practice?  2. Form of Organization (please check one only):  3. Joint venture 6 Government 6 Overnment 7 Non-profit 8 Overnment 7 Overnment 7 Overnment 7 Overnment 7 Overnment 7 Overnment 7 Overnment 8 Overnment 8 Overnment 8 Overnment 9 Overnment			·				
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a) Type of organization (please check <u>one</u> only):  027	2	F	orm of Organization				
Sole proprietorship   2   Partnership   3   Incorporated company   4   Co-operative   5   Joint venture   6   Government business entity   Covernment   6   Non-profit			_				
b) Is the sole purpose of this business unit to provide services to your pareful company, an affiliated company or a professional practice?    025		u,		<sup>3</sup> O Incorporated company <sup>4</sup> O Co-operative			
or professional practice  or professional pr			<sup>5</sup> O Joint venture Government business entity	Government 8 Non-profit			
c) Please enter your nine-digit Business Number (if incorporated)  3 No  c) Please enter your nine-digit Business Number (if incorporated)  34  d) Is this business affiliated with a chain or franchise group?  300  1 Yes (please provide name)  4 joint venture refers to a specific non-posted undertaking entered into jointly by two or more parties or companies, who agree to contribute the necessary capital and share in postition losses of the project in agreed proportions. The association terminates either upon completion of the undertaking or at a specific hone.  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 experises for the business unit's share in the joint venture(s) included in this questionnaire?  035  036  g) Please provide the name of the joint venture.  h) Is this joint venture:  037  1 Incorporated – If incorporated, please go to i)  3 Unincorporated – If unincorporated, please go to j)  3 Unincorporated – If unincorporated, please go to j)  7 In it is an unincorporated joint venture, please provide the length of time of the joint venture.  8 Venture partner(s) and Business Number(s) (if incorporated)  Venture partner(s)  Venture partner(s)  Unincorporated  (if incorporated)  Venture partner(s)		b)	Is the sole purpose of this business unit to provide services to your pare	nt company, an affiliated company or a professional practice?			
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From		i)					
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Venture partner(s)  Business Number(s) (if incorporated)  043		k)					
041 043		-,					
				` ,			
If you participated in more than one joint venture or if more enace is required, please enclose a separate page							

	Please report	<b>ng Period</b> Information for your most recent available 12-month fiscal period ending between January 1, 2000 and May the period covered by this questionnaire.	arch 31, 2001. Please
	From 230	YYYY         MM         DD   To 231	
	Period of	<b>Operation</b> If you did not operate this business for a full year, please check (✓) the reason below:	
	235 1 🔵	Seasonal operation <sup>5</sup> Ceased operation (please specify) <sup>046</sup>	
	2 🔾	New business in 2000 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	YYYY	MM DD
		Effective date of change	1   1   1
	•	for your 2000 fiscal year, as reported in section 3	
4.1	Revenu	e	
		port in Canadian dollars.	Dollars
		port sales and receipts excluding GST and all other taxes collected by you for remittance to a per agency.	(omit cents)
	′	sions & fees from sale of media time and/or space	095
	ı) <u>com</u>	missions	096
	ii) fee:		
	h) Donadorati	West Burgard B. Van Gurg	097
	,	on Work Performed By Your Own Staff rvice Revenue	098
	í) com	missions ase specify type of service)	
	ii) fees (ple	ase specify type of service)	138
	d) Sales of	Specialty Advertising Products	
	a) Calan of	Other Manchandias	103
		Other Merchandise	106
	f) Rental a	nd/or Leasing of Billboards, Šigns and Displays	108
	g) Other Op e.g., reve	nue from rental of real estate, miscellaneous service revenue, etc. (Please specify)	
	h) Total O	perating Revenue n of items (a) to (g) )	115
	i) Non-O	perating Revenue	120
		rest and all other revenue that is not directly related to the operation of this business  evenue	130
		n of items (h) and (i))	
1 2	Advor	ising Agencies, Media Buyers and Media Representatives	
<del>1</del> .2	Auvert	ising Agencies, media buyers and media kepresentatives	Dollars (omit cents)
	Total G	ross Billings	094
		report your total gross billings to clients	093
	Please	report the value of media purchases made on behalf of your clients. Please exclude these costs when ng "Operating Expenses" in question 5	330

# 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 offsetting cost of revenue reported in section 4.1 parts (d) and (e). 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 (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
	Advertising and sales promotion	168
j)		169
k)	Insurance	170
I)	Taxes, permits and licenses (exclude income taxes)	171
m)	Heat, light, power and water	172
n)	Telephone, telecommunications, postage and courier fees	173
o)	Travel and entertainment	174
p)	Royalties and franchise fees	175
q)	Depreciation and amortization	176
r)	Interest expense	177
s) t)	Office and all other supplies and materials used in the business ( <b>exclude</b> supplies reported under Cost of merchandise sold – item (a) above)  Production costs ( <i>Please specify major items</i> )	180
٠,	1	
	2	
u)	All other operating expenses, <b>excluding bad debts</b> . Include fees paid to contract workers. ( <i>Please specify major items or attach a separate sheet.</i> )	178
	051	179
v)	Total Operating Expenses (sum of items (a) to (u) )	

# 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. 153

Working proprietors and/or partners of unincorporated businesses

Client Base	~ (\
Please report the percentage of total operating revenue (Section 4.1, item (h)) derived <b>directly</b> from:	Percentage
1. Domestic Clients	190
Individuals	) 191
Business  O Dateil Trade	131
a) Retail Trade	192
b) Traveller Accommodation and Food Services	193
c) Wholesale Trade	
d) Agriculture, Forestry, Fishing and Mining	194
	195
e) Manufacturing	196
f) Construction	197
g) Transportation and warehousing	
h) Finance, Insurance and Real Estate	199
i) Other (e.g. professional / scientific services, telecommunications, etc.) (please specify)	200
052	
Institutions j) Educational Services	202
	203
k) Health Services  Other institutions (please specify)	204
053	
m) Government	205
2. Foreign Clients (regardless of type)	
Please report the percentage of foreign market revenue by region:	208
United States	000
Mexico	209
Central and South America	210
	211
European Union	212
Other Europe	213
Africa	214
Middle East	
Asia	215
Australia, New Zealand	216
	217
Other	100 %

<ul> <li>"Business unit" i expenses and e</li> </ul>	is defined as the lowest le mployment.	vel of the firm for which s	separate records are ke	pt for such details as re	evenue, 024
a) Please report the	e number of permanent bu	usings units operated in	<b>Canada</b> during the ren	porting period	
	rmanent business location	-	-	orting period.	
300 3 🔾	No - Please go to Sec Yes - Please complete	etion 9	·		
Province or Territory	Business Units (Number)	Total Revenue	Salaries, Wages and Employee Benefits	Employees	Total Operating Expenses
	301	\$ (omit cents)	\$ (omit cents)	(Number)	\$ (omit cents)
Nfld.	302	315	328	344	358
P.E.I.	303	316	329	345	359
N.S.	304	317	330	346	360
N.B. Que.	305	318	331	347	361
Ont.	306	319	332	348	362
Man.	307	320	333	349	363
Sask.	308	321	384	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
Total	313	326	339	356	370
$\nearrow$	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
Certification	L certify that the inform	mation contained herein	is complete and correct	to the best of my know	ledge.
nature of authorized p	<u>,                                    </u>		Title	·	
	act for further information (judges)  Irs. First Name  Is. 055	please print)	Last	t Name	
ail address			Com 058	pany's Home Web page	e address (URL)
Day Month	Year A	rea code Tele	phone number	Ext.	Fax
e					
w long did you spend	collecting the data and co	ompleting this form?	801	hours	

8. Provincial/Territorial Distribution

• Please report in Canadian dollars

Number

Comments	If more space is required please enclose a separate sheet.
	$\Diamond_{\wedge}$ $(\bigcirc)$
	$\sim 1 $

## 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

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

Thank You For Your Co-operation