Unified Enterprise Survey – Annual
2005 Survey of Service Industries: Food Services and Drinking Places

If necessary, please correct pre-printed information below.

<table>
<thead>
<tr>
<th>0001</th>
<th>Legal name</th>
<th>0004</th>
<th>Address (number and street)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0002</td>
<td>Business name</td>
<td>0005</td>
<td>City</td>
</tr>
<tr>
<td>0021</td>
<td>Title of contact</td>
<td>0006</td>
<td>Province/Territory or State</td>
</tr>
<tr>
<td>0008</td>
<td>First name of contact</td>
<td>0053</td>
<td>Country</td>
</tr>
<tr>
<td>0028</td>
<td>Last name of contact</td>
<td>0010</td>
<td>Language preference</td>
</tr>
</tbody>
</table>

This information is collected 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.**

### A - Introduction

**Survey Purpose**
This survey collects the financial and operating data needed to develop national and regional economic policies and programs.

**Data-sharing Agreements**
In an effort to reduce reporting burden, 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. Please see the enclosed reporting guide for details of these agreements.

**Confidentiality**
The Statistics Act protects the confidentiality of information collected by Statistics Canada. Please see the enclosed reporting guide for more information.

**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.

**Reporting Instructions**
- Report for all operation(s) and/or location(s) pre-printed in the above address area. If it is not possible to report for the above business unit(s), please explain the reason(s) in the **Comments** section at the end of the questionnaire.
- When precise values are not available from your records, estimates are acceptable.
- For further information about this survey and definitions, please consult the enclosed reporting guide.

Please return the questionnaire within 30 days.
Please mail the completed questionnaire in the enclosed envelope or fax it to Statistics Canada at 1 888 883-7999.

Lost the return envelope or need help? Call us at 1 888 881-3666 or mail to:
Statistics Canada, Operations and Integration Division, 120 Parkdale Avenue, Ottawa, Ontario K1A 0T6
B - Main Business Activity

1. Please describe the nature of your business.

2. Please check the **one main activity** which most accurately represents your **principal** source of revenue.

   - 0430 ☐ Full-service restaurant – patrons order while seated and pay **after** eating
   - 0431 ☐ Limited-service restaurant – patrons order food and beverages at a counter, and/or order by phone and pay **before** eating
   - 0432 ☐ Food service contractor – supplies food services under contract for a specific period of time
   - 0433 ☐ Social caterer – provides food services for social or business events
   - 0434 ☐ Mobile food service – serves food and beverages, from motorized vehicles or non-motorized carts
   - 0435 ☐ Drinking places (e.g., bars, night-clubs, taverns)
   - 0440 ☐ None of the above

   If you checked, "None of the above", please call 1 888 881-3666 for further instructions.

C - Reporting Period Information

1. Please report information for your **fiscal year** (normal business year) ending between April 1, 2005 and March 31, 2006. Please indicate below the period covered by this questionnaire.

   - From: YYYY MM DD
   - To: YYYY MM DD

2. If you did not operate this business unit for a **full year**, please check the reason(s) below:

   - 0031 ☐ Seasonal operations
   - 0032 ☐ New business
   - 0033 ☐ Change of fiscal year
   - 0034 ☐ Change of ownership
   - 0035 ☐ Ceased operations
   - 0036 ☐ Temporarily inactive

Please complete only the questions that are applicable to your business.
When precise values are not available from your records, estimates are acceptable.

D - E - Not applicable
1. Menu Theme

Please identify your main menu specialty(ies) maximum of three (3).

- a) Baked goods (e.g., doughnuts, muffins, pastries)
- b) Chicken
- c) Chinese
- d) Other Asian
- e) Coffee
- f) Hamburger
- g) Mexican
- h) North American (varied)
- i) Finger food
- j) Pizza
- k) Other Italian
- l) Roast beef
- m) Sandwiches/Subs
- n) Seafood
- o) Steak
- p) Vegetarian
- q) Other ethnic
- r) Other specialty
- s) No menu theme

2. Franchise information

a) Does this establishment use a trade name authorised by a franchisor?
   - 1 Yes
   - 3 No

b) If yes, indicate trade name (please specify): 

   (please specify): 

   (please specify): 

   (please specify): 

   (please specify): 

   (please specify): 

   (please specify):

   (please specify):

   (please specify):

   (please specify):

3. Estimated average check per person (exclude taxes and tips). Please check one only.

- 1 Less than $5
- 2 $5 to $9.99
- 3 $10 to $14.99
- 4 $15 to $19.99
- 5 $20 to $29.99
- 6 $30 or more

4. Does this establishment have a licence to sell and serve alcohol? Please check one only.

- 1 Yes
- 3 No

5. Number of seats in this establishment (exclude patio or seasonal seating). If reporting for more than one establishment, please report average number of seats.

6. Please report the number of permanent business units/locations operating in Canada during the reporting period.
### Sales by type of service

For each of the following categories, please indicate if you are reporting in **either** Canadian dollars or **percentages**.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>a)</strong> Full-table service</td>
<td>9973</td>
</tr>
<tr>
<td><strong>b)</strong> Counter service (eat in)</td>
<td>1419</td>
</tr>
<tr>
<td><strong>c)</strong> Take-out</td>
<td>1421</td>
</tr>
<tr>
<td><strong>d)</strong> Drive-through</td>
<td>1422</td>
</tr>
<tr>
<td><strong>e)</strong> Home delivery</td>
<td>1423</td>
</tr>
<tr>
<td><strong>f)</strong> Contract catering</td>
<td>1424</td>
</tr>
<tr>
<td><strong>g)</strong> Social catering</td>
<td>1441</td>
</tr>
<tr>
<td><strong>h)</strong> Mobile service</td>
<td>1442</td>
</tr>
<tr>
<td><strong>i)</strong> Other (please specify):</td>
<td>2559</td>
</tr>
<tr>
<td><strong>j)</strong> <strong>Total sales</strong> (sum of questions 7a to 7i)</td>
<td>2305</td>
</tr>
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### Sales and commission revenue

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<table>
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<tr>
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<tbody>
<tr>
<td><strong>a)</strong> Alcoholic beverages</td>
<td>9970</td>
</tr>
<tr>
<td><strong>b)</strong> Food and non-alcoholic beverages</td>
<td>1428</td>
</tr>
<tr>
<td><strong>c)</strong> Merchandise (e.g., toys, gifts, cigarettes, newspapers)</td>
<td>1429</td>
</tr>
<tr>
<td><strong>d)</strong> Commissions (e.g., lottery tickets, video gambling machines)</td>
<td>1431</td>
</tr>
<tr>
<td><strong>e)</strong> Other (e.g., rentals, cover charge, coat check) (please specify):</td>
<td>2163</td>
</tr>
<tr>
<td><strong>f)</strong> <strong>Total revenue</strong> (sum of questions 8a to 8e)</td>
<td>1434</td>
</tr>
</tbody>
</table>

### Cost of goods sold

<p>| | |</p>
<table>
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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Alcoholic beverages</td>
<td>9972</td>
</tr>
<tr>
<td><strong>b)</strong> Food and non-alcoholic beverages</td>
<td>5536</td>
</tr>
<tr>
<td><strong>c)</strong> Merchandise (e.g., gifts, toys, cigarettes, newspapers)</td>
<td>5538</td>
</tr>
<tr>
<td><strong>d)</strong> <strong>Total cost of goods sold</strong> (sum of questions 9a to 9c)</td>
<td>5723</td>
</tr>
</tbody>
</table>
### G - Personnel

1. Number of **non-salaried** partners and proprietors (if salaried, report only at question 2 below)  
   - Number: 6321

2. Number of paid employees (based on year-end T4 payroll summaries)  
   - Number: 6339

3. Percentage of paid employees who worked **full-time**  
   - Percentage: 6328

4. Number of contract workers (for whom you did **not** issue a T4 such as freelancers and casual workers)  
   - Number: 6320

5. Number of volunteers (including unpaid interns and co-op students) during the reporting period  
   - Number: 6014

6. Total number of hours worked by volunteers during the reporting period  
   - Number of hours: 6026

### H - I - J - K - Not applicable
L - Certification

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

Signature of authorized person

Title

0014

0015

Date

YYYY MM DD

Name of person to contact for further information:

First name

Last name

1 Mr. 2 Mrs. 3 Miss 4 Ms

0013

0026

0054

E-mail address

Web site address

0018

0020

Telephone number

Extension number

Fax number

0017

0027

0016

Hour(s)

Minutes

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

9910

9909

M - Comments

We invite your comments below. Please be assured that we review all comments with the intent to improve the survey.

9920

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9914

9915

9916

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

Statistics Canada's publications are available for use in all major libraries. As well, please visit our Web site at www.statcan.ca.

If you need help, please contact us at 1 888 881-3666.