



2005 Survey of Service Industries: Food Services and Drinking Places

If necessary, please correct pre-printed information below.



0001	Legal name		0004	Address (number and street)	
0002	Business name		0005	City	
0021	Title of contact		0006	Province/ Territory or State	
0008	First name of contact		0053	Country	0007 Postal code/ Zip code
0028	Last name of contact		0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> French

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.

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*.

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.

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.

Confidentiality

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

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.

0055

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)
- 0040 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.

	YYYY	MM	DD		YYYY	MM	DD		
From	0011	<input type="text"/>	<input type="text"/>	<input type="text"/>	To	0012	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

- 0031 ¹ Seasonal operations ² New business ³ Change of fiscal year ⁴ Change of ownership ⁵ Ceased operations ⁶ 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

F - Industry Characteristics - Food Services and Drinking Places

1. Menu Theme

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

- | | |
|--|---|
| a) ⁹¹⁸¹ <input type="checkbox"/> Baked goods (e.g., doughnuts, muffins, pastries) | l) ⁹¹⁹¹ <input type="checkbox"/> Roast beef |
| b) ⁹¹⁸² <input type="checkbox"/> Chicken | m) ⁹¹⁹² <input type="checkbox"/> Sandwiches/Subs |
| c) ⁹¹⁸³ <input type="checkbox"/> Chinese | n) ⁹¹⁹³ <input type="checkbox"/> Seafood |
| d) ⁹¹⁸⁴ <input type="checkbox"/> Other Asian | o) ⁹¹⁹⁴ <input type="checkbox"/> Steak |
| e) ⁹¹⁸⁵ <input type="checkbox"/> Coffee | p) ⁹¹⁹⁵ <input type="checkbox"/> Vegetarian |
| f) ⁹¹⁸⁶ <input type="checkbox"/> Hamburger | q) ⁹¹⁹⁶ <input type="checkbox"/> Other ethnic |
| g) ⁹¹⁸⁷ <input type="checkbox"/> Mexican | (please specify): ⁹²⁰⁰ _____ |
| h) ⁹¹⁸⁸ <input type="checkbox"/> North American (varied) | r) ⁹¹⁹⁷ <input type="checkbox"/> Other specialty |
| i) ⁹¹⁹⁸ <input type="checkbox"/> Finger food | (please specify): ⁹²⁰¹ _____ |
| j) ⁹¹⁸⁹ <input type="checkbox"/> Pizza | s) ⁹¹⁹⁹ <input type="checkbox"/> No menu theme |
| k) ⁹¹⁹⁰ <input type="checkbox"/> Other Italian | |

2. Franchise information

- a) Does this establishment use a trade name authorised by a franchisor?

¹⁰⁰¹ 1 Yes 3 No

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

¹⁰⁰² _____

- c) Is this establishment owned or operated by the franchisor?

¹⁰⁰³ 1 Yes 3 No

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

¹⁰⁰⁴ 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.

¹⁰⁰⁵ 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.

Number of seats

¹⁰⁰⁶

6. Please report the number of permanent business units/locations operating in Canada during the reporting period.

Number

⁵⁰²⁵

F - Industry Characteristics - Food Services and Drinking Places (continued)

7. Sales by type of service

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

9973

1 \$ OR 2 %

a) Full-table service	1419	
b) Counter service (eat in)	1421	
c) Take-out	1422	
d) Drive-through	1423	
e) Home delivery	1424	
f) Contract catering	1441	
g) Social catering	1442	
h) Mobile service	1427	
i) Other (please specify): ²⁵⁵⁹	2558	
j) Total sales (sum of questions 7a to 7i)	2305	

8. Sales and commission revenue

9970

1 \$ OR 2 %

a) Alcoholic beverages	1428	
b) Food and non-alcoholic beverages	1429	
c) Merchandise (e.g., toys, gifts, cigarettes, newspapers)	1431	
d) Commissions (e.g., lottery tickets, video gambling machines)	1433	
e) Other (e.g., rentals, cover charge, coat check) (please specify): ²¹⁶³	1434	
f) Total revenue (sum of questions 8a to 8e)	1437	

9. Cost of goods sold

9972

1 \$ OR 2 %

a) Alcoholic beverages	5536	
b) Food and non-alcoholic beverages	5538	
c) Merchandise (e.g., gifts, toys, cigarettes, newspapers)	5539	
d) Total cost of goods sold (sum of questions 9a to 9c)	5723	

G - Personnel

		Number
1. Number of non-salaried partners and proprietors (if salaried, report only at question 2 below)	6321	<input type="text"/>
2. Number of paid employees (based on year-end T4 payroll summaries)	6339	<input type="text"/>

	%
3. Percentage of paid employees who worked full-time	6328 <input type="text"/>

		Number
4. Number of contract workers (for whom you did not issue a T4 such as freelancers and casual workers)	6320	<input type="text"/>
5. Number of volunteers (including unpaid interns and co-op students) during the reporting period	6014	<input type="text"/>

		Number of hours
6. Total number of hours worked by volunteers during the reporting period	6026	<input type="text"/>

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
		<input type="text"/>	<input type="text"/> <input type="text"/>

Name of person to contact for further information: 0026	0013	First name <input type="text"/>
1 <input type="checkbox"/> Mr. 2 <input type="checkbox"/> Mrs. 3 <input type="checkbox"/> Miss 4 <input type="checkbox"/> Ms	0054	Last name <input type="text"/>

E-mail address 0018	Web site address 0020
------------------------	--------------------------

Telephone number 0017	Extension number 0027	Fax number 0016
--------------------------	--------------------------	--------------------

How long did you spend collecting the data and completing this questionnaire?	9910	Hour(s) <input type="text"/>	9909	Minutes <input type="text"/>
---	------	---------------------------------	------	---------------------------------

M - Comments

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

9920

9913

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**.