



# LBMAO RETAIL BUSINESS SURVEY

May, 2016

You may also download a digital form of this survey at [lbmao.on.ca](http://lbmao.on.ca) under **Publications**.

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## General Information

1. What is the population of the community your store is located in?

- 500 – 1,000
- 1,001 – 10,000
- 10,001 – 50,000
- 50,001 – 500,000
- over 500,000

2. Do you have multiple store locations?  Yes  No If yes, how many stores? \_\_\_\_\_  
(Please fill in survey for each store)

3. What percentage of your customer purchases would be:

Contractor \_\_\_\_\_%

Consumer \_\_\_\_\_%

Rental \_\_\_\_\_%

4. Total Number of Employees (including owners/manager):

Full time: Yard \_\_\_\_\_ Store \_\_\_\_\_

Part Time: Yard \_\_\_\_\_ Store \_\_\_\_\_

5. Are any of your employees covered by a union contract?  Yes  No

6. Total square footage of retail store selling area: \_\_\_\_\_

7. Do you belong to a buying group?  Yes  No  
(eg. BMR, Castle, Home Hardware, ILDC, RONA, Sexton, TIM-BR Mart, Torbsa) or other: \_\_\_\_\_

**Wage and Salary Survey**

8. Did you or will you give a wage increase for employees in 2016?  Yes  No

If yes, what was the average percentage increase? \_\_\_\_\_

9. What would be the average salary or hourly wage of the following store positions?

<u>Position</u>	<u>Annual Salary</u>	<u>Hourly rate</u>
Store Manager/Owner	_____	_____
Assistant Manager	_____	_____
Department Manager	_____	_____
Office manager	_____	_____
Receivables/Payables Clerk	_____	_____
Office Clerical	_____	_____
Store Associate	_____	_____
Cashier	_____	_____
Estimator	_____	_____
Purchaser	_____	_____
Outside Sales	_____	_____
Receiving/Shipping Clerk	_____	_____
Delivery Driver	_____	_____
Delivery Driver/Boom	_____	_____
Yard Foreman	_____	_____
Yard Employee	_____	_____
Installers	_____	_____
P/T Store	_____	_____
P/T Yard	_____	_____
Other: _____	_____	_____

10.	Summer	Winter
How many hours per week do your f/t office employees work?	_____	_____
How many hours per week do your f/t store employees work?	_____	_____
How many hours per week do your f/t yard employees work?	_____	_____

11. Do you have an installed sales program in place?  Yes  No

12. Do you have installers on staff?  Yes  No

13. Do you have sales people on staff?  Yes  No

If you have sales people on staff, how are the remunerated?

- Commission
- Salary
- Salary & Commission

14. Does your company provide paid sick leave?  Yes  No

15. If yes, how is sick leave calculated?

- ½ day per month
- 1 Day per month
- Other \_\_\_\_\_

16. Do you allow sick days to be accumulated and carried forward into the next year?  Yes  No

17. Does your company offer an incentive to minimize sick time?  Yes  No

If yes, what is the incentive? \_\_\_\_\_  
\_\_\_\_\_

18. Do you provide a benefit program for your employees?  Yes  No

If yes, please indicate what it covers and how it is paid for:

<u>Coverage</u>	<u>% employer pays</u>	<u>% employee pays</u>
<input type="radio"/> Group Life Insurance	_____	_____
<input type="radio"/> Short Term Disability	_____	_____
<input type="radio"/> Long Term Disability	_____	_____
<input type="radio"/> Extended Health incl. drugs	_____	_____
<input type="radio"/> Dental Plan	_____	_____

19. Does your company provide a pension plan for your employees?  Yes  No

If yes, please indicate how contributions are made: Employer \_\_\_\_\_% Employee \_\_\_\_\_%

20. Is your pension plan available to all your full time employees?  Yes  No

### **Financial Information**

21. Total Sales Volume:

- Under \$500,000
- \$ 500,000 – 1,000,000
- \$ 1,000,000 – 3,000,000
- \$ 3,000,000 – 5,000,000
- \$ 5,000,000 – 7,000,000
- \$ 7,000,000 – 10,000,000
- \$10,000,000 – 15,000,000
- over \$15,000,000

22. Overall Operating Gross Margin for last financial reporting year: \_\_\_\_\_%

23. Gross Margin Yard/Building Materials: \_\_\_\_\_%

24. Gross Margin Store/Hardlines Products: \_\_\_\_\_%

25. Ratios:

% Gross Sales for wages: \_\_\_\_\_

% Gross Sales for occupancy costs: \_\_\_\_\_

% Gross Sales for shrinkage: \_\_\_\_\_

% Gross Sales for delivery expenses: \_\_\_\_\_

26. Do you charge for delivery:  Yes  No

If yes, what is your delivery policy? \_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to participate in this important survey.  
Your information will be kept strictly confidential.**

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