

LBMAO RETAIL BUSINESS SURVEY

February 2019

You may also download a digital form of this survey at Ibmao.on.ca under Publications.

ene	ral 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? O Yes O 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? O Yes O No
6.	Total square footage of retail store selling area:
7.	Do you belong to a buying group? O Yes O 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 employ	ees in 2019?	Yes O	No
	If yes, what was the average pe	rcentage increase?			
9.	What would be the average sale	ary or hourly wage o	of the followi	ing store position	ons?
	Position 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:	Annual Salary		Hourly rate	- - - - - - - - - - - -
10.				Summer	Winter
	How many hours per week do y	our f/t office emplo	yees work?		-
	How many hours per week do y	our f/t store employ	ees work?		
	How many hours per week do y	our f/t yard employ	ees work?		
11.	Do you have an installed sales p	program in place?	○ Yes	○ No	
12.	Do you have installers on staff?		○ Yes	○ No	
13.	Do you have sales people on sta	aff?	○ Yes	○ No	

If vou h	nave sal	es people on staff, how are the re	munerated?			
, , , ,	0	Commission				
	0	Salary				
	0	Salary & Commission				
14.	Does	your company provide paid sick le	ave? O Yes O	No		
15.	If yes,	how is sick leave calculated?				
	0	½ day per month				
	0	1 Day per month				
	0	Other				
	Ü	<u></u>				
16.	Do you	u allow sick days to be accumulate	ed and carried forwa	rd into the n	ext year? O Yes	○ No
17.	Does	your company offer an incentive to	o minimize sick time	? O Yes	○ No	
	If yes,	what is the incentive?				
	٠					
10	Dovo	u provido a bonofit program for ve	our amployace? (○ Yes ○	No	
16.		u provide a benefit program for yo please indicate what it covers and		○ Yes ○	INO	
	ii yes,	please mare what it covers and	Thow it is paid for.			
	Cov	verage	% employer pays		% employee pays	
	0	Group Life Insurance	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	0	Short Term Disability				
	0	Long Term Disability				
	0	Extended Health incl. drugs				
	0	Dental Plan				
19.		your company provide a pension p			Yes O No	
	If yes,	please indicate how contributions	are made: Employ	/er	% Employee _	%
20.	ls you	r pension plan available to all your	full time employees	s? O Yes	s O No	
Financ	cial Inf	<u>formation</u>				
_						
21.		Sales Volume:				
	0	Under \$500,000				
	0	\$ 500,000 - 1,000,000				
	0	\$ 1,000,000 – 3,000,000				
	0	\$ 3,000,000 – 5,000,000				
	0	\$ 5,000,000 – 7,000,000				
	0	\$ 7,000,000 – 10,000,000				

\$10,000,000 – 15,000,000 over \$15,000,000

0

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: O Yes O 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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