



Services Division

Annual Survey of Traveller Accommodation, 1998

Confidential when completed

Formules bilingues disponibles sur demande

In all correspondence concerning this questionnaire please quote this nine digit reference number below



Mailing Address

Operating Address

Please make correction or addition to the above labelled business operating name, legal ownership name, mailing address and operating address, where necessary, in the space provided below:

Ownership name (Corporation, proprietorship or partnership)		Operating (trade) name	
050	<input type="text"/>	051	<input type="text"/>
Mailing address		Operating address	
<input type="text"/>		<input type="text"/>	
049	Postal Code <input type="text"/>	052	Postal Code <input type="text"/>

Information for Respondents

Survey Objective

This annual survey of traveller accommodation businesses is conducted by Statistics Canada to collect business operating information for statistical and economic analysis of the industries as mandated by the agency to fulfil the demand of many users. The results of the survey are used by business operators and associations for market analysis and assessment of industry performance, operating characteristics and trends, by governments to develop national and regional economic policies, by agencies such as the Canadian Tourism Commission for analysis and policy making and for providing valuable statistics and information feedback to the industries, and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts.

Authority

This survey is conducted under the authority of the **Statistics Act**, Revised Statutes of Canada, 1985, chapter S-19.

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.

Federal-Provincial Agreements

In order to reduce response burden and to ensure more uniform statistics, Statistics Canada has entered into an agreement under section 11 of the Statistics Act, with the statistical agencies of the provinces of Quebec, Manitoba and British Columbia for the sharing of information from this survey. The Statistics Acts of Quebec, Manitoba and British Columbia include the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

Survey Reporting Unit

The reporting unit for this survey questionnaire is the business operating establishment (accommodation property) of the traveller accommodation businesses. The operating establishment may be owned by a corporation, a sole proprietor, a limited partnership or a joint-venture partnership. The identification of such legal entity and the operating or trade name of this operating establishment have been labelled in this questionnaire. Please make correction or addition to the label above if necessary.

Reporting Instructions for Respondents

Please complete and return this questionnaire within 20 days of receipt. If you require assistance in the completion of the questionnaire or have any questions regarding the survey, please contact:

Operation and Integration Division
Statistics Canada
Tunney's Pasture
Ottawa, Ontario
K1A 0T6

Phone No. 1-800-916-9316
Fax No. 1-888-605-2493

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5-3300-35.1: 1998-12-16 STC/SER 425-60137

1. Business Activity and Classification

Please check (✓) below the **one** type of accommodation category which **most accurately describes** your business establishment.

023

- 721111 **Hotel** – Establishment which provides short-stay suites or guest rooms within a multi-storey or high-rise structure, accessible from the interior only; may provide range of complementary services and amenities, such as meals and beverages services, parking, laundry services, swimming pools and exercise rooms, and conference and convention facilities.
- 721112 **Motor Hotel** – Establishment which is designed to accommodate clients travelling by motor vehicle and provide short-stay suites or guest rooms within a low-rise structure, characterized by ample, convenient parking areas, interior access to rooms, and their location along major roads. Limited complementary services and amenities may also be provided.
- 721114 **Motel** – Establishment which is designed to accommodate clients travelling by motor vehicle, and provide short-stay suites or guest rooms, within a one or two-storey structure, characterized by exterior access to rooms and ample parking areas adjacent to the room entrances. Limited complementary services and amenities may also be provided.
- 721113 **Resort** – Establishment which is primarily engaged in providing short-term lodging in facilities known as resorts. These establishments feature extensive indoor and/or outdoor leisure activities on the premises on a year-round basis. Resorts are designed to accommodate vacationers and provide full-service suites and guest rooms, typically in a non-urban setting next to lakes, rivers or mountains; may provide access to conference facilities.
- 721120 **Casino Hotel** – Establishment which provides short-term lodging in facilities with a casino on the premises. The casino operation includes table wagering games and may include other gambling activities, such as slot machines and sports betting. These establishments generally offer a range of services and amenities, such as food and beverage services, entertainment, valet parking, swimming pools, and conference and convention facilities.
- 721198 **All Other Traveller Accommodation** – Establishment which is primarily engaged in providing short-term lodging but is not yet classified to any other industry. Examples of establishments in this industry are youth hostels and tourist homes, dormitory and university residence which may only open seasonally to the public.

None of the above (Please describe briefly below, the nature of your business activity)

025

2. Form of Organization

Please check (✓) and report the **legal status** of this business operation below:

027

- 3 **Incorporated**
- 1 Unincorporated – **individual proprietorship**
- 4 Other (please specify) 032 _____
- 2 Unincorporated – **partnership**
- 5 Unincorporated – **limited partnership**

028

- 1 **Joint-venture** (please provide names of major partners below)

033

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Please report if this business operation is **affiliated** with a **chain**, or a **franchise group**.

030

- 1 No
- 2 Yes (please specify name of affiliation below)

034

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3. Period and Status of Operation

Please report **period** of business operation and **operating status** for the **1998** reporting period. Check (✓) **where appropriate** and specify below (more than one box may be checked):

235

- 7 **Full year** (12 months) operation
- 2 **Seasonal operation** (please specify period) . 238 From

D	M				

 To

D	M				
- 3 **Newly built property** (please specify date of opening) 239

D	M				
- 5 **Change of fiscal year-end** 240 From

D	M				

 To

D	M				
- 8 **Change of ownership** (please specify effective date) 236

D	M				
- 4 **Ceased operation** (please specify effective date) 211

D	M				
- 6 **Temporarily closed** (please specify effective date and reason) 212

D	M				

Reason 213 _____

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4. Reporting Period

Please indicate the reporting period of your business operation in 1998. It may be either the calendar year, or the most recently completed fiscal year, ending no later than March 31, 1999.

From

D	M	Y

 To

D	M	Y

5. Revenue

Please report (estimate if necessary) sales and receipts of your business operation for the 1998 reporting period by type of revenue or service listed below, where applicable. Please exclude GST and all other taxes collected by you for remittance to a government agency.

		Dollars (omit cents)	
a) Rooms and suites – Report revenue from the sales of rooms and suites accommodation	113		
b) Meals and Non-Alcoholic Beverages – Include prepared meals and non-alcoholic beverages from restaurants and snack bar (exclude sales by concessionaires)	104		
c) Alcoholic Beverages Served – Include beer, wine and liquor served in restaurants, lounges and bars	105		
d) Other Sales of Alcohol – Include sales of alcohol for off-premises use	114		
e) Service Revenue – Include revenue from guest laundry, telephone, parking services, and charges from entertainment, sports, health, recreation and amusement facilities and transportation service	101		
f) Sales of Merchandise – Include revenue from vending machines, newsstands, gifts and pro shops and sales of recreational and sports equipment and accessories, supplies etc. (exclude sales by concessionaires)	103		
g) Facility Rental Revenue – Report revenue from the rental of banquet halls, meeting rooms, ballrooms and concession spaces	109		
h) Other Rental Revenue – Include revenue from rental of machinery and equipment	106		
i) Commissions and Fees – Include management fees, franchise fees, foreign exchange, gambling, lottery and other commissions received	107		
j) Other Operating Revenue – Include all operating revenue not reported above (please specify major items) <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	108		
k) Total Operating Revenue (sum of items a) to j))	115		
l) Non-Operating Revenue – Include interest and all other revenue not directly related to the operation of this business (please specify major items) <div style="border: 1px solid black; height: 15px; width: 100%; margin-top: 5px;"></div>	120		
m) Total Revenue (sum of Boxes 115 and 120)	130		

6. Employment

Please report the average monthly number of persons employed in this business establishment during the 1998 reporting period.

	No of Employee (Full Year)		No of Employee (Seasonal)		Total Number	
	198	199	152	151	153	154
a) Paid Employees – to whom you paid salaries and wages as shown in Operating Expenses, (Section 8, Box 160)						
– Full-time Employees – Worked more than 30 hours per week	198	199	152	151		
– Part-time Employees – Worked less than 30 hours per week	200	201	151			
b) Working proprietors and/or working partners of unincorporated businesses	153					

7. Client Base

Please report (estimate if necessary) the percentage of your guest room revenue (Section 5, Box 113) derived from the following clientele:

		Percent (%)	
Domestic clients			
a) Households or individual (for leisure purposes)	180		
b) Companies or individual (for business purposes)	181		
c) All levels of governments	183		
Foreign clients			
d) All foreign visitors (for leisure or business purposes)	185		
Total (of above boxes must equal 100%)	189	100%	

Please report (estimate if necessary) the percentage breakdown of foreign visitors by their country of origin. (Please note that the percentages may add up to 100% or to the total percentage of foreign visitors as reported in Box 185)

		Percent (%)	
U.S.	401		
U.K.	402		
France	403		
Germany	404		
Japan	405		
Other Foreign	406		
Total (of above boxes must equal 100% or box 185)	407		

8. Operating Expenses

Please report (estimate if necessary) the following expenses incurred during the **1998** reporting period (complete only those expense categories which are **applicable** to your establishments). Please indicate in your reporting if a particular expense item is included with another item reported. Please **include GST** except the portion which is refundable by government. **Do not include capital expenditures** (to be reported in Section 9, g)). If it is detailed enough, you may also attach a copy of your expense statements and proceed to section 9.

		Dollars (omit cents)	
a) Cost of sales (report the total value of food products, alcoholic beverages and merchandise purchased for resale, but do not include any other costs, such as office supplies and materials used. These should be reported in Box 177 below)	159		
Please provide the breakdown of the above reported total cost of sales if possible and applicable below: (total of Boxes 156, 157 and 158 should equal Box 159)			
1) Cost of food products used in meals preparation (related to Revenue Box 104 in Section 5)	156		
2) Cost of alcoholic beverages used or sold (related to Revenue Box 105 and Box 114 in Section 5)	157		
3) Cost of all other merchandise sold (related to Revenue Box 103 in Section 5)	158		
b) Salaries, wages, bonuses and commissions paid to your employees	160		
c) Employee benefits (e.g., employer's contribution to pension, medical, employment insurance and Worker's Compensation plans)	161		
d) Rent and/or lease of land and building	162		
e) Rent and/or lease of machinery, equipment, computer and motor vehicles	163		
f) Repairs and maintenance to buildings, furnishings, machinery and equipment (do not include capital expenditures, to be reported in Section 9, g)	166		
g) Legal, accounting and auditing	167		
h) Management and consulting fees	190		
i) Marketing, advertising and promotion	168		
j) Insurance	169		
k) Property taxes	195		
l) Permits, licenses, business tax and other tariffs/taxes (exclude income tax)	196		
m) Heat, light, power and water	171		
n) Telephone, telegraph, telex, facsimile and postage	172		
o) Travel, music and entertainment	173		
p) Royalties and franchise fees	174		
q) Depreciation (for buildings, equipment and leasehold improvement)	175		
r) Bank charges and interest expense on short-term loans (do not include interest on long-term mortgages)	176		
s) Contract laundry, cleaning and maintenance	193		
t) Commission paid (e.g. to travel agents, credit card institutions)	194		
u) Office and all other supplies and materials used in the business (do not include purchases reported under cost of sales - Box 159 above)	177		
v) All other operating expenses not specified above (please specify major items)			
	178		
w) Total Operating Expenses (sum of items a) (total of a1, a2 and a3) to v)	179		

9. Other Operating Characteristics and Facilities

Please check (✓) and report the following operating characteristics and facilities:		Number											
a) Number of Guest Accommodation Units – Please report the total number of rooms and suites available for sale (occupancy) on average per day during this reporting year	241												
b) Guest Accommodation Unit Occupancy – Please report either 1) or 2) below:													
1) Average Room Occupancy Rate – Please report the percentage of guest accommodation units sold (occupied) to the total number of units available for the reporting period, by month/year													
	313	314	315	316	317	318	319	320	321	322	323	324	242
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	year
%													
2) Average Daily Room Nights Sold – Please report the average daily number of rooms and/or suites sold (occupied), by month/year													
	513	514	515	516	517	518	519	520	521	522	523	524	256
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	year
No.													

9. Other Operating Characteristics and Facilities - Continued

c) **Facilities Available** – Please check (✓) and report the **types** of facility available, **on-site**, other than accommodation.

<input type="checkbox"/> 243	<input type="checkbox"/> Restaurants (please specify number) → <input type="text" value="244"/>	<input type="checkbox"/> 245	<input type="checkbox"/> Restaurant Self-operated	<input type="checkbox"/> 245	<input type="checkbox"/> Restaurant Leased-out
<input type="checkbox"/> 246	<input type="checkbox"/> Bars/Lounges	<input type="checkbox"/> 250	<input type="checkbox"/> Exercise room/sauna/hot tub facilities	<input type="checkbox"/> 251	<input type="checkbox"/> Tennis courts
<input type="checkbox"/> 247	<input type="checkbox"/> Boardrooms and meeting facilities	<input type="checkbox"/> 269	<input type="checkbox"/> Alpine skiing facilities	<input type="checkbox"/> 253	<input type="checkbox"/> Golf course
<input type="checkbox"/> 257	<input type="checkbox"/> Convention centre	<input type="checkbox"/> 260	<input type="checkbox"/> Children's recreation facilities	<input type="checkbox"/> 254	<input type="checkbox"/> Other facilities (please specify)
<input type="checkbox"/> 258	<input type="checkbox"/> Business service centre	<input type="checkbox"/> 270	<input type="text"/>		
<input type="checkbox"/> 248	<input type="checkbox"/> Indoor swimming pool				
<input type="checkbox"/> 249	<input type="checkbox"/> Outdoor swimming pool				

d) **Locality of Establishment** – Please check (✓), **only one**, the closest identification of your **business location**:

255

1 **Centre city** – located in the town core or central business district

2 **Suburban** – located in the outskirts of town or city limits

3 **Highway** – located off a major highway or throughway

4 **Airport** – located near an airport with regularly scheduled passenger service

5 **Rural** – facilities located in a rural atmosphere

e) **Reservation System** – Please check (✓) if this establishment participates in a **central reservation system** and specify:

261

1 No

2 Yes (please specify)

f) **Market Position** – Please report if your business operation is ranked by a **star** or other **rating program**..

262

1 No

2 Yes (please specify **rating and system**) → Rating

System →

Please check (✓) below, one category which most accurately describes the **major targeting market segment** of your business operation:

264

1 **Economy** 2 **Mid-scale** 3 **Up-scale**

4 **Luxury** 5 **Don't know**

g) **Capital Expenditure** – Please report total expenditure of **capital upgrade or renovation**, if any, incurred during the **1998 reporting period** and specify **amount**:

265

1 No 2 Yes (please specify) → Amount

\$ (omit cents)

10. Marketing Information

Please answer the following questions (as best you can), relating to the **marketing practices** of your establishment during the **1998 reporting period**.

a) Please report which of the following **advertising methods** you used in **1998** to promote your accommodation establishment.

Please check (✓) below where **applicable** (more than one box may be checked):

<input type="checkbox"/> 271	<input type="checkbox"/> Accommodation Guide Listing	<input type="checkbox"/> 276	<input type="checkbox"/> Brochures
<input type="checkbox"/> 272	<input type="checkbox"/> Radio Ads	<input type="checkbox"/> 277	<input type="checkbox"/> Direct Mail
<input type="checkbox"/> 273	<input type="checkbox"/> Newspaper Ads	<input type="checkbox"/> 278	<input type="checkbox"/> Travel Information Offices
<input type="checkbox"/> 274	<input type="checkbox"/> Magazine Ads	<input type="checkbox"/> 279	<input type="checkbox"/> Trade Shows
<input type="checkbox"/> 275	<input type="checkbox"/> Television Ads	<input type="checkbox"/> 280	<input type="checkbox"/> Consumer Shows
<input type="checkbox"/> 281	<input type="checkbox"/> Other (please specify) → <input type="text" value="282"/>		

b) Do you offer **packaged vacations** to your customers (independent of those offered by tour operators)?

283

1 No

2 Yes Please specify what **percentage** of your total revenue was generated by packaged vacations. →

%

If yes, in addition to accommodation, what do you **typically include** in a **package**? Please check(✓) below where **applicable**:

<input type="checkbox"/> 285	<input type="checkbox"/> Meals	<input type="checkbox"/> 288	<input type="checkbox"/> Sports Equipment
<input type="checkbox"/> 286	<input type="checkbox"/> Transportation	<input type="checkbox"/> 289	<input type="checkbox"/> Entertainment (i.e., theatre ticket)
<input type="checkbox"/> 287	<input type="checkbox"/> Guided Tours/Activities	<input type="checkbox"/> 290	<input type="checkbox"/> Attractions/Events (i.e., museum ticket)
<input type="checkbox"/> 291	<input type="checkbox"/> Other (please specify) → <input type="text" value="292"/>		

11. Multi-Establishment

The information of **one** business operating **establishment** only should be reported in this questionnaire. If more than one business establishment is included here, please report the total **number** of establishments **024** and specify the **names, addresses** and **revenues** below. In addition, please indicate below, the **name** and **address** or any **newly acquired** or **newly built** accommodation establishment by your **legal entity** during the reporting period:

Names	Addresses	Revenues(\$)

12. Certification

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

Signature of authorized person						Title	
Name of person to contact for further information (please print)						Title	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.							
<input type="checkbox"/> 233							
Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax
				234		237	

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

Comments

The results of this survey will be published in the Statistics Canada publication entitled "**Traveller Accommodation Statistics**" (Cat. No. 63-204-XPB)

Thank you for your co-operation