

Mailing Address

Service Industries Division

Annual Survey of Traveller Accommodation, 2001

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



Confidential when completed

Français au verso

Authority

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

Completion of this questionnaire is a legal requirement under this Act.

Operating Address



	se make correction or addition to the above labelled lating address, where necessary, in the space provided below.		perating	name, leg	al øwnershi _l	p name, mail	ing address and
_	Ownership name (Corporation, proprietorship or partnership)		Opera	ating (trade)	name	>	_
			\triangle				
050		05	51				
_	Mailing address		Opera	ating addres	S		
				\supset .			
040	Postal Code	7	:2	Po	stal Code		

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.

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 corrections or additions to the label above if necessary.

Confidentiality

Stàtistics 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.

Note of Appreciation

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

		1. Business Activity and Classification
023	Please	e check (<) below the one type of accommodation category which most accurately describes your business establishment.
721111	\bigcirc	Hotel
		 provides short stay suites or guest rooms in a multi-storey or high-rise structure rooms are accessible from the interior only usually located in an urban setting may also provide a wide range of complementary services and amenities
721112	\bigcirc	Motor Hotel
		 provides short stay suites or guest rooms in a low-rise structure rooms are accessible from both the interior and exterior accommodates clients travelling by motor vehicle provides ample, convenient parking areas located along major roads may also provide limited complementary services and amenities
721114	0	Motel • provides short stay suites or guest rooms in a one or two storey structure • rooms are accessible from the exterior only • accommodates clients travelling by motor vehicle • provides ample parking areas adjacent to the room entrances • may also provide limited complementary services and amenities
721113	\bigcirc	Resort
		 provides short stay, full service suites or guest rooms typically located in a non-urban setting next to mountains, lakes, or rivers provides extensive indoor and/or outdoor leisure activities on the premises on year-round basis may also provide conference facilities
721120	\circ	Casino Hotel provides short stay suites or guest rooms with a casino on the premises
		 casino operation includes gambling activities such as table wagering games, slot machines, sports betting conference or convention facilities may be available may also provide a wide range of complementary services and amenities
721198	\bigcirc	All Other Traveller Accommodation
038		 provides short stay lodging but is not yet classified to any other industry examples are youth hostels; tourist homes; dormitories; university residences which may only open seasonally to the public please provide a brief description:
	No	ne of the above (please describe briefly below, the nature of your business activity)
025		
		2. Form of Organization
Please cl	heck (√) and report the legal status of this business operation below:
	_	
l 		corporated 2 Unincorporated – partnership
		nincorporated individual proprietorship 5 Unincorporated – limited partnership
4	⁴ O O	ther (please specify) 032
028		
920	/ _	int-venture (please provide names of major partners below)
	0	33
Please re	eport if t	his business operation is affiliated with a chain, or a franchise group.
030	1 () No	² Yes (please specify name of affiliation below)
	0	34
Please re	eport inf	3. Reporting Period Information ormation for your <u>fiscal year</u> (normal business year) ending between April1st, 2001 and March 31, 2002. Please indicate below the by this questionnaire.
	Г	
		730 From To
I .		this business unit for the full year?
235		es (If yes , please go to Section 4)
	\cup N	o (If no, please check the appropriate box(es) below.)

М

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	4. Revenue							
Please report (estimate if necessary) sales and receipts of your business operation for the 2001 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	n		113				
b	Meals and Non-Alcoholic Beverages – Include prepared meals and non-alcoholic beverand snack bar (exclude sales by concessionnaires)			104				
C)) Alcoholic Beverages Served – Include beer, wine and liquor served in restaurants, loun	nges and bars		105				
ď) Other Sales of Alcohol – Include sales of alcohol for off-premises use		114					
e) Service Revenue – Include revenue from guest laundry, telephone, parking service entertainment, sports, health, recreation and amusement facilities and transportation service.	es from	101	, ()				
f)	Sales of Merchandise – Include revenue from vending machines, newsstands, gifts and recreational and sports equipment and accessories, supplies etc. (exclude sales by con-		103) ~				
g	Facility Rental Revenue – Report revenue from the rental of banquet halls, meeting concession spaces	g rooms, ballroom	ms and	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 other commissions received	e, gambling, lotte	ery and	107				
j)	Other Operating Revenue – Include all operating revenue not reported above (please sp	pecify major item	s)					
035				108				
k)	Total Operating Revenue (sum of items a) to j))			115				
l)	business (please specify major items)							
036				120				
m	n) Total Revenue (sum of Boxes 115 and 120)		130					
	5. Employment							
PI	ease report the average monthly number of persons employed in this business establis	ishment during th	e 2001 r	eporting p	period.			
a)) Paid Employees – to whom you paid salaries and wages as shown in Operating Expenses, (Section 7, Box 160) No of (Fu	No of En (Seas			Total Number			
//								
$\langle \langle \langle$	Full-time Employees – Worked more than 30 hours per week	19	9		152			
	Part-time Employees – Worked less than 30 hours per week	20)1		151			
b) Working proprietors and/or working partners of unincorporated businesses							
	6. Client Base							
	ease report (estimate if necessary) the percentage of your guest om revenue (Section 4, Box 113) derived from the following clientele: Please report of foreign v percentages	ort (estimate if n visitors by their c es may add up to tors as reported i	ountry of 0	origin. (I or to the	Please	note that the		

Percent (%)

180

181

Domestic clients

b) Companies or individual

Percent (%)

402

7. Operating Expenses

Please report (estimate if necessary) the following expenses incurred during the **2001** 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 8, g)). If it is detailed enough, you may also attach a copy of your expense statements and proceed to section 8.

		Dollars (omit cents)
a)	Cost of sales (purchases plus opening inventory minus closing inventory). Report the cost of food alcoholic beverages and merchandise purchased for resale. Exclude other costs, such as office su materials used. These should be reported in Box 177 below	ipplies and 159
	Please provide the breakdown of the above reported total cost of sales if possible and applicable to (total of Boxes 156, 157 and 158 should equal Box 159)	pelow:
	1) Cost of food products used in meals preparation (related to Revenue Box 104 in Section 4)	
	2) Cost of alcoholic beverages used or sold	
	3) Cost of all other merchandise sold	
	(related to Revenue Box 103 in Section 4)	
	Salaries, wages, bonuses and commissions paid to your employees	
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 8, 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	
n)	Telephone, telegraph, telex, facsimile and postage	172
o)	Travel (transportation, accommodation, food, entertainment expenses while travelling)	173
p)	Royalties and franchise fees	174
q)	Depreciation (for buildings, equipment and leasehold improvement)	175
r)	Interest expense: on short-term loans	176
\nearrow	on long-term loans and mortgages	107
s)	Contract laundry, cleaning and maintenance	103
/ /		104
t) u)	Commission paid (e.g. to travel agents, credit card institutions)	
,	cost of sales - Box 159 above)	
v)	All other operating expenses not specified above (please specify major items)	
037		178
w)	Total Operating Expenses (sum of items a) (total of a1, a2 and a3) to v))	
	9. Other Operating Characteristics and Escilities	

8. 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) Quant Assembled time Unit Quantum Disease report with an 4) on 2) helever								

b) Guest Accommodation Unit Occupancy – Please report either 1) or 2) below:

Average Room Occupancy Rate - Please report the percentage of guest accommodation units sold (occupied) to the total number

8. Other Operating Charac	teristics and Facilities - Continued
c) Facilities Available – Please check () and report the types of fac	cility available, on-site, other than accommodation.
243 Restaurants (please specify number) Number 244	Restaurant Self-operated Number Restaurant Leased-out
246	250 Exercise room/sauna/hot tub facilities
247 O Boardrooms and meeting facilities	251 Tennis courts
257 Convention centre	269 Alpine skiing facilities
258	253 Golf course
248	260 Children's recreation facilities
249 Outdoor swimming pool	254 Other facilities (please specify)
270	
d) Locality of Establishment – Please check (✓), only one , the clo	osest identification of your business location :
255 1 Centre city – located in the town core or central	I business district
2 Suburban – located in the outskirts of town or c	
 Highway – located off a major highway or through Airport – located near an airport with regularly s 	
5 Rural – facilities located in a rural atmosphere	scrieduled passeriger service
e) Reservation System – Please check (✓) if this establishment part	ticipates in a central reservation system and specify.
261 1 No	
2 O Yes (please specify) 267	
f) Market Position – Please report if your business operation is ranke	ed by a star or other rating program
	>
262 1 No 2 Yes (please specify rating and system)	Rating 263
System — 268	Rating 263
	ribes the major targeting market segment of your business operation:
264 1 Economy 2 Mid-scale 5 Don't know	3 Up-scale
	upgrade or renovation, if any, incurred during the 2001 reporting period and
specify amount:	\$ (omit cents)
265 1 No 2 Yes (please spec	
Tes (preuse speed	
	eting Information
Please answer the following questions (as best you can), relating to period.	to the marketing practices of your establishment during the 2001 reporting
a) Please report which of the following advertising methods you use Please check (✓) below where applicable (more than one box may	
271 Accommodation Guide Listing	276 ○ Brochures 295 ○ Internet
272 Radio Ads	277 O Direct Mail
273 O Newspaper Ads	278
274 Magazine Ads	279
275 Calevision Ads	280 Consumer Shows
281 Other (please specify) —— 282	

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		Names				F	Addresses				Revenu	es(\$)
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11.	Certifica	tion	I certi	fy tha	t the information	n contair	ned herein is c	omple	ete and co	rrect to	the best of	f my knowledg
ignature c	of authorize	d person						Ti	tle		>	
							\triangle			\rightarrow		
_	_		urther informa	ation (p	please print)			Ti	tle			
	Mr.	Mrs.							<u> </u>			
33 🗌	Miss L	Ms. Month	Year		Area code			$\sum_{i=1}^{N}$				
Date	Day	WIOTHIT	- T Cai		234	Tele	phone number		Ext.		237	Fax
Date					234			1	1 1	1	231	
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How long	did you spe	end collec	ting the data	and co	ompleting this fo	rm?	801			hours		
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