



Service Industries Division

Annual Survey of Traveller Accommodation, 2004

Confidential when completed

Français au verso

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



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.

Mailing Address

Operating Address



Correct pre-printed information if necessary using the corresponding boxes below:

0001	Legal name		
0004	Number and street		
0005	City	0006	Province or State
0053	Country	0007	Postal code / Zip code

0002	Business name		
0081	Number and street		
0082	City	0083	Province or State
0084	Country	0085	Postal code / Zip code

Confidential Only

A - Information for Respondents

Survey Purpose

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

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.

Data Sharing Agreements

In an effort to reduce reporting burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the statistical agencies of Quebec, Manitoba and British Columbia under Section 11 of the *Statistics Act*. For business locations operated in Quebec, Manitoba and British Columbia, the agreements authorize Statistics Canada to forward a copy of the data collected in this survey to the statistical agencies of these provinces. The Statistics Acts of these provinces include the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act. As well, Statistics Canada has entered into a data sharing agreement with the Canadian Tourism Commission under Section 12 of the *Statistics Act* for the sharing of information from this survey. Under Section 12 of the *Statistics Act* you may refuse to share your information with the Canadian Tourism Commission by writing to the Chief Statistician and returning your letter of objection along with the completed questionnaire in the enclosed return envelope. The agreement with the Canadian Tourism Commission requires that they keep the information confidential and use it only for statistical and research purposes.

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 to all information collected under the authority of the *Statistics Act*.

B - Reporting Instructions for Respondents

Please complete and return this questionnaire within 30 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

C - Main Business Activity

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

0150 **Hotel** 721111

- 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 (e.g. breakfast, phone calls, etc.)

0151 **Motor Hotel** 721112

- 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 (e.g. parking)

0152 **Motel** 721114

- 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 (e.g. parking)

0153 **Resort** 721113

- 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

0154 **Casino Hotel** 721120

- 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 (e.g. breakfast, phone calls, etc.)

0162 **All Other Traveller Accommodation** 721198

- provides short stay lodging but is not yet classified to any other industry
- examples are youth hostels; tourist homes; dormitories; university residences which may be only open seasonally to the public
- please provide a brief description:

0163

0040 **None of the above** (please describe briefly below, the nature of your business activity)

0041

D - Business Unit Organization

Type of organization (please check (J) one only):

- 0024** 1 Unincorporated – sole proprietorship
- 2 Unincorporated – partnership
- 3 Incorporated
- 4 Joint-venture
(please name major partners) **0180**
- 5 Other (please specify) **0025**

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

- 0789** 3 No
- 1 Yes (please specify name of affiliation) **0790**

Please indicate whether your establishment is:

- 0314** 1 **Limited Service**
Establishments with rooms-only operations, (i.e., without food and beverage service) and offer bedroom and bathroom for the night, but few other services and amenities. These establishments are often in the budget or economy group and do not report food and beverage revenue.
- 2 **Full Service**
Generally mid-priced, upscale or luxury establishments with a restaurant, lounge facilities and meeting space as well as minimum service levels often including bell service and room service. These establishments report food and beverage revenue.
- 3 **All-suites/Extended stay**
Establishments that usually offer two rooms (sleeping and living/kitchen quarters); offered also to long-term guests.
- 0315** 1 **Please check (J) if the major business of this establishment is providing extended-stay accommodation (i.e., stays of over 30 days).**

E - Reporting Period Information

Please report information for your **fiscal year** (normal business year) ending between April 1st, 2004 and March 31, 2005. Please indicate below the period covered by this questionnaire.

0011 From

YYYY	MM	DD

 To **0012**

YYYY	MM	DD

Was this business in operation for the full year?

- 0048** 1 Yes (If yes, then go to Section F)
- 3 No (If no, then stay in Section E, proceed to next question)

Why was this business not in operation for the full year (please check (J) all that apply) ?

- 0042 **Seasonal operation** (please specify period) **0120** From

YYYY	MM	DD

 To **0121**

YYYY	MM	DD
- 0032 **Newly built property in 2004** (please specify date of opening) **0046**

YYYY	MM	DD
- 0034 **Change of ownership** (please provide name, address of other owner and effective date)
0124 **0125**

YYYY	MM	DD
- 0035 **Ceased operation** (please specify effective date) **0327**

YYYY	MM	DD
- 0036 **Temporarily closed** (please specify effective date) **0328**

YYYY	MM	DD

F - Facilities Available

Please check (J) all the types of facilities on-site that are available to guests, other than accommodation, that are either owned, operated or leased out by the establishment.

<p><input type="checkbox"/> 9107 Restaurants (please specify number)</p> <p><input type="checkbox"/> 9108 Bars/Lounges</p> <p><input type="checkbox"/> 9109 Meeting and convention facilities</p> <p><input type="checkbox"/> 9112 Indoor swimming pool</p> <p><input type="checkbox"/> 9113 Outdoor swimming pool</p> <p><input type="checkbox"/> 9116 Skiing</p> <p><input type="checkbox"/> 9117 Golf course</p> <p><input type="checkbox"/> 9118 Children's recreation facilities</p> <p><input type="checkbox"/> 9157 Gaming activities</p> <p><input type="checkbox"/> 9114 Health Facilities (for example exercise room, sauna or hot tub)</p> <p><input type="checkbox"/> 9158 Spa (beauty/wellness centre that may include holistic/fitness facilities, nutritionists, massage therapists, physicians, etc.)</p> <p><input type="checkbox"/> 9119 Other facilities (please specify)</p> <p><input type="checkbox"/> 9120 <input style="width: 700px; height: 20px;" type="text"/></p>	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px;">Number</td></tr> <tr><td style="width: 30px;"> </td></tr> </table>	Number		<p>Restaurant Self-operated</p>	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td style="width: 30px;">Number</td></tr> <tr><td style="width: 30px;"> </td></tr> </table>	Number		<p>Restaurant Leased-out</p>
Number								
Number								

G - Location of the Establishment

Please check (J), **only one**, the closest identification of your **business location**:

- 9121** 1 **City Centre** – 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 a commercial airport with regularly scheduled passenger service
- 5 **Rural** – facilities located in a rural atmosphere

H - Reservation and Marketing Methods

1. Please check if your establishment used any of the following reservation and marketing methods during your 2004 reporting period (please check all that apply):

a) **Establishment's Website** - Did this accommodation establishment operate its own website for marketing or booking purposes? Exclude affiliated company's website (CRS) and third-party websites (i.e. global distribution system).

9167 3 No 1 Yes

b) **Central Reservation System (CRS)** - Please check (J) if this accommodation establishment participates in a Central Reservation System (where reservations can be made through a toll-free brand-centralized call centre or a brand-centralized website):

9122 3 No 1 Yes

c) **Global Distribution System (GDS)** - Please report if this accommodation establishment uses a third-party website or global distribution system for marketing or booking purposes:

9159 3 No 1 Yes

2. Over your 2004 reporting period, what percentage of your total **number of room nights booked** was conducted through the following (if applicable)? Please estimate if necessary.

		%
a) Establishment's Website	9168	
b) Central Reservation System (phone and Internet)	9169	
c) Global Distribution System (GDS)	9171	
d) Telephone direct to property	9172	
e) Other (please specify) 9174 <input style="width: 400px;" type="text"/>	9173	
Total (must equal 100%)		100%

I - Occupancy Rate

Please answer the following questions relating to the occupancy of your establishment during your 2004 operating period.

	Number
1. Total number of rooms in this establishment	9781
2. Total number of room-nights available over your 2004 reporting period: (Please exclude rooms closed due to repair, renovations, etc.)	9808
3. Total number of room nights sold over your 2004 reporting period:	9809

4. Please provide the **occupancy rate** for each month your establishment was open (in operation) during the reporting period:

	9782	9783	9784	9785	9786	9787	9788	9789	9790	9791	9792	9793	9794
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	year
%													

J - Employment

1. Paid Employees – Please report the number of persons employed during the reporting period to whom you paid salaries and wages as shown in Operating Expenses, (Section N, Box 3010).

	Number
a) Full-time Full-year Employees – (Worked 30 hours or more per week)	6316
b) Full-time Seasonal Employees – (Worked 30 hours or more per week)	6318
c) Part-time Full-Year Employees – (Worked less than 30 hours per week)	6317
d) Part-time Seasonal Employees – (Worked less than 30 hours per week)	6319
2. Working proprietors and/or working partners of (the property establishment) unincorporated businesses (<i>non-salaried</i>)	6321
3. Contract workers (individuals engaged only for the duration of a specific project or term)	6320

K - Client Base

Please report (**estimate** if necessary) the **percentage** of your guest room revenue (Section M, Box 2295) derived from the following clientele:

1. Domestic Clients

- a) Households or individual (for leisure purposes)
- b) Companies or individual (for business purposes)
- c) All levels of governments

2. Foreign clients (non-Canadian residents)

Total (must equal 100%)

	%
2370	
2371	
2372	
2373	
	100%

L - Packaged Vacations

a) Do you offer **packaged vacations** to your customers?

9141

3 No (*If No, go to Section M*)

1 Yes (*If Yes, then stay in Section L, proceed to next question*)

b) In addition to accommodation, what do you **typically include** in a **package**? (Please check (J) all that apply below)

9143

Meals

9144

Transportation

9145

Guided Tours/Activities

9146

Sports Equipment

9147

Entertainment (i.e., theatre ticket)

9148

Attractions/Events (i.e., museum ticket)

9149

Other (*please specify*)

9150

M - Revenue

Please report (estimate if necessary) sales and receipts of your business operation for the **2004** 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.

		\$
1. Rooms/suites – Report revenue from the sales of rooms and suites accommodation	2295	
2. Meals and Non-Alcoholic Beverages – Include prepared meals and non-alcoholic beverages from restaurants, snack bar, banquet and catering (exclude sales by concessionaires	1415	
3. Alcoholic Beverages Served – Include beer, wine and liquor served in restaurants, lounges and bars, and minibar sales.	1414	
4. Other Sales of Alcohol – Include sales of alcohol for off-premises use	1416	
5. Service Revenue – Include revenue from guest laundry, telephone, Internet, parking services, and charges from entertainment, sports, health, recreation and amusement facilities and transportation service	2296	
6. 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)	2028	
7. Rental Revenue – Report revenue from the rental of banquet halls, meeting rooms, ballrooms, concession spaces, rental of machinery and equipment, lockers	2339	
8. Commissions and Fees Revenue	2060	
9. Other Operating Revenue – Include all operating revenue not reported above (please specify major items)	2071	
<input type="text" value="2071"/> <input style="width: 500px;" type="text"/>	2077	
10. Total Operating Revenue (sum of items 1) to 9))	2080	
11. Non-Operating Revenue – Include interest, gains on foreign exchange and all other revenue not directly related to the operation of this business (please specify major items)	2095	
<input type="text" value="2095"/> <input style="width: 500px;" type="text"/>	2097	
12. Total Revenue (sum of Boxes 2080 and 2097)	2098	

N - Expenses

Please report (estimate if necessary) the following expenses incurred during the **2004** reporting period (complete only those expense categories which are applicable to your establishment). 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. If it is detailed enough, you may also attach a copy of your expense statements.

		\$
1. Cost of goods sold (purchases plus opening inventory minus closing inventory). Report the cost of food products, alcoholic beverages and merchandise purchased for resale. Exclude other costs, such as office supplies and materials used. These should be reported in Box 4000 below	5721	
Please provide the breakdown of the above reported total cost of sales : (total of Boxes 5532, 5533 and 5531 should equal Box 5721)		
a) Cost of food products used in meal preparation (related to Revenue Box 1415 in Section M)	5532	
b) Cost of alcoholic beverages used or sold (related to Revenue Box 1414 and Box 1416 in Section M)	5533	
c) Cost of all other merchandise sold (related to Revenue Box 2028 in Section M)	5531	
2. Office and all other supplies and materials used in the business (do not include purchases reported under cost of goods sold - Box 5721 above but include linen, towels, bathroom tissue, soaps, etc.)	4000	
3. Salaries, wages, bonuses and commissions paid to your employees	3010	
4. Employee benefits (e.g., employer's contribution to pension, medical, employment insurance and Worker's Compensation plans)	3040	
5. Sub-contract laundry, cleaning and maintenance (including housekeeping and groundkeeping)	4177	
6. Legal, accounting and other professional fees	4230	
7. Marketing, advertising and promotion	4365	
8. Travel (transportation, accommodation, food, entertainment expenses while travelling)	4370	
9. Rent and/or lease of land and building, machinery, equipment, computers and motor vehicles.	4121	
10. Property management fees	4490	
11. Repairs and maintenance to buildings, furnishings, machinery and equipment	4176	
12. Property taxes and business taxes, licences and permits	4410	
13. Insurance	4350	
14. Heat, light, power and water	4042	
15. Telephone, facsimile, postage, and Internet fees	4102	
16. Depreciation (for buildings, equipment and leasehold improvement)	4520	
17. Royalties, franchise fees, brand marketing assessment and reservation fees	4440	
18. Commission paid (e.g. to travel agents, credit card institutions)	4082	
19. All other operating expenses not specified above (<i>please specify major items</i>)		
<input type="text" value="4561"/> <input type="text"/>	4569	
20. Total Operating Expenses (sum of items 1) (total of a, b and c) to 19))	4599	
21. Interest expense (both long-term and short-term).	4630	
22. Write-offs, valuation adjustments, capital losses, losses on foreign exchange	4351	
23. Total Expenses (sum of Boxes 4599, 4630 and 4351)	4699	

O - Multi-Establishment

Is more than one business establishment included in the responses to this questionnaire?

0933

- 3 No (If No, go to Section P)
 1 Yes (If Yes, please fill in the table below)

Names	Addresses	Revenues(\$)
0912	0913	0958
0950	0954	0959
0951	0955	0960
0952	0956	0961
0953	0957	0962

P - 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		
				Year	Month	Day
Name of person to contact for further information (please print)		0013				
		First name				
0026 1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms.		0054				
		Last name				
E-mail address: 0018			Web site address: 0020			
Telephone number: 0017 ()		Extension: 0027		Fax number: 0016 ()		

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

9910 hour(s)	9909 minutes

Comments

If more space is required please enclose a separate sheet.

9920

9913

9914

9915

9916

For information only

Thank you for completing this questionnaire. Please retain a copy for your records.

Statistics Canada's publications are available for use
in Statistics Canada's regional offices and all major libraries.
As well, please visit our Web site at www.statcan.ca

If you need help, please contact us at 1-800-916-9316