

## Annual Survey of Traveller Accommodation, 1999

Français au verso

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



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**Mailing Address** 

**Operating Address** 

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This survey is co	nducted und	er the aut	hority/c	of the St	àtis	ics Act,	Revise	ed Statute	es of Canad	da, 1985	, chap	ter S	-19.		
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Please complete	and return	this que	stionna	ire withi	n 3	days	of rece	ipt. If y							
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Fax No.	1-888-605-2	2493													

5-3300-335: 1999-11-15

STC/SER 425-60137



Statistics Statistique Canada Canada

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1. Business Activity and Classification								
023	Pleas	e check (✓) below the one type of accommodation category which most accurately describes your business establishment.						
721191	0	Bed-and-Breakfast provides short stay guest rooms in private homes or in small buildings converted for this use often possesses a unique or historic character characterized by a highly personalized service room rate includes a full breakfast, served by the owner or owner-supervised staff						
721192	0	Housekeeping Cottages and Cabins  provides short-term lodging in facilities known as housekeeping cottages and cabins designed to accommodate vacationers may include access to private beaches and fishing						
721211	0	RV (Recreational Vehicle) Parks and Campgrounds  provides serviced or unserviced sites to accommodate campers and their equipment, such as tents, tent trailers, travel trailers or RVs  may also provide access to facilities such as washroom, laundry rooms, recreation halls, stores and snack bars						
721212	0	Hunting and Fishing Camp (Outfitter)  primarily engaged in operating hunting and fishing camps  provides a range of services, such as access to outpost camps or housekeeping cabins, meals and guides  may also provide transportation to the facility, services of food, beverages, and hunting and fishing supplies						
721213	0	Recreational (except Hunting and Fishing Camps) and Vacation Camps  operates overnight recreational camps, such as children's camps, family vacation camps, and outdoor adventure retreats offers trail riding, white-water rafting, hiking and similar activities provides accommodation facilities, such as cabins and fixed camp sites also provides other amenities, such as food services, recreational facilities and equipment, and organized recreational activities excludes day camps						
721310	0	Rooming and Boarding Houses  provides temporary or longer-term accommodation which, for the period of occupancy, may serve as a principal residence includes rooming and boarding houses, fraternity and sorority houses, off-campus dormitories, residential clubs and workers' camps  may also provide complementary services, such as housekeeping, meals and laundry services						
721198	0	All Other Traveller Accommodation  provides short-term lodging but is not yet classified to any other industry  examples are youth hostels; tourist homes; dormitories; university residences which may be open only seasonally to the public  please provide a brief description:						
038								
	No	ne of the above (please describe briefly below, the nature of your business activity)						
025		A Service of the serv						
		2. Form of Organization						
Please c		and report the legal status of this business operation below:     Unincorporated						
1	0	Unincorporated – individual proprietorship 5 Unincorporated – limited partnership						
	0	Other (please specify) 032						
		3. Period and Status of Operation						
		period of business operation and operating status for the 1999 reporting period. Check (🗸) where appropriate and specify below (more nay be checked):						
235	0	Full year (12 months) operation						
2	20:	Seasonal operation (please specify period) . 238 From To To						
		Newly built property (please specify date of opening)						
4	6	Change of fiscal year-end D M Y To D M Y  D M Y  D M Y  D M Y						
8 Change of ownership (please specify effective date) 236 D M Y								
4	0	Ceased operation (please specify effective date)						
•		Temporarily closed (please specify effective date and reason)						
Reason	213							
		4. Reporting Period						
your to be eith recentle	ousine ner th y con	tate the reporting period of the sess operation in 1999. It may be calendar year, or the most suppleted fiscal year, ending no arch 31, 2000.						

		5. Rever	nue						
typ rece	ase report (estimate if necessary) sales a e of revenue or service listed below, wh eipts from packaged vacation, by type of ri illable, please report in Box 110, and indica	ere <b>applicable</b> . Where possible evenue and services listed. If to	le, please pro otal revenue o	ovide the breakd only of packaged	own of the vacation is			ollars it cents)	
	er taxes collected by you for remittance to						70	it coms)	
a)	Guest Accommodation - Report rever campsite accommodation					113			
b)	Meals and Non-Alcoholic Beverages – and snack bar, (exclude sales by conce		104						
c)	Alcoholic Beverages Served – Include		105						
d)	Service Revenue - Include revenue de entertainment, sports, health, recreation a		101						
e)	Sales of Merchandise – Include revenue recreational and sports equipment a concessionnaires)	sales by	103						
f)	Facility Rental Revenue - Report reveconcession spaces					109	/		
g)	Other Rental Revenue – Include revenu	e from rental of machinery boat	t, motor and s	ports equipment		106	/	$\nearrow \mathcal{Y}$	
h)	Packaged Vacation Revenue - Indicate	<ul><li>(✓) below the types of services</li></ul>	s included			110	$\sim$		
,		- · · ·	<b>.</b> .			77			
	286			ts Equipment					
i)	Other Operating Revenue – Include all c	perating revenue not reported	above (please	specify major it	ems				
035			$\wedge$			108			
j)	Total Operating Revenue (sum of items	a) to i))	\.			115			
k)	Non-Operating Revenue - Include inte	/		to the operat					
036	business (please specify major items)	120							
	Total Revenue (sum of Boxes 115 and	120)				130			
	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					····			
		6. Employ	ment						
Ple	ase report the average monthly number	of persons employed in this bus	siness establis	shment during th	e <b>1999</b> repo	rting peri	od.		
a)	Paid Employees – to whom you paid shown in <b>Operating</b> Expenses, (Section			o of Employee ( Full Year)	No. of Em (Seaso	:mpioyee   Numb		Total Number	
	- Full-time Employees - Worked more th	an 30 hours per week	198		199		152		
	- Part-time Employees - Worked less that	an 30 hours per week	200		201		151		
b)	Working proprietors and/or working partner	ers of unincorporated business	ses 153						
		7. Client L	Base						
acc	ase report (estimate if necessary) the percommodation revenue (Section 5, Box 113 intele:		of foreic the perc	eport (estimate gn visitors by th entages may sun n visitors as repo	eir <b>country</b> m up to 100	of origi of or to	n. (Pl	ease note that	
Do	mestic clients	Percent (%)					P	ercent (%)	
a)	Households or individual (for leisure purposes)	180	U.S.			40			
b)	b) Companies or individual (for business purposes)								
c)	All levels of governments		40	$\top$					
Fo	reign clients			·		40	5		
d)	All foreign visitors (for leisure or business purposes)	185	·	ın					
	Total (total of above boxes must equal 100%	100%	т	otal (total of abo	ve boxes	40	7		

8. Operating Expense	8.	Op	era	ting	Ex	pen	se
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Please report (estimate if necessary) the following expenses incurred during the 1999 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. Do not include capital expenditures (to be reported in Section 9, e)). If it is detailed enough, you may also attach a copy of your expense statements and proceed to section 9.

			Dollars
a)	Cost of sales (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 177 below	159	(omit cents)
b)		160	
c)	Employee benefits (e.g., employer's contribution to pension, medical, employment insurance and Worker's Compensation plans)	161	
d)		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, e))	166	
g)	Legal, accounting and auditing	167	
h)	Management and consulting fees	190	$\searrow$
i)	Marketing, advertising and promotion	168	,,,,
j)	Insurance	169	
k)	Property taxes, permits, licenses, business tax and other tariffs/taxes (exclude income tax)	195	
l)	Heat, light, power and water	171	
m)	Telephone, telegraph, telex, facsimile and postage	172	
n)	Travel, music and entertainment	173	
0)	Depreciation (for buildings, equipment and leasehold improvement)	175	
p)	Bank charges and interest expense on short-term-loans (do not include interest on long-term mortgages)	176	
q)	Office and all other supplies and materials used in the business (do not include purchases reported under cost of sales - Box 159 above)	177	
r)	All other operating expenses not specified above (please specify major items)		
037		178	
۵۱	Table Countries	179	
s)	Total Operating Expenses (sum of items a) to r) ).		
	9. Other Operating Characteristics and Facilities		
Plea	ase check (✓) and report the following operating characteristics and facilities:		Number
a)	Number of Guest Accommodation Units – Please report the total number of units of guest accommodation (including campsites) available for sale (occupancy) on average per day	241	- CANPAGE -
b)	Guest Accommodation Unit Occupancy – Please report either 1) or 2) below:	- 1	Percent (%)
	Average Occupancy Rate – Please report the ratio of guest accommodation units sold (occupied) to the total number of units available for the reporting period	242	
			Number
	Average Actual Unit Nights Sold – Please report the average daily number of guest accommodation units sold (occupied)	256	

9. Other Operating Characteristics and Facilities - Continued										
c) 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 O Suburban – located in the outskirts of town or city limits										
3 O Highway – located off a major highway or throughway										
<sup>4</sup> Airport – located near an airport with regularly scheduled passenger service										
5 Rural – facilities located in a rural atmosphere										
6 Remote location – not accessible by automobile or bus										
d) Market Orientation - Please check ( ) below, one category which most accurately describes the major targeting market segment of your business operation:</td										
264 1 C Economy 2 Mid-scale 3 Up-scale										
4 C Luxury 5 C Don't know										
e) Capital Expenditure – Please report total expenditure of capital upgrade or renovation, if any, incurred during the 1999 reporting period and specify amount:  \$\\$ \text{(omit cents)}\$										
265 1 No 2 Yes (please specify) — Amount 266										
10. Marketing Information										
Please check (<) the following questions, where applicable, relating to the marketing practices of your establishment during the 1999 reporting										
period (more than one box may be checked).										
271 Accommodation Guide Listing 276 Brochures										
272 O Radio Ads 277 O Direct Mail										
273 Newspaper Ads Travel Information Offices										
274										
275 Consumer Shows										
281 Other (please specify)										
11. Multi-Establishment										
And the state of t										
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  O24  and specify the names, addresses and revenues										
below. In addition, please (indicate, below, the name and address of any newly acquired or newly built accommodation establishments by your legal entity during the reporting period:										
Names Addresses Revenues (\$)										

12. Certification	on I ce	ertify that the my knowledge	information co	ntained herein	is complete and	correct to the	e best
Signature of authorized p		.,			Title		
Name of person to contact		rmation (please p	orint)		Title		
□ Mr. □ M 233 □ Miss □ M							
Day Month	Year	Area code	Telephon	e number	Ext.	1	Fax
Date	1 1 1	234	, ,	1 1 1		237	
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The results of this survey will be published in the Statistics Canada publication entitled "Traveller Accommodation Statistics" (Cat. No. 63-204-XPB)

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Thank you for you	ur co-operation	