Service Industries Division	
Annual Survey of Traveller	
Accommodation, 2000	

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.

 $^{\odot}$ 

**Operating Address** 

Mailing Address

	e make <b>correction</b> or <b>addition</b> to the above labelled busi ting address, where necessary, in the space provided below:	ness operating name, legal ownership name, mailing address	s and
	Ownership name (Corporation, proprietorship or partnership)	Operating (trade) name	
050		051	
	Mailing address	Operating address	
Г	5		
-			
049	Postal Code	052 Rostal Code	1
	Information fo	r Respondents	
Thi: infc The per age infc Car Sun The acc or esta Con Sta bus cor Sta Noi Car Car	rmation for statistical and economic analysis of the industries a results of the survey are used by business operators and formance, operating characteristics and trends, by given nacies such as the Canadian Tourism Commission for anal immation feedback to the industries, and by Statistics Canad hadian System of National Accounts. <b>rvey Reporting Unit</b> a point-venture partnership. The operating establishment may be a bilishment have been labelled in this questionnaire. Please m <b>inidentiality</b> tistics Canada is prohibited by law from publishing any stati- <b>iness</b> without the previous writter consent of that business. The <b>fidence, used for statistical purposes, and published</b> tistics Act are not affected by either the Access to Information <b>the of Appreciation</b>	tistics which would divulge information relating to any identifiat The data reported on this questionnaire will be treated in str in aggregate form only. The Confidentiality provisions of t	rs. stry by und the ller hip ing ble <b>ict</b> the
	$\checkmark$		

## **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

\*

5-3300-335: 2000-12-20 STC/SER 425-60137 Statistics Canada Statistique Canada



		1. Business Activity and Classification
023	Pleas	se check ( $\checkmark$ ) 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	<ul> <li>Housekeeping Cottages and Cabins</li> <li>provides short-term lodging in facilities known as housekeeping cottages and cabins</li> <li>designed to accommodate vacationers</li> </ul>
721211	0	<ul> <li>may include access to private beaches and fishing</li> <li>RV (Recreational Vehicle) Parks and Campgrounds</li> <li>provides serviced or unserviced sites to accommodate campers and their equipment, such as tents, tent trailers, travel trailers or RVs</li> <li>may also provide access to facilities such as washroom, laundry rooms, recreation halls, stores and snack bars</li> </ul>
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 adverture 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	<ul> <li>Rooming and Boarding Houses</li> <li>provides temporary or longer-term accommodation which, for the period of occupancy, may serve as a principal residence</li> <li>includes rooming and boarding houses, fraternity and sorority houses, off-campus dormitories, residential clubs and workers' camps</li> </ul>
721198	0	<ul> <li>may also provide complementary services, such as housekeeping, meals and laundry services</li> <li>All Other Traveller Accommodation</li> <li>provides short-term lodging but is not yet classified to any other industry</li> <li>examples are youth hostels; tourist homes; dormitories; university residences which may be open only seasonally to the public</li> <li>please provide a brief description:</li> </ul>
038		$ \land (( \land )) \land \land$
	No	ne of the above (please describe briefly below, the nature of your business activity)
025		
		2. Form of Organization
Please of	heck	(  v) and report the legal status of this business operation below:
027	3 ()	Incorporated 2 Unincorporated – partnership
	· U	Unincorporated – individual proprietorship 5 Unincorporated – limited partnership
	4 ()	Other (please specify)
		3. Reporting Period Information
Please r	eport	information for your most recent available 12-month fiscal period ending between January 1, 2000 and March 31, 2001. Please
		the period covered by this questionnaire.
Did you o	operat	e this business unit for the full year?
235	$\sim$	ves (IL yes, please go to Section 4)
$\backslash$	Ø	No (If no, please check the appropriate box(es) below.)
	Ø	Seasonal operation (please specify period)         D         M         Y         D         M         Y
	з ()	D         M         Y           239
	5 🔿	D         M         Y         D         M         Y           Change of fiscal year-end         From         I
	8 ()	Change of ownership (please specify effective date)
	4 ()	Ceased operation (please specify effective date)
	6 🔿	Temporarily closed (please specify effective date and reason)
Reasor	21	3

			4. Re	evenue									
type recei availa	se report (estimate if necessary) sales an of <b>revenue</b> or <b>service</b> listed below, wh pts from packaged vacation, by type of re able, please report in Box 110, and indica <b>r taxes</b> collected by you for remittance to	ere <b>a</b> evenu ate (√	pplicable. Where p le and services listed ) below the type of s	ossible, pleas d. If total reve	se pro nue o	ovide the breako only of packaged	lown vaca	of the tion is			Oollars hit cents	)	
	a) Guest Accommodation – Report revenue from the sales of room, suite, cabin, cottage, tent and/or trailer 113												
	b) Meals and Non-Alcoholic Beverages – Include prepared meals and non-alcoholic beverages from restaurants and snack bar, (exclude sales by concessionnaires)												
c) 🖌	c) Alcoholic Beverages Served – Include beer, wine and liquor served in restaurants, lounges and bars												
	Service Revenue – Include revenue fi entertainment, sports, health, recreation a								101				
ŕ	Sales of Merchandise – Include revenue ecreational and sports equipment a concessionnaires)	nd a	ccessories, oil, ga	soline, supp	olies	etc. (exclude	sale	<b>s</b> by	103		$\neg$		
	Facility Rental Revenue – Report reve							and	109	$\swarrow$	$\overline{\gamma}$	<u>\</u>	
g) <b>(</b>	Other Rental Revenue – Include revenue	e fron	n rental of machinery	v boat, motor	and s	ports equipment	t	•••••	106	$\overline{\ }$	$\langle \rangle$	)	
h) F	Packaged Vacation Revenue – Indicate	(√) b	elow the types of se	rvices include	ed				945	$\rightarrow$			
	293 Accommodation 28	5 (	) Meals	288 ()	Spor	ts Equipment	(	$\langle \cdot \rangle$	))				
	286 Transportation 28	7 (	Guides	292	Othe	r A	$\overline{\}$	$\bigcirc$					
i) <b>(</b>	Other Operating Revenue – Include all o	perat	ing revenue not repo	orted above (	olease	e specify major il	ems)						
035				$\langle$	>	$(\bigcirc)^{\vee}$			108				
j) T	Total Operating Revenue (sum of items	a) to	i))		<u>}</u>				115				
	Non-Operating Revenue – Include inter												
036	ousiness (please specify major items)		·····	<u> </u>	<u> </u>	<u></u>			120				
I) 1	Total Revenue (sum of Boxes 115 and	120)							130				
			< 5. Emj	) ployment									
Pleas	se report the <b>average monthly number</b> of	of/per	sons employed in thi	is business e	stablis	shment during th	e 200	00 repo	rting pe	riod.			
	$\langle \rangle$	$\left( \right)$	$\mathcal{I}$		No	. of Employee	<u> </u>				Tot	al	
	Paid Employees – to whom you paid shown in <b>Operating</b> Expenses (Section )					(Full Year)		o. of Em (Seasc			Num	ber	
-	- Full-time Employees - Worked more th	an 30	) hours per week		198		199			152	2		
-	- Part-time Employees - Worked less that	an 30	hours per week		200		201			151	151		
b) \	Norking proprietors and/or working partne	ers of	unincorporated but	sinesses	153		J						
	$\gamma(\bigcirc)$		6. Clie	ent Base									
acco	e eport (estimate if necessary) the perc modation revenue (Section 4, Box 113 elec			g of the	foreig perc	eport ( <b>estimate</b> gn visitors by th entages may su n visitors as repo	neir <b>c</b> Im up	ountry to 100	of orig	jin. (F	lease n	ote that	
Dom	nestic clients		Percent (%)						Γ	F	Percent	(%)	
	Households or individual (for leisure purposes)	180			U.S.				4	01			
	Companies or individual (for business purposes)	181			U.K.				4	02			
					Frar	ice			4	03			
	All levels of governments	183			Geri	many			4	04			
	e <b>ign clients</b> All foreign visitors (for leisure	10-			Japa	an			4	05			
	or business purposes)	185	4000/		Othe	er Foreign			4	06			
	Total (total of above boxes must equal 100%	189	100%			f <b>otal</b> (total of ab nust equal 100%			) 4	07			

	7. Operating Expenses		
only par refu	ase report (estimate if necessary) the following expenses incurred during the 2000 reporting period (complete those expense categories which are <b>applicable</b> to your establishment). Please indicate in your reporting if a ticular expense item is included with another item reported. Please <b>include GST except</b> the portion which is indable by government. <b>Do not include capital expenditures</b> (to be reported in Section 8, e)). If it is detailed ugh, you may also attach a copy of your expense statements and proceed to section 8.		
			Dollars (omit cents)
a)	<b>Cost</b> of <b>sales</b> (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	(on too ho)
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	$\square$
e)	Rent and/or lease of machinery, equipment, computer and motor vehicles	163	$ \land \land$
f)	Repairs and maintenance to buildings, furnishings, machinery and equipment (do not include capital expenditures, to be reported in section 8, e))	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, permits, licenses, business tax and other tariffs/taxes (exclude income tax)	195	
I)	Heat, light, power and water	171	
m)	Telephone, telegraph, telex, facsimile and postage	172	
n)	Travel (transportation, accommodation, food, entertainment expenses while travelling)	173	
o)	Depreciation (for buildings, equipment and leasehold improvement)	175	
p)	Interest expense: on short-term loans	176	
	on long-term loans and mortgages	197	
q)	Office and all other supplies and materials used in the business (do not include purchases reported under cost of sales - Box 189 above)	177	
r)	All other operating expenses not specified above (please specify major items)		
037			
		178	
SY.	Total Operating Expenses (sum of items a) to r) ).	179	
	$\sim$		
	8. Other Operating Characteristics and Facilities		
Ple	ase check ( $\checkmark$ ) 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	
b)	Guest Accommodation Unit Occupancy - Please report either 1) or 2) below:		Percent (%)
	1) 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
	2) Average Actual Unit Nights Sold – Please report the average daily number of guest accommodation units sold (occupied).	256	

8. 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
<sup>2</sup> O Suburban – located in the outskirts of town or city limits
<sup>3</sup> Highway – located off a major highway or throughway
<sup>4</sup> O Airport – located near an airport with regularly scheduled passenger service
<sup>5</sup> <b>Rural</b> – facilities located in a rural atmosphere
6 O 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:
264         1 ()         Economy         2 ()         Mid-scale         3 ()         Up-scale         ()
4 C Luxury 5 Don't know
e) Capital Expenditure - Please report total expenditure of capital upgrade or renovation, if any, incurred during the 2000 reporting period and
specify amount:
<b>265</b> 1 $\bigcirc$ No 2 $\bigcirc$ Yes (please specify) $\longrightarrow$ Amount <b>266</b>
9. Marketing Information
Please check (<) the following questions, where applicable, relating to the marketing practices of your establishment during the 2000 reporting
period (more than one box may be checked).
271     Accommodation Guide Listing       276     Brochures       295     Internet
272 Radio Ads
273 Newspaper Ads
274 Magazine Ads
275 O Television Ads
281 Other (please specify)
10. Multi-Establishment
The information of one business operation 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 of any newly acquired or newly built accommodation establishments by your
legal entity during the reporting period:
Addresses Revenues (\$)

	11	1. Ce	ertifi	catio	n	I certify that the information contained herein is complete and correct to the best of my knowledge																									
Signature of authorized person											Title																				
Nam 233	e of	f perso Mi	·	contao	rs.	furthe	urther information (please print) Title																								
	l	Day	М	onth		Year	r Area code Telephone number												Ext. Fax												
Date		1						234 237 237																							
Hov	v loi	ng did	you	spend	colle	ecting	the	e dat	ta an	d cor	mpleti	ng thi	s fo	orm?				80	)1					hour	s						

Comments
$\langle \xi \rangle$

## **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.

Thank you for your co-operation