



Service Industries Division

Annual Survey of Traveller Accommodation, 2001

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.

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	
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051	
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Mailing address

Operating address

049		Postal Code							
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052		Postal Code							
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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

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.

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.

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

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**. Where possible, please provide the breakdown of the receipts from packaged vacation, by type of revenue and services listed. If total revenue only of packaged vacation is available, please report in Box 110, and indicate (✓) below the type of services included. Please **exclude GST** and all **other taxes** collected by you for remittance to a government agency.

- a) **Guest Accommodation** – Report revenue from the sales of room, suite, cabin, cottage, tent and/or trailer campsite accommodation
- b) **Meals and Non-Alcoholic Beverages** – Include prepared meals and non-alcoholic beverages from restaurants and snack bar, (**exclude sales by concessionaires**)
- c) **Alcoholic Beverages Served** – Include beer, wine and liquor served in restaurants, lounges and bars
- d) **Service Revenue** – Include revenue from guest laundry, telephone, parking services, and charges from entertainment, sports, health, recreation and amusement facilities and transportation service
- e) **Sales of Merchandise** – Include revenue from vending machines, newsstands, gifts and pro shops and sales of recreational and sports equipment and accessories, oil, gasoline, supplies etc. (**exclude sales by concessionaires**)
- f) **Facility Rental Revenue** – Report revenue from the rental of banquet halls, meeting rooms, ballrooms and concession spaces
- g) **Other Rental Revenue** – Include revenue from rental of machinery boat, motor and sports equipment
- h) **Packaged Vacation Revenue** – Indicate (✓) below the types of services included

Dollars (omit cents)	
113	
104	
105	
101	
103	
109	
106	
110	
035	
115	
120	
130	

- 293** Accommodation
- 285** Meals
- 288** Sports Equipment
- 286** Transportation
- 287** Guides
- 292** Other

i) **Other Operating Revenue** – Include all operating revenue not reported above (*please specify major items*)

035	
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j) **Total Operating Revenue** (sum of items a) to i))

k) **Non-Operating Revenue** – Include interest and all other revenue not directly related to the operation of this business (*please specify major items*)

036	
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l) **Total Revenue** (sum of Boxes 115 and 120)

5. Employment

Please report the **average monthly number** of persons employed in this business establishment during the **2001** reporting period.

- a) Paid Employees – to whom you paid salaries and wages as shown in **Operating Expenses**, (Section 7, Box 160)
 - Full-time Employees – Worked more than 30 hours per week
 - Part-time Employees – Worked less than 30 hours per week
- b) Working proprietors and/or working partners of **unincorporated** businesses

No. of Employee (Full Year)		No. of Employee (Seasonal)		Total Number	
198		199		152	
200		201		151	
153					

6. Client Base

Please report (**estimate** if necessary) the percentage of your guest accommodation revenue (Section 4, Box 113) derived from the following clientele:

Domestic clients		Percent (%)	
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 (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 sum 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 (total of above boxes must equal 100% or box 185)		407	

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 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 8, e)). 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 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
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 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
l)	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 159 above)	177
r)	All other operating expenses not specified above (please specify major items)	
037		178
s)	Total Operating Expenses (sum of items a) to r)	179

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 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
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
 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
 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:

- 264** 1 **Economy** 2 **Mid-scale** 3 **Up-scale**
 4 **Luxury** 5 **Don't know**

e) **Capital Expenditure** – Please report total expenditure of **capital upgrade** or **renovation**, if any, incurred during the **2001** reporting period and **specify amount**:

265 1 No 2 Yes (*please specify*) — Amount **266**

\$ (omit cents)

9. Marketing Information

Please check (✓) the following questions, **where applicable**, relating to the **marketing practices** of your establishment during the **2001** reporting period (*more than one box may be checked*).

- 271** Accommodation Guide Listing **276** Brochures **295** Internet
272 Radio Ads **277** Direct Mail
273 Newspaper Ads **278** Travel Information Offices
274 Magazine Ads **279** Trade Shows
275 Television Ads **280** Consumer Shows
281 Other (*please specify*) → **282**

10. 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** of any **newly acquired** or **newly built** accommodation establishments by your **legal entity** during the reporting period:

Names	Addresses	Revenues (\$)

11. 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.								
233	Day	Month	Year	Area code	Telephone number	Ext.	Fax	
Date				234			237	
How long did you spend collecting the data and completing this form?						<input type="text"/> hours		

Comments

Federal Provincial Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For establishments and/or business locations operated in Quebec, Manitoba and British Columbia, the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS, respectively. The Statistics Acts of these provinces includes the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

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

Thank you for your co-operation