If necessary, please make address label corrections in the boxes below.


This information is collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S-19.
COMPLETION OF THIS QUESTION VAI II , S A LEG.' REQUIREMENT UNDER THIS ACT.

## A - Introduction

## Survey purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs. For more information on this survey, please access www.statcan.ca/english/survey/index.htm.

## Data-sharing agreements

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies and other government departments for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed reporting guide for details of these agreements.

## Confidentiality

The Statistics Act protects the confidentiality of information collected by Statistics Canada. Please see the enclosed reporting guide for more information.

## Fax or other electronic transmission disclosure

Statistics Canada advises you that there could be a risk of disclosure during facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the Statistics Act.

Please return the questionnaire within 30 days.
Please mail the completed questionnaire in the enclosed envelope or fax it to Statistics Canada at 1-888-883-7999.

Lost the return envelope or need help? Call us at 1-888-881-3666 or mail to:
Statistics Canada, Operations and Integration Division, 150 Tunney's Pasture Driveway, Ottawa, Ontario K1A 0T6
Visit our website at www.statcan.ca

## B - Main business activity

1. Please describe the nature of your business. 0055
2. Please check the one main activity which most accurately represents your main source of revenue.
$0150 \quad$ Hotel: provides short stay suites or guest rooms in a multi-storey or high-rise structure accessible from the interior only
$0151 \quad$ Motor hotel: provides short stay suites or guest rooms in a low-rise structure accessible from both the interior and exterior
${ }^{0152} \square$ Motel: provides short stay suites or guest rooms in a one or two storey structure accessible from the exterior only
${ }^{0153} \square$ Resort: provides short stay, full service suites or guest rooms
0154 Casino hotel: provides short stay suites or guest rooms with a casino on the premises

0162 All other traveller accommodation: provides short stay lodging but is not classified to any other industry
${ }^{0040} \square$ None of the above — Please call 1-888-881-3666 for further instructions.

## C - Reporting period information

1. Please report information for your fiscal year (normal business year) ending between April 1, 2007 and March 31, 2008. Please indicate below the period cov. .udr, $t$ is u tionnaire.


00311seasonal operations
2 new business
$3 \square$ change of f ca

$4 \square$ change ofceased operations
${ }^{6}$ temporarily inactive

## Reporting instructions

- Report for business unit(s) specified on the label on the front page.
- Complete only the questions that apply to your business.
- When precise figures are not available, please provide your best estimate.
- Report in Canadian dollars. Dollar amounts and percentages should be rounded to whole numbers.
- Consult the enclosed reporting guide for further information.


## D - Revenue

A detailed breakdown may be requested in other sections.

1. Sales of goods and services (e.g., rental and leasing income, commissions, fees, admissions, services revenue)
Report net of returns and allowances.
2. Grants, subsidies, donations and fundraising
3. Royalties, rights, licensing and franchise fees
4. Investment income (dividends and interest)
5. Other revenue 2001
(please specify):
6. Total revenue (sum of questions 1 to 5 )

CAN\$

| CAN\$ |  |
| :--- | :--- |
| 2299 |  |
|  |  |
| 2068 |  |
| 2022 |  |
| 2097 |  |
| 2077 |  |
| 2098 |  |

## E-Expenses



## F - Industry characteristics

Please provide a breakdown of your sales.


## Occupancy rate

Please answer the following questions relating to the occupancy of your establishment during your 2007 operating period.
number
16. Total number of rooms in this establishment
17. Total number of room-nights available over your 2007 reporting period (please exclude rooms closed due to repair and renovations)
18. Total number of room-nights sold over your 2007 reporting period
19. 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 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## F - Industry characteristics (continued)

## Paid employees

20. Full-time full-year employees - (worked 30 hours or more per week)
21. Full-time seasonal employees - (worked 30 hours or more per week)
22. Part-time full-year employees - (worked less than 30 hours per week)
23. Part-time seasonal employees - (worked less than 30 hours per week)

|  | number |
| :--- | :--- |
|  | num |
|  |  |
| 6318 |  |
| 6317 |  |
| 6319 |  |
|  |  |

## G - Personnel

1. Number of partners and proprietors, non-salaried (if salaried, report at question 2 below)

|  | number |
| :--- | :--- |
|  |  |
|  |  |

2. Paid employees
a) average number of paid employees during the reporting period (see reporting guide)

6339

|  |
| :--- | :--- |


 workers (estimates are acceptable)
4. Number of volunteers during the reporting period (6 stim $t$ t 5 키 ccept, ', e)

| 6320 |  |
| :---: | :---: |
|  | number |
| 6014 |  |
|  |  |
|  |  |

number
of hours
5. Number of hours worked by all volunteers during the reporting period (estimates are acceptable)

## H - Sales by type of client

Please provide a percentage breakdown of your sales by type of client.

1. Clients in Canada
a) businesses
b) individuals and households
c) governments, not-for-profit organizations and public institutions (e.g., hospitals, schools)
2. Clients outside Canada

## I, J and K - Not applicable

## L - Contact information

Name of person to contact about this questionnaire:
$0026{ }^{1} \square$ $\square \mathrm{Mr}$.
${ }^{2} \square \mathrm{Mrs}$.
${ }^{3} \square$ $\square$ Miss
${ }^{4}$ $\square \mathrm{Ms}$

| 0054 | Last name |  | 0017 | Telephone <br> number |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 0013 | First name |  | 0027 | Extension <br> number |  |
| 0014 | Title |  | 0016 | Fax <br> number |  |
| 0018 | E-mail <br> address |  | 0020 | Website <br> address |  |

Date completed:

mm
dd
$\square$

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


## M - Comments



We invite your comments below. Please be assured that we review all comments with the intent to improve the survey.
 ONLY
9913
$\qquad$

9914

$\qquad$

9915 $\square$
$\qquad$

9916 $\qquad$

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

