This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez nous appeler au numéro sans frais suivant : 1-888-881-3666.

If necessary.	nloaco	maka	addrace	lahal	corrections	in th	an hava	c holow
ii necessary,	piease	make	address	label	corrections	III U	ie boxe	s below.

0001	Legal name		0004	Address (number and street)			
0002	Business name		0005	City			
0021	Title of contact	F		Province/territory or state			
0008	First name of contact	INICODE	0053	Country	146	Postal code/ zip code	
0028	Last name of contact	INFORT	0010	Language ₁ preference	English	² French	

This information is collected 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.

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

To reduce respondent burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies and other government departments for the sharing of data. The data will be kept confidential and used for statistical purposes only by these organizations. For further details on any data-sharing agreement for this survey, please consult the enclosed reporting guide.

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



Statistique

2008 Survey of Service Industries: **Traveller Accommodation**



(F)

В	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.									
	Hotel: provides short stay suites or guest rooms in a multi-storey or high-rise structure accessible from the									
	 interior only Motor hotel: provides short stay suites or guest rooms in a low-rise structure accessible from both the interior and exterior 									
	Motel: provides short stay suites or guest rooms in a one or two storey structure accessible from the exterior only									
	⁰¹⁵³ 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 ☐ None of the above — Please call 1-888-881-3666 for further instructions.									
С	- Reporting period information									
1.	Please report information for your <u>fiscal year</u> (normal business year) ending between April 1, 2008 and March 31, 2009.									
	Please indicate below the period covered by this questionnaire. yyyy mm dd yyyy mm dd yyyy dd									
	from 0011 to 0012									
2	If the reporting period does not except a full year places the sky the reconstant of									
2.	If the reporting period does not cover a full year , please check the reason(s) below: Output Description: Output Description:									
	operations business fiscal year ownership operations inactive									
	eporting instructions									
K										
_	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)									

2008 Survey of Service Industries:

5-3600-35.1

E	- Expenses		
			CAN\$
1.	Salaries and wages of employees who have been issued a T4 statement	3010	
2.	Employer portion of employee benefits (include employer contributions to pension, medical/life insurance plans, employment insurance, etc.)	3040	
3.	Commissions paid to non-employees {paid to travel agents}	4466	
4.	Professional and business services fees (e.g., legal, accounting)	4315	
5.	Subcontract expenses (include contract labour, contract work and custom work)	3060	
6.	Charges for services provided by your head office	4555	
7.	Cost of goods sold, if applicable (purchases plus opening inventory minus closing inventory)	5721	
8.	Office supplies	3301	
9.	Rental and leasing (include rental of premises, equipment, motor vehicles, etc.)	4115	
10.	Repair and maintenance (e.g., property, equipment, vehicles)	4178	
11.	Insurance (include professional liability, motor vehicles, etc.)	4350	
12.	Advertising, marketing and promotions (report charitable donations at question 22)	4365	
13.	Travel, meals and entertainment FORMA ON	4370	
14.	Utilities and telecommunications expenses (include gas, heating, hydro, water, telephone and Internet expenses)	4084	
15.	Property and business taxes, licences and permits	4410	
16.	Royalties, rights, licensing and franchise fees	4440	
17.	Delivery, warehousing, postage and courier	4179	
18.	Financial services fees	4325	
19.	Interest expenses	4630	
20.	Amortization and depreciation of tangible and intangible assets	4520	
21.	Bad debts	4542	
22.	All other expenses (please specify):	4569	
23.	Total expenses (sum of questions 1 to 22)	4699	
24.	Corporate taxes, if applicable	4600	
25.	Gains (losses) and other items (see reporting guide)	4601	
26.	Net profit/loss after tax and other items (see reporting guide)	2304	
		8 Survey of Se	

F - Industry characteristics														
Please provide a breakdown of your sales.														
1.	Room or unit accommodation for travellers											CAN\$		
2.	Rental of recreational vehicle and tent sites for travellers or fees from overnight camps													
3.	Meals and non-alcoholic beverages, prepared and served or dispensed, for immediate 1415 consumption													
4.	Alcoholic beverages, prepared and served or dispensed for immediate consumption													
5.	Sale of merchandise (e.g., packaged food and beverages, newspapers, magazines, books, tobacco, cigarettes, and souvenirs)													
6.	Telephone and Internet access services													
7.	Rental of sp	ace and	equipm	ent (e.g.	, meetin	g room r	rentals, b	anquet	rentals, o	concessi	ons)		2339	
8.	Amusemen arts events)		reationa	l service	s (e.g., (golf cour	rse, skiin	g, admis	ssions to	live per	forming		2824	
9.	Other servi	ces (e.g.	, parking	, laundry	')								2296	
10.	Other rever reported (pl			e ²⁰⁷¹									2076	
11.	Total sales	(sum of	questio	ns 1 to 1	0)								2305	
Co	st of good	s sold						U	7					
	Please indicate amounts in Canadian dollars or percentages. 9970 12. Cost of food products used in meal preparation (related to question 3)										9970 5532	¹□\$ or ²□%		
13.	Cost of alco	holic be	verages	used or	sold (rel	ated to	question	4)	. Y				5533	
14.	Cost of all of	ther me	rchandis	e sold (r	elated to	questio	on 5)						5531	
15.	Total cost	of good	s sold (s	sum of q	uestions	12 to 14	4)						5700	
Ос	cupancy ra	ate											•	
	ase answer 8 operating		wing que	stions re	lating to	the occ	upancy (of your e	establishr	ment dui	ring your			number
16.	Total numb	er of ro	oms in t	his estal	olishmer	nt							9781	
17.	Total numb		•			your 200	08 report	ing perio	od (pleas	e exclu	de		9808	
18.	Total numb	er of roo	m-night	s sold	ver you	r 2008 re	eporting	period					9809	
19.	Please prov		occupar	ncy rate	for each	month y	your esta	ablishme	ent was o	pen (in	operatio	n) during	the	
	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	
	%													
		1	I				1	I						

F	F - Industry characteristics (continued)									
Pa	Paid employees									
	6316	number								
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)									
G	- Personnel									
		number								
1.	Number of partners and proprietors, non-salaried (if salaried, report at question 2 below)	- Hallison								
2.	Paid employees									
	a) average number of paid employees during the reporting period (see reporting guide)									
	b) percentage of paid employees (from question 2a) who worked full time									
3.	Number of contract workers for whom you did not issue a T4, such as freelancers and casual workers (estimates are acceptable)	number								
4.	Number of volunteers during the reporting period (estimates are acceptable)									
5.	Number of hours worked by all volunteers during the reporting period (estimates are acceptable)	number of hours								
Н	- Sales by type of client									
Ple	ease provide a percentage breakdown of your sales by type of client.									
1.	Clients in Canada	%								
	a) businesses									
	b) individuals and households									
	governments, not-for-profit organizations and public institutions (e.g., hospitals, schools)									
2.	Clients outside Canada									
		100%								
	I and K - Not applicable									

Page 5 2008 Survey of Service Industries:

Traveller Accommodation

5-3600-35.1

L-	L - Contact information											
Nam 0026	Name of person to contact about this questionnaire: Output O											
0054	Last name				0017	Telephone number						
0013	First name				0027	Extension number						
0014	Title				0016	Fax number						
0018	E-mail address				0020	Website address						
	Date completed: Date completed:											
M	- Commen	ts										
We	invite your cor	mments below. Please	be assured that v	ve review all	com	ments with the	intent of impro	oving the sur	vey.			
9920				FO	<u>F</u>	2						
			NFO	RN		\TIC	N C					
9913				ON	L	Y						
9914												
9915												
9916												
	Thank	you for complet	ing this que	stionnair	e. F	Please reta	nin a copy	for your i	record	s.		
	Visit our website at www.statcan.ca											