



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

Formules bilingues disponibles sur demande

**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.

**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:

050	Ownership name (Corporation, proprietorship or partnership)	051	Operating (trade) name
049	Mailing address	052	Operating address
	Postal Code		Postal Code

### 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

**1. Business Activity and Classification**

- 023** Please check (✓) below the **one** type of accommodation category which **most accurately describes** your business establishment.
- 721111  **Hotel**
- provides short stay suites or guest rooms in a multi-storey or high-rise structure
  - rooms are accessible from the **interior only**
  - usually located in an urban setting
  - may also provide a wide range of complementary services and amenities
- 721112  **Motor Hotel**
- provides short stay suites or guest rooms in a low-rise structure
  - rooms are accessible from **both the interior and exterior**
  - accommodates clients travelling by motor vehicle
  - provides ample, convenient parking areas
  - located along major roads
  - may also provide limited complementary services and amenities
- 721114  **Motel**
- provides short stay suites or guest rooms in a one or two storey structure
  - rooms are accessible from the **exterior only**
  - accommodates clients travelling by motor vehicle
  - provides ample parking areas adjacent to the room entrances
  - may also provide limited complementary services and amenities
- 721113  **Resort**
- provides short stay, full service suites or guest rooms
  - typically located in a non-urban setting next to mountains, lakes, or rivers
  - provides extensive indoor and/or outdoor leisure activities on the premises on year-round basis
  - may also provide conference facilities
- 721120  **Casino Hotel**
- provides short stay suites or guest rooms with a casino on the premises
  - casino operation includes gambling activities such as table wagering games, slot machines, sports betting
  - conference or convention facilities may be available
  - may also provide a wide range of complementary services and amenities
- 721198  **All Other Traveller Accommodation**
- provides short stay lodging but is not yet classified to any other industry
  - examples are youth hostels; tourist homes; dormitories; university residences which may only open seasonally to the public
  - please provide a brief description:

**038**

None of the above (please describe briefly below, the nature of your business activity)

**025**

**2. Form of Organization**

Please check (✓) and report the **legal status** of this business operation below:

- 027** 3  **Incorporated**      4  Unincorporated – **partnership**
- 1  Unincorporated – **individual proprietorship**      5  Unincorporated – **limited partnership**
- 4  Other (please specify) **032**

**028** 1  **Joint-venture** (please provide names of major partners below)

**033**

Please report if this business operation is **affiliated** with a **chain**, or a **franchise group**.

- 030** 1  No      2  Yes (please specify name of affiliation below)
- 034**

**3. Reporting Period Information**

Please report information for your **most recent available 12-month fiscal period** ending between January 1, 2000 and March 31, 2001. Please indicate below the period covered by this questionnaire.

- 230** From 

D	M	Y

 To **231**

D	M	Y
- Did you operate this business unit for the **full year**?
- 235** 7  Yes (If yes, please go to Section 4)
- No (If no, please check the appropriate box(es) below.)
- 2  **Seasonal operation** (please specify **period**)..... **238** From 

D	M	Y

 To 

D	M	Y
- 3  **Newly built property** (please specify **date of opening**) ..... **239**

D	M	Y
- 5  **Change of fiscal year-end** ..... **240** From 

D	M	Y

 To 

D	M	Y
- 8  **Change of ownership** (please specify **effective date**) ..... **236**

D	M	Y
- 4  **Ceased operation** (please specify **effective date**) ..... **211**

D	M	Y
- 6  **Temporarily closed** (please specify **effective date and reason**) ..... **212**

D	M	Y
- Reason **213**

#### 4. Revenue

Please report (estimate if necessary) sales and receipts of your business operation for the **2000** reporting period by **type of revenue or service** listed below, **where applicable. Please exclude GST** and all other **taxes** collected by you for remittance to a government agency.

		Dollars (omit cents)	
	a) <b>Rooms and suites</b> – Report revenue from the sales of rooms and suites accommodation .....	113	
	b) <b>Meals and Non-Alcoholic Beverages</b> – Include prepared meals and non-alcoholic beverages from restaurants and snack bar ( <b>exclude sales by concessionaires</b> ) .....	104	
	c) <b>Alcoholic Beverages Served</b> – Include beer, wine and liquor served in restaurants, lounges and bars .....	105	
	d) <b>Other Sales of Alcohol</b> – Include sales of alcohol for off-premises use .....	114	
	e) <b>Service Revenue</b> – Include revenue from guest laundry, telephone, parking services, and charges from entertainment, sports, health, recreation and amusement facilities and transportation service .....	101	
	f) <b>Sales of Merchandise</b> – Include revenue from vending machines, newsstands, gifts and pro shops and sales of recreational and sports equipment and accessories, supplies etc. ( <b>exclude sales by concessionaires</b> ) .....	103	
	g) <b>Facility Rental Revenue</b> – Report revenue from the rental of banquet halls, meeting rooms, ballrooms and concession spaces .....	109	
	h) <b>Other Rental Revenue</b> – Include revenue from rental of machinery and equipment .....	106	
	i) <b>Commissions and Fees</b> – Include management fees, franchise fees, foreign exchange, gambling, lottery and other commissions received .....	107	
	j) <b>Other Operating Revenue</b> – Include all operating revenue not reported above ( <i>please specify major items</i> )		
035	<input style="width: 500px; height: 20px;" type="text"/>	108	
	k) <b>Total Operating Revenue</b> (sum of items a) to j)) .....	115	
	l) <b>Non-Operating Revenue</b> – Include interest and all other revenue not directly related to the operation of this business ( <i>please specify major items</i> ) .....		
036	<input style="width: 500px; height: 20px;" type="text"/>	120	
	m) <b>Total Revenue</b> (sum of Boxes 115 and 120) .....	130	

#### 5. Employment

Please report the **average monthly number** of persons employed in this business establishment during the **2000** reporting period.

a) Paid Employees – to whom you paid salaries and wages as shown in Operating Expenses, (Section 7, Box 160)	No of Employee (Full Year)	No of Employee (Seasonal)	Total Number
– Full-time Employees – Worked more than 30 hours per week .....	198	199	152
– Part-time Employees – Worked less than 30 hours per week .....	200	201	151
b) Working proprietors and/or working partners of <b>unincorporated</b> businesses .....	153		

#### 6. Client Base

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

	Percent (%)	
<b>Domestic clients</b>		
a) Households or individual (for leisure purposes) .....	180	
b) Companies or individual (for business purposes) .....	181	
c) All levels of governments .....	183	
<b>Foreign clients</b>		
d) All foreign visitors (for leisure or business purposes) .....	185	
<b>Total</b> (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 add 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	
<b>Total</b> (of above boxes must equal 100% or box 185) .....	407	

### 7. Operating Expenses

Please report (estimate if necessary) the following expenses incurred during the **2000** reporting period (complete only those expense categories which are **applicable** to your establishments). 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, g)). If it is detailed enough, you may also attach a copy of your expense statements and proceed to section 8.

		Dollars (omit cents)	
a)	<b>Cost of 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 ..... Please provide the breakdown of the above reported total cost of sales if possible and applicable below: (total of Boxes 156, 157 and 158 should equal Box 159)	159	
	1) <b>Cost of food products</b> used in meals preparation (related to Revenue Box 104 in Section 4) .....	156	
	2) <b>Cost of alcoholic beverages</b> used or sold (related to Revenue Box 105 and Box 114 in Section 4) .....	157	
	3) <b>Cost of all other merchandise</b> sold (related to Revenue Box 103 in Section 4) .....	158	
b)	<b>Salaries, wages, bonuses and commissions</b> paid to your employees .....	160	
c)	<b>Employee benefits</b> (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 <b>(do not include capital expenditures, to be reported in Section 8, g) .</b> .....	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 .....	195	
l)	Permits, licenses, business tax and other tariffs/taxes (exclude income tax) .....	196	
m)	Heat, light, power and water .....	171	
n)	Telephone, telegraph, telex, facsimile and postage .....	172	
o)	Travel (transportation, accommodation, food, entertainment expenses while travelling) .....	173	
p)	Royalties and franchise fees .....	174	
q)	Depreciation (for buildings, equipment and leasehold improvement) .....	175	
r)	Interest expense: on short-term loans .....	176	
	on long-term loans and mortgages .....	197	
s)	Contract laundry, cleaning and maintenance .....	193	
t)	Commission paid (e.g. to travel agents, credit card institutions) .....	194	
u)	<b>Office</b> and all other <b>supplies and materials used</b> in the business <b>(do not include purchases reported under cost of sales - Box 159 above)</b> .....	177	
v)	All other operating expenses not specified above <i>(please specify major items)</i> .....	178	
	<b>037</b> .....	178	
w)	<b>Total Operating Expenses</b> (sum of items a) (total of a1, a2 and a3) to v) ) .....	179	

### 8. Other Operating Characteristics and Facilities

		Number																																								
Please check (✓) and report the following operating characteristics and facilities:																																										
a)	<b>Number of Guest Accommodation Units</b> – Please report the total number of rooms and suites available for sale (occupancy) on average per day during this reporting year .....	241																																								
b)	<b>Guest Accommodation Unit Occupancy</b> – Please report either 1) or 2) below:																																									
	1) <b>Average Room Occupancy Rate</b> – Please report the percentage of guest accommodation units sold (occupied) to the total number of units available for the reporting period, by month/year																																									
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>313</th><th>314</th><th>315</th><th>316</th><th>317</th><th>318</th><th>319</th><th>320</th><th>321</th><th>322</th><th>323</th><th>324</th><th>242</th> </tr> <tr> <th>JAN</th><th>FEB</th><th>MAR</th><th>APR</th><th>MAY</th><th>JUNE</th><th>JULY</th><th>AUG</th><th>SEPT</th><th>OCT</th><th>NOV</th><th>DEC</th><th>year</th> </tr> </thead> <tbody> <tr> <td>%</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>	313	314	315	316	317	318	319	320	321	322	323	324	242	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	year	%														
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	2) <b>Average Daily Room Nights Sold</b> – Please report the average daily number of rooms and/or suites sold (occupied), by month/year																																									
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JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	year																														
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**8. Other Operating Characteristics and Facilities - Continued**

c) **Facilities Available** – Please check (✓) and report the **types** of facility available, **on-site**, other than accommodation.

<input type="checkbox"/> 243	<input type="radio"/> Restaurants (please specify number) _____	<input type="checkbox"/> 244	<input type="text" value="Number"/>	<input type="checkbox"/> Restaurant Self-operated	<input type="checkbox"/> 245	<input type="text" value="Number"/>	<input type="checkbox"/> Restaurant Leased-out
<input type="checkbox"/> 246	<input type="radio"/> Bars/Lounges	<input type="checkbox"/> 250	<input type="radio"/> Exercise room/sauna/hot tub facilities				
<input type="checkbox"/> 247	<input type="radio"/> Boardrooms and meeting facilities	<input type="checkbox"/> 251	<input type="radio"/> Tennis courts				
<input type="checkbox"/> 257	<input type="radio"/> Convention centre	<input type="checkbox"/> 269	<input type="radio"/> Alpine skiing facilities				
<input type="checkbox"/> 258	<input type="radio"/> Business service centre	<input type="checkbox"/> 253	<input type="radio"/> Golf course				
<input type="checkbox"/> 248	<input type="radio"/> Indoor swimming pool	<input type="checkbox"/> 260	<input type="radio"/> Children's recreation facilities				
<input type="checkbox"/> 249	<input type="radio"/> Outdoor swimming pool	<input type="checkbox"/> 254	<input type="radio"/> Other facilities (please specify)				
<input type="checkbox"/> 270	<input type="text"/>						

d) **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

e) **Reservation System** – Please check (✓) if this establishment participates in a **central reservation system** and specify.

261

1  No

2  Yes (please specify)

f) **Market Position** – Please report if your business operation is ranked by a **star** or other **rating program**.

262

1  No

2  Yes (please specify **rating and system**) \_\_\_\_\_ **Rating**

**System** \_\_\_\_\_

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**

g) **Capital Expenditure** – Please report total expenditure of **capital upgrade or renovation**, if any, incurred during the **2000 reporting period** and specify **amount**.

265

1  No

2  Yes (please specify) \_\_\_\_\_ **Amount**

\$ (omit cents)

**9. Marketing Information**

Please answer the following questions (as best you can), relating to the **marketing practices** of your establishment during the **2000 reporting period**.

a) Please report which of the following **advertising methods** you used in **2000** to promote your accommodation establishment.

Please check (✓) below where **applicable** (more than one box may be checked):

<input type="checkbox"/> 271	<input type="radio"/> Accommodation Guide Listing	<input type="checkbox"/> 276	<input type="radio"/> Brochures	<input type="checkbox"/> 295	<input type="radio"/> Internet
<input type="checkbox"/> 272	<input type="radio"/> Radio Ads	<input type="checkbox"/> 277	<input type="radio"/> Direct Mail		
<input type="checkbox"/> 273	<input type="radio"/> Newspaper Ads	<input type="checkbox"/> 278	<input type="radio"/> Travel Information Offices		
<input type="checkbox"/> 274	<input type="radio"/> Magazine Ads	<input type="checkbox"/> 279	<input type="radio"/> Trade Shows		
<input type="checkbox"/> 275	<input type="radio"/> Television Ads	<input type="checkbox"/> 280	<input type="radio"/> Consumer Shows		
<input type="checkbox"/> 281	<input type="radio"/> Other (please specify) _____	<input type="text" value="282"/>			

b) Do you offer **packaged vacations** to your customers (independent of those offered by tour operators)?

283

1  No

2  Yes Please specify what **percentage** of your total revenue was generated by packaged vacations. \_\_\_\_\_

%

If yes, in addition to accommodation, what do you **typically include** in a **package**? Please check(✓) below where **applicable**:

<input type="checkbox"/> 285	<input type="radio"/> Meals	<input type="checkbox"/> 288	<input type="radio"/> Sports Equipment
<input type="checkbox"/> 286	<input type="radio"/> Transportation	<input type="checkbox"/> 289	<input type="radio"/> Entertainment (i.e., theatre ticket)
<input type="checkbox"/> 287	<input type="radio"/> Guided Tours/Activities	<input type="checkbox"/> 290	<input type="radio"/> Attractions/Events (i.e., museum ticket)
<input type="checkbox"/> 291	<input type="radio"/> Other (please specify) _____	<input type="text" value="292"/>	

