



Annual Survey of Traveller Accommodation, 2003

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.

Operating Address Mailing Address



Correc	ct pre-printed information if necessary u	sing th	e corresponding boxes below:				
0001	Legal name						
0004	Number and street						
0005	City	0006	Province or State				
0053	Country	0007	Postal code / Zip code				

		\mathcal{A}	
0002	Business name		
0081	Number and street))	
0082	City	0083	Province or State
	Country	0085	Postal code / Zip 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 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 question hare. 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 such as the Canadian Tourism Commission. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

Data Sharing Agreements

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the statistical agencies of Quebec, Manitoba and British Columbia under Section 11 of the Statistics Act. For business locations operated in Quebec, Manitoba and British Columbia, the agreements authorize Statistics Canada to forward a copy of the data collected in this survey to the statistical agencies of these provinces. The Statistics Acts of these provinces include the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act. As well, Statistics Canada has entered into a data sharing agreement with the Canadian Tourism Commission under section 12 of the Statistics Act for the sharing of information from this survey. Under section 12 of the Statistics Act you may refuse to share your information with the Canadian Tourism Commission by writing to the Chief Statistician and returning your letter of objection along with the completed questionnaire in the enclosed return envelope. The agreement with the Canadian Tourism Commission requires that they keep the information confidential and use it only for statistical and research purposes.

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

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 Phone No. 1-800-916-9316 Statistics Canada, Tunney's Pasture Fax No. 1-888-605-2493 Ottawa, Ontario K1A 0T6

5-3300-35 : 2003-05-14 STC/SER 425-60137



Statistique Statistics Canada Canada



Please check (*) below the one type of accommodation category which most accurately describes your business establishment. 1510			1. Business Activity and Classification
Pierce provides and stay suites or guest rooms in a multi-storey or high-rise structure rooms are accessible from the interfor one of the control of the co		Plea	se check (<) below the one type of accommodation category which most accurately describes your business establishment.
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Motor Hotel 72112			
- rooms are accessible from both the interior and exterior - accommodates clear travelling by motor vehicle - located along major roads - my also provide initiad complementary services and amenities - provides and starty suites or guest rooms in a one or two storey structure - provides and starty suites or guest rooms in a one or two storey structure - provides and starty suites or guest rooms in a one or two storey structure - provides and parting areas adjacent to the room entrances - mray also provide limited complementary services and amenities - provides ample parting areas adjacent to the room entrances - mray also provide limited complementary services and amenities - provides amplementary services and amenities - provides extensive floor and/or outfoor lesions activities on the premises on year-round basis - transplace provides continued and amount and activities on the premises on year-round basis - mray also provides and provides and provides and amenities - provides extensive indoor and/or outfoor lesions activities on the premises - casino operation includes gambling activities such as table wagering games, slot magdificing-both sterling - conference or convention facilities ample available - may also provide a wide reage of complementary services and amenities - rank also provides and advise and activities and activities and activities and activities and activities and amenities - casino operation includes gambling activities such as table wagering games, slot magdificing-both starty provides and activities and a	0151	\circ	
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Please indicate felow) the period covered by this questionnaire. 1			
Did yot operate this business unit for the full year? Outstands	Please	report	information for your <u>fiscal year</u> (normal business year) ending between April1st, 2003 and March 31, 2004.
Did you operate this business unit for the full year? 0048 1	/*	<u> </u>	
Yes (If yes, please go to Section 4) No (If no, please check the appropriate box(es) below.) Seasonal operation (please specify period)	\\ \	0011	From To
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0034 Change of ownership (please specify effective date). 0035 Ceased operation (please specify effective date). 0036 Temporarily closed (please specify effective date and reason). 0036 One of the property of the proper	00	33 🔾	Change of fiscal year-end
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0036 Temporarily closed (please specify effective date and reason) Tyyyy MM DD	00	35 🔾	0110
1 emporarily closed (please specify effective date and reason)		_	YYYY MM DD
		()	T

Plo	ase report (estimate if necessary) sales are	d roco	ints of your business of		or the 2	003 reporting	pariod k	N/			
Please report (estimate if necessary) sales and receipts of your business operation for the 2003 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.										Doll (omit	
a)	a) Rooms and suites – Report revenue from the sales of rooms and suites accommodation										
b)	b) Meals and Non-Alcoholic Beverages – Include prepared meals and non-alcoholic beverages from restaurants and snack bar (exclude sales by concessionnaires)										
c)	Alcoholic Beverages Served – Include I	peer, w	ine and liquor served in	n restaura	ints, lou	inges and bars	s	1	414		
d)	Other Sales of Alcohol – Include sales of	of alcoh	nol for off-premises use	ə				1	416		
e)	e) Service Revenue – Include revenue from guest laundry, telephone, parking services, and charges fro entertainment, sports, health, recreation and amusement facilities and transportation service										
f)	Sales of Merchandise – Include revenue recreational and sports equipment and ac								2028		
g)	Facility Rental Revenue – Report reveconcession spaces								2297		
h)	Other Rental Revenue – Include revenue	e from	rental of machinery an	d equipme	ent				2298		
i)	Commissions and Fees – Include man other commissions received							(nd)	2060	•	
j)	Other Operating Revenue – Include all c	peratir	ng revenue not reported	d above (p	olease s	specify major in	iems)				
2071							\rightarrow		2077		
ĺ ,	Total Operating Revenue (sum of items		,	. ~) (.	().)		-	080		
·	Non-Operating Revenue – Include inte business (please specify major items)				relatec	to the opera					
2095				\bigcirc	\mathcal{I}			_ 2	2097		
m)	Total Revenue (sum of Boxes 2080 and	2097) .			> 			2	098		
			5. Emplo	vment							
Plea	ase report the average monthly numb	er of p			s estab	lishment durin	a the 2 0	003 rep	ortina	period.	
	Paid Employees – to whom you paid shown in Operating Expenses, (Section 7	sala rie	s and wages as		No	of Employee	No c	of Emplo	oyee		Total Number
	Shown in Operating Expenses, (Occupin)				(1	Full Year)	(3	easona	ai)		Number
	- Full-time Employees - Worked more th	ian 30	hours per week		6316		6318			6310	
	- Part-time Employees - Worked less th	an 30 h	nours per week		6317		6319			6311	
b)	Working proprietors and/or working partn	ers of	unincorporated busin	iesses	6321						
			6. Client	t Base							
roo	ase report (estimate if necessary) the report version 4, Box 2295) dentele:			bre not	akdowi te that	eport (estiment of foreign visite percentage of foreign visite of	sitors b	y their add u	countr p to 1	y of or 00% or	igin. (Please to the total
Do	mestic clients		Percent (%)							Per	cent (%)
a)	Households or individual (for leisure purposes)	2370			U.S				. 23	74	
b)	Companies or individual (for business purposes)	2371								75 76	
c)	All levels of governments	2372				any				77	
	reign clients								22	78	
	All foreign visitors (for leisure or business purposes)	2373			·	Foreign				79	
	Total (of above boxes must equal 100	0%).	100%		То	tal (of abovual 100% or b	e boxe	s mus	st 33	85	

7. Operating Expenses

Please report (estimate if necessary) the following expenses incurred during the 2003 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 cen	
,	products, a	alcoholic b	everages a	nd mercha	ndise purc	hased for	resale. Exc	lude other	costs, suc	cost of food ch as office			
			e breakdow 32, 5533 an				of sales if p	ossible and	applicable	below:			
	1) Cos	st of food p	oroducts us	ed in meals	s preparatio	on ,		5532					
	2) Cos	st of alcoho	olic bevera	ges used o	r sold								
	٠, ١		enue Box 1 er merchai		ox 1416 in	Section 4)					-		
	(rela	ated to Rev	enue Box 2	2028 in Sec	tion 4)			5531					
,		-									3010		
c)								ment insura			3040		\
d)	Rent and/o	r lease of la	and and bui	lding							4120		1
e)	Rent and/o	r lease of n	nachinery.	equipment.	computer a	ind motor ve	ehicles				4140))
f)	Repairs an	d maintena	nce to build	lings, furnis	hings, mac	hinery and	equipment				4176		\vee
	•	•	•				• /				4230	>	
g)	Legal, acco	ounting and	l auditing							(.(.			
h)	Manageme	ent and con	sulting fees								4555		
i)	Marketing,	advertising	and promo	tion						<i>\</i>	4365		
j)	Insurance .							/	ز.بار.	<u>,</u>	4350		
k)	Property ta	xes						<u>۵</u> (.().)	/ 	4427		
I)	Permits, lic	enses, bus	iness tax aı	nd other tar	iffs/taxes (e	exclude inco	ome tax)/.\.	<u> </u>			4429		
m)	Heat, light,	power and	water				<u></u>				4042		
							$\langle \Omega_{\Lambda} \rangle$				4102		
,	Telephone,			·	•		((()	 بر			4370		
,	,					nent expens	ses write tra	avelling)			4440		
p)	Royalties a	nd franchis	se fees		› ک	(::().	<u> </u>						
q)	Depreciation	n (for build	lings, equip	ment and le	asehold im	provement)				4520		
r)	Interest exp	pense: on s	short-term lo	ans		·>·····					4611		
		on I	ong-term lo	ans and m	ortgages						4612		
s)	Contract la	undry, clea	ning and pro	aintenance	<u>,</u>						4177		
t)	Commissio	n paid (e.g	to travel a	gents, cred	/ it card instit	utions)					4082		
	Office and	all other s	upplies and	materials	used in th	e business	(do not in	clude purcl	hases repo	orted under			
v)		_	//	,							4000		
4561				·			• •				4569		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Tôtal Onde	eating Eve	Dane of frum	of itoms a	(total of a1	22 and 23	R) to v))				4599		
w)/	Agiai opdi	ating Expe	,	,	,						<u> </u>		
Ple	se check (✓) and reno						tics and	Facilit	ies		Numbe	,
	///			• .	•				nd euitee s	ıvailable for		Number	!
Ĺ	sale (occup	oancy) on a	verage per	day during	this reporti	ng year					9781		
D)	Guest Acc				•				odation un	its sold (oc	cupied) to	o the total n	umber
	of units	available	for the repo	rting period	, by month	/year				·			
	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
%													
	2) Average	e Daily Ro	om Nights	Sold – Plea	ase report ti	he average	daily num k	er of rooms	s and/or su	ites sold (oc	cupied),	by month/y	ear
	9795	9796	9797	9798	9799	9800	9801	9802	9803	9804	9805	9806	9807
	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	ОСТ	NOV	DEC	year
No.	1												

Ni mala an	c) Facilities Available – Please check (<) and report the types of facility available, on-site, other than accommodation.								
9107 Restaurants (please 9105 Number 9105	Restaurant Self-operated 9106 Restaurant Leased-out								
9108 O Bars/Lounges	9114								
9109 O Boardrooms and meeting facilities	9115 Tennis courts								
9110 Convention centre	9116 Alpine skiing facilities								
9111 Business service centre	9117 O Golf course								
9112 O Indoor swimming pool	9118 Children's recreation facilities								
9113 O Outdoor swimming pool	9119 Other facilities (please specify)								
	Control admitted (product operaty)								
9120									
d) Locality of Establishment – Please check (✓), only one, the cl									
9121 1 Centre city – located in the town core or centre 2 Suburban – located in the outskirts of town or									
3 Highway – located off a major highway or through									
4 O Airport – located near an airport with regularly	scheduled passenger service								
5 O Rural – facilities located in a rural atmosphere									
e) Reservation System – Please check (✓) if this establishment par	ticipates in a central reservation system and specify								
9122 3 No 1 Yes (please specify) 9123									
Yes (please specify) 9123									
f) Market Position – Please report if your business operation is rank	ked by a star or other rating program.								
9124 3 O No									
1 O Yes (please specify rating and system) ——	Rating 9125								
System —— 9126									
Please check (<) helow one category which most accurately de-	Thes the major targeting market segment of your business operation:								
9127 1 © Economy 2 Mid-scale	3 Up-scale								
4 C Luxury 5 C Don't know	Special Specia								
g) Capital Expenditure – Please report total expenditure of capital	ungrade or repoyation if any incurred during the 2003 reporting period and								
Capital Expenditure – Please report total expenditure of capital upgrade or renovation, if any, incurred during the 2003 reporting period and specify amount:									
	\$ (omit cents)								
	\$ (omit cents)								
specify amount. 7077 3 No	\$ (omit cents)								
specify amount. 7077 3 No Yes (please spe	\$ (omit cents) \$ cify) Amount 7078								
specify amount. 7077 3 No Yes (please specify amount) 9. Market Please answer the following questions (as best you can), relating period.	\$ (omit cents) \$ ting Information to the marketing practices of your establishment during the 2003 reporting								
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	10. Multi-Estab	lisnment	
The information of one business operating estat		rted in this questionnaire.	If more than one business establishment i
ncluded here, please report the total number of			ecify the names, addresses and revenue
elow. In addition, please indicate below, the negal entity during the reporting period:	ame and address of any nev	vly acquired or newly b	uilt accommodation establishment by you
Names	hbA	resses	Revenues(\$)
0912	0913		0958
0950	0954		0959
0951	0955		0960
0952	0956		0961
0953	0957		0962
11. Certification I certify that the i	nformation contained her	ein is complete and o	correct to the best of my knowledge
ignature of authorized person	Title 0014	om to complete and c	O015 Date Year Month D
Name of person to contact for further of ormation (please print)	0013		
○ Mr. ² ○ Mrs. ³ ○ Miss ⁴ ○ Ms.	0054 Last name		
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Thank you for your co-operation