

Mailing Address

Service Industries Division

Annual Survey of Traveller Accommodation, 2005

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



Correct pre-printed information if necessary using the corresponding boxes below:

000	a pro printou information il nococcui, u	J	o componenting boxes botom.
0001	Legal name		
0004	Number and street		
0005	City	0006	Province or State
0053	Country	0007	Postal code / Zip code

	0002	Busines name		
	0081	Ni mber and street		
•	່ (.300	Cit,	0083	Province or State
	4ر 00	Country	0085	Postal code / Zip code

A - Information for Respondents

This annual survey of traveller accommodation businesses and activated by Statistics Canada to collect business operating information for statistical and economic analysis of the industries as mandated by the avency to fulfill the demand of many users. The results of the survey are used by business operators and associations for market analysis and associations and associations for market analysis and associations for market analysis and associations are also associations for market analysis and associations are also as a sociation for market analysis and associations are also as a sociation for market analysis and association fo develop national and regional economic policies, V agencies such as the Canadian Tourism Commission for analysis and policy making and for providing valuable statistics and information feedback of 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 gu stionnaire is the business operating establishment (accommodation property) of the traveller accommodation businesses. The operating establication may be owned by a corporation, a sole proprietor, a limited partnership or a joint-venture partnership. The identification of such legal entity and an experience of this operating establishment have been labelled in this questionnaire. Please make corrections or additions to the label above if necessary.

Statistics Canada is prophited 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.

Data Sharing Agreements

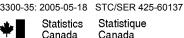
In an effort to reduce reporting burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the statistical agencies of Quebec, Manitoba and British Columbia under Section 11 of the Statistics Act. For business locations operated in Quebec, Manitoba and 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.

Fax or Other Electronic Transmission Disclosure

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









B - 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:

1-888-605-2493

Operation and Integration Division Phone No. 1-800-916-9316 Statistics Canada, Tunney's Pasture Ottawa, Ontario K1A 0T6 Fax No.

C - N	lain l	Business	Activity
9	ш		

Please check (<) below the one type of accommodation category which most accurately describes your business establishment .	
0150 Hotel 721111	
 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 (e.g. break ast, phone calls, 	etc.)
0151	
 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 amonicies (e.g. parking) 	
 Motel 721114 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 venicle provides ample parking areas adjacent to the room entrances may also provide limited complementary services and amenities (e.g. parking) 	
 Resort 721113 provides short stay, full service ruites or guest rooms typically located in a non unbay setting next to mountains, lakes, or rivers provides extensive incror and/or outdoor leisure activities on the premises on year-round basis may also provide conference facilities 	
0154 Casino Hotel 72:11:20	
 provides (hort s'ay suites or guest rooms with a casino on the premises casino operation includes gambling activities such as table wagering games, slot machines, sports bet confercice or convention facilities may be available may also provide a wide range of complementary services and amenities (e.g. breakfast, phone calls, 	
0162	
 provides short stay lodging but is not yet classified to any other industry examples are youth hostels; tourist homes; dormitories; university residences which may be only open seasonally to the public please provide a brief description: 	1
0163	
0040 None of the above (please describe briefly below, the nature of your business activity)	
0041	

D - Bu	ISIN	iess U	lnit Organiza	ation											
Type of c	orga	nization	(please check	(√) one	only):										
0024 1	\bigcirc	Unincor	porated – sole pr	oprietor	ship										
2		Unincor	porated – partne i	rship											
3		Incorpo	orated												
4		Joint-ve (please	e nture name major partr	ners)	0180										
5		Other (p	olease specify)	0025											
Please re	epor	t if this I	business operat	ion is af	filiated	with a	chain	, or a fra	nchise	group,	or a c	orporat	te entity.		
0789 3		No											4		
1	\bigcirc		ease specify f affiliation)	0790									4		
Please in	ndica	ate whe	ther your establ	ishment	is:										
0314 1	0	Establis but few	Service hments with room other services an pe revenue.												
2	? ()		rvice lly mid-priced, ups levels often includ												num
3			es/Extended stay hments that usua		wo room	s (sleepi	ng and	d living/kit	ch 'n qua	arters); of	ffered a	ılso to loı	ng-term guests.		
0315 1	0		check (✓) if that tays of over 30		r busin	ess of t	this 5	∍tab∖ish	ment is	provid	ling ex	tended	I-stay accom	modatior	1
E - Re	poi	rting F	Period Inform	nation		Q	〉	,							
			ation for your fi our the period cor						ding bet	ween A			and March 31	, 2006.	
00		From				То	001								
	_		n operation for t												
0048 ¹	0	Yes (If y	es, then g、to Se	ection F)											
3	\bigcirc	No (If no	o, the i stay in \$ e	ction E,	proceed	l to next	ques	tion)							
Why was	s thi	s busine	e. s not in opera	tion for t	he full	year (pl	ease	check (✓)all that	t apply)	?				
0042	_		al operation specify period)		0120	From	Y	YYY 	MM	DD 	То	0121	YYYY	MM	DD
0032	\circ	Newly b	uilt property in 20)05 (plea	se speci	fy date c	of ope	ning)				0046	YYYY	MM 	DD
0034	\bigcirc	Change	of ownership (p	ease pro	vide nar	ne, addr	ess of	other owr	er and e	ffective o	date)				
		0124										0125	YYYY 	MM 	DD
0035	\circ	Ceased	operation (pleas	e specify	effectiv	e date)						0327	YYYY	MM	DD
0036	0	Tempor	arily closed (plea	ase speci	fv effect	ive date)					0328	YYYY	MM I	DD

F - Facilities Available Please check (✓) all the types of facilities on-site that are available to guests, other than accommodation, that are either owned, operated or leased out by the establishment.
9107 Restaurants (please specify number) 9105 Restaurant Self-operated Restaurant Self-operated Restaurant Self-operated Restaurant Leased-out
9108
9109
9112 O Indoor swimming pool
9113 Outdoor swimming pool
9116 Skiing
9117
9118 Children's recreation facilities
9157 Gaming activities
9114 Health Facilities (for example exercise room, sauna or hot tub)
9158 Spa (beauty/wellness centre that may include holistic fitness facilities, nutritionists, massage therapists, physicians, etc.)
9119 Other facilities (please specify)
9120

Please check (✓), △n. ✓ one the closest identification of your business location: 9121 1 City Centre – 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 a commercial airport with regularly scheduled passenger service 5 Rural – facilities located in a rural atmosphere

H - Reservation and Marketing Methods	
 Please check if your establishment used any of the following reservation and marketing methods during your 2005 period (please check all that apply): 	reporting
a) Establishment's Website - Did this accommodation establishment operate its own website for marketing or booking purpo Exclude affiliated company's website (CRS) and third-party websites (i.e. global distribution system).	oses?
9167 3 No 1 Yes	
b) Central Reservation System (CRS) - Please check (✓) if this accommodation establishment participates in a Central Reservation where reservations can be made through a toll-free brand-centralized call centre or a brand-centralized website):	ervation
9122 3 No 1 Yes	
c) Global Distribution System (GDS) - Please report if this accommodation establishment uses a third-party website or global system for marketing or booking purposes:	al distribution
9159 3 No 1 Yes	
2. Over your 2005 reporting period, what percentage of your total number of room nights booked was conducted through the following (if applicable)? Please estimate if necessary.	
	%
a) Establishment's Website	68
b) Central Reservation System (phone and Internet)	69
c) Global Distribution System (GDS)	
d) Telephone direct to property	72
e) Other (please specify) 9174 917	73
Total (must equal 100%)	100%

I - Occupancy Rate Please answer the following question: relating to the occupancy of your establishment during your 2005 operating period. Number 9781 2. Total number of roun-nights **available** over your 2005 reporting period: 9808 (Please exclude roon s closed due to repair, renovations, etc.) 9809 4. 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 FEB **APR** JULY **SEPT** OCT NOV DEC JAN MAR MAY JUNE **AUG** year %

1.	Paid Employees – Please report the number of persons employed during the reporting period to whom you paid salaries and wages as shown in Operating Expenses, (Section N, Box 3010).		Number
	whom you paid saidines and wages as shown in operating Expenses, (seedion 14, box 55 15).	6046	
	a) Full-time Full-year Employees – (Worked 30 hours or more per week)	6316	
	h) Full fire Occased Freelows (Medical 00 hours are result)	6318	
	b) Full-time Seasonal Employees – (Worked 30 hours or more per week)		
	c) Part-time Full-Year Employees – (Worked less than 30 hours per week)	6317	
	(101100 100 100 100 100 100 100 100 100		
	d) Part-time Seasonal Employees – (Worked less than 30 hours per week)	6319	
•	Market and the second s		
2.	Working proprietors and/or working partners of (the property establishment) unincorporated businesses (non-salaried)	6321	
	,		
3.	Contract workers (individuals engaged only for the duration of a specific project or term)	3320	
1/	Oliant Bass		
K-	Client Base		
Ple	ase report (estimate if necessary) the percentage of your guest room revenue (Section M, 3o. 2295)		
der	ved from the following clientele:	-	
			%
1.	Domestic Clients		
	a) Households or individual (for leisure purposes)	2370	
		2371	
	b) Companies or individual (for business purposes)		
	c) All levels of governments	2372	
	o, y an order of gordination of the contract o		
2.	Foreign clients (non-Canadian residents)	2373	
			100%
	Total (must equal 100%)	L	
L-	Packaged Vacations		
-) D	o you offer packaged vacations to your customers?		
· –			
٤	3 No (If No, go to Section M)		
	1 O Yes (If Yes, .'en say in Section L, proceed to next question)		
b) In	addition to accumpodation, what do you typically include in a package ? (Please check (✓) all that	apply be	low)
		~pp., ~~	,
9	143 Meals		
9	1144 O Transportation		
9	Guided Tours/Activities		
9	146 O Sports Equipment		
9	Entertainment (i.e., theatre ticket)		
9	148 Attractions/Events (i.e., museum ticket)		
9	149 Other (please specify) — 9150		

J - Employment

// -	Revenue		
rep	ase report (estimate if necessary) sales and receipts of your business operation for the 2005 orting period by type of revenue or service listed below, where applicable .		
Ple	ase exclude GST and all other taxes collected by you for remittance to a government agency.		\$
			Ψ
		2295	
1.	Rooms/suites – Report revenue from the sales of rooms and suites accommodation	2295	
2.	Meals and Non-Alcoholic Beverages – Include prepared meals and non-alcoholic beverages from restaurants,	1415	
	snack bar, banquet and catering (exclude sales by concessionnaires)	1415	
		4	
3.	Alcoholic Beverages Served – Include beer, wine and liquor served in restaurants, lounges and bars,	1414	
	and minibar sales	1414	
	1		
		1416	
4.	Other Sales of Alcohol – Include sales of alcohol for off-premises use	1410	
5.	Service Revenue - Include revenue from guest laundry, telephone, Internet, parking services, and charges from	2296	
	entertainment, sports, health, recreation and amusement facilities and transportation service	2290	
6.	Sales of Merchandise – Include revenue from vending machines, newsstands, g fts and pro shops and sales of	2028	
	recreational and sports equipment and accessories, supplies etc. (exclude sale, by concessionnaires)	2020	
	X		
7.	Rental Revenue – Report revenue from the rental of banquet halls, med ing rooms, ballrooms, concession	2339	
	spaces, rental of machinery and equipment, lockers	2339	
		2060	
8.	Commissions and Fees Revenue	2000	
9.	Other Operating Revenue – Include all operating reve. ue not reported above		
-	(please specify major items)		
	2071	2077	
		2080	
10.	Total Operating Revenue (s. m oritems 1) to 9))	2000	
11	Non-Operating Revenue – include interest, gains on foreign exchange and all other revenue not directly related		
	to the operation of this cusiness (please specify major items)		
	2095	2097	
		2098	
12.	Total Revenue (sum of Boxes 2080 and 2097)		

N -	Expenses	
exp incl	ase report (estimate if necessary) the following expenses incurred during the 2005 reporting peripense categories which are applicable to your establishment). Please indicate in your reporting if a pluded with another item reported. Please include GST except the portion which is refundable by good bugh, you may also attach a copy of your expense statements.	articular expense item is
		\$
1.	Cost of goods sold (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 4000 below	5721
	Please provide the breakdown of the above reported total cost of sales : (total of Boxes 5532, 5533 and 5531 should equal Box 5721)	
	a) Cost of food products used in meal preparation (related to Revenue Box 1415 in Section M)	_
	b) Cost of alcoholic beverages used or sold (related to Revenue Box 1414 and Box 1416 in Section M)	(
	c) Cost of all other merchandise sold (related to Revenue Box 2028 in Section M)	>
		Ì
2.	Office and all other supplies and materials used in the business (do not include purchases reported under cost of goods sold - Box 5721 above but include linen, towels, bathroom tissue, soaps, etc.)	4000
3.	Salaries, wages, bonuses and commissions paid to your employees	3010
4.	Employee benefits (e.g., employer's contribution to pension, medical, employment insurance and Worker's Compensation plans)	3040
_		4177
5.	Sub-contract laundry, cleaning and maintenance (including housekeeping and arc and heeping)	
6.	Legal, accounting and other professional fees	4230
7.	Marketing, advertising and promotion	4365
8.	Travel (transportation, accommodation, food, entertainment, whense while travelling)	4370
9.	Rent and/or lease of land and building, machinery, eq. ion ent, computers and motor vehicles	4121
10.	Property management fees	4490
11.	Repairs and maintenance to buildings, furnishings, machinery and equipment	4176
12.	Property taxes and business taxes licences and permits	4410
	Insurance	4350
14.	Heat, light, power and was to	4042
15.	Telephone, facsi nile, p. stage, and Internet fees	4102
16.	Depreciation (for built ings, equipment and leasehold improvement)	4520
	Royalties, franchise fees, brand marketing assessment and reservation fees	4440
	Commission paid (e.g. to travel agents, credit card institutions)	4082
	All other operating expenses not specified above (please specify major items)	
	4564	4500

22. Write-offs, valuation adjustments, capital losses, losses on foreign exchange23. Total Expenses (sum of Boxes 4599, 4630 and 4351)

4599

4630

4351

4699

³ No (If No, go to Section F 1 Yes (If Yes, please fill in t		
Names	Addresses	Revenues(\$)
0912	0913	0958
0950	0954	0959
0951	0955	05.0
0952	0956	0961
0953	0957	0962

P - Certification I certify that the information	on contained he	rein is co	mplete and correct to the	best o	of my k	nowle	dge.	
Signature of authorized person	Title			0015	D	ate		
, and the second	0014			Y	'ear	Month	Day	
0026 1 Mr. 2 Mrs. 3 Miss 4 Ms. 0054	st name							
E mail address:		\A/= - =:4-						
E-mail address:		0020	address:					
Telephone number:	Extension:		Fax number:					
How long did you spend collecting the data and completing this questionnaire? 9910 hour(s) 9909 minutes								

Comments	If more space is required please enclose a separate sheet.
9920	
9920	
9913	
9914	
-	
9915	
9916	

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

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If you need help, please contact us at 1-800-916-9316