

Mailing Address

Service Industries Division

Annual Survey of Traveller Accommodation, 2006

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:

0001	Legal name		
0004	Number and street		
0005	City	0006	Province or State
0053	Country	0007	Postal code / Zip code

0002	Busine: name		
0081	Ni mber and street		
006.	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 outcome during the statistical content of traveller accommodation businesses and outcome during the statistical content of 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 second and associations are also as a second and associations are also as a second and association and associati develop national and regional economic policies, Vagencies 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 quistionnaire 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 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 promitted 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.



Statistics Canada

3300-35: 2006-05-09 STC/SER 425-60137 Statistique Canada



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:

Operation and Integration Division
Phone No. 1-888-881-3666
Statistics Canada, 150 Tunney's Pasture Driveway
Ottawa, Ontario K1A 0T6
Phone No. 1-888-881-3999

C - Main Business Activity

Please check (\checkmark) below the one type of accommodation category which most accurately describes your business establishment.	
 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.) 	
 Motor Hotel 721112 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 ameritie (e.g. parking) 	
 Motel 721114 provides short stay suites or guest rooms in a one or two sto by structure rooms are accessible from the exterior only accommodates clients travelling by motor vehicle provides ample parking areas adjacent to the compensations and amenities (e.g. parking) 	
 Resort 721113 provides short stay, full service suits or guest rooms typically located in a non-urban setting next to mountains, lakes, or rivers provides extensive indeer and/or outdoor leisure activities on the premises on year-round basis may also provide comprence facilities 	
 Casino Hotel (21120) provides shout 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 (e.g. breakfast, phone calls, etc.) 	
 All Other Traveller Accommodation 721198 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: 	
0163	
None of the above (please describe briefly below, the nature of your business activity)	
0041	

D - Bu	sin	iess U	Init Organiza	ation											
Type of o	rga	nization	(please check	(√) one	only):										
0024 1	\bigcirc	Unincor	porated – sole pr	oprietor	ship										
2	\bigcirc	Unincor	porated – partne	rship											
3	\bigcirc	Incorpo	orated												
4	\bigcirc	Joint-ve (please	enture name major partr	ners)	0180										
5	0	Other (p	olease specify)	0025											
Please re	por	t if this	business operat	tion is a	ffiliate	d with a	chain	, or a fra	nchise	group,	or a c	orporat	te entity.		
0789 3	\bigcirc	No											4		
1	\bigcirc		ease specify f affiliation)	0790									4		
Please in	dica	ate whe	ther your establ	ishment	is:										
0314 1	0	Establis but few	I Service shments with room other services an ge revenue.												
2	0		rvice Ily mid-priced, ups levels often includ												ıum
3	\bigcirc		es/Extended stay hments that usua		wo roon	ns (sleepi	ing and	d living/kit	ch 'n qua	rters); of	ffered a	also to loi	ng-term guests.		
0315 1	0		e check (✓) if the tays of over 30		r busii	ness of	this 🦫	∍tab∖ish	ment is	provid	ing ex	xtended	l-stay accomm	ıodatior	1
E - Re	poi	rting F	Period Inform	nation		Δ	ン	,							
Please in	dica		ation for your fi w the period co				aire.		ding bet	ween A			and March 31,	2007.	
001		From				То	001								
	_		n operation for t												
			o, the ristay in Se			-l 4		4! \							
		`		·	•		•	,							
Why was	s thi	s busine	es not in opera	tion for	the full	year (pl					?			T	
0042	$\overline{}$		al operation specify period)		0120	From		YYY 	MM 	DD 	То	0121	YYYY	MM 	DD
0032	0	Newly b	ouilt property in 20	006 (plea	ise spec	ify date	of ope	ning)				0046	YYYY	MM 	DD
0034	\circ	Change	of ownership (p	lease pro	ovide na	me, addr	ess of	other own	er and et	ffective d	date)				
		0124		<u> </u>		,					,	0125	YYYY	MM 	DD
0035	\cap	Ceased	operation (pleas	e specifi	effecti	ve date)						0327	YYYY	MM I	DD
	_											0328	YYYY	MM	DD
0036	、)	rempor	arily closed (plea	ase spec	ııv ettec	TIVE date	11					i l		1 1 1	. 1 1

9107	0	Restaurants (please specify number) Number Restaurant Self-operated Number Restaurant Self-operated Restaurant Leased-out
108	0	Bars/Lounges
109	0	Meeting and convention facilities
112	0	Indoor swimming pool
113	0	Outdoor swimming pool
116	0	Skiing
117	0	Golf course
118	0	Children's recreation facilities
157	0	Gaming activities
114	0	Health Facilities (for example exercise room, sauna or hot tub)
158	0	Spa (beauty/wellness centre that may include holistic. fitness facilities, nutritionists, massage therapists, physicians, etc.)
9119	0	Other facilities (please specify)

Please check (✓), on. one the closest identification of your business location: 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		
1. Please check if your establishment used any of the following reservation and marketing methods during you period (please check all that apply):	r 2006 rep	orting
a) Establishment's Website - Did this accommodation establishment operate its own website for marketing or booking Exclude affiliated company's website (CRS) and third-party websites (i.e. global distribution system).	g purposes?	1
9167 3 No 1 Yes		
b) Central Reservation System (CRS) - Please check (✓) if this accommodation establishment participates in a Central System (where reservations can be made through a toll-free brand-centralized call centre or a brand-centralized well		ion
9122 3 No 1 Yes		
c) Global Distribution System (GDS) - Please report if this accommodation establishment uses a third-party website system for marketing or booking purposes:	or global dis	stribution
9159 3 No 1 Yes	_	
2. Over your 2006 reporting period, what percentage of your total number of room nights booked was conducted through the following (if applicable)? Please estimate if necessary.	_	
was conducted through the following (ii applicable): Thease estimate in necessary.		%
a) Establishment's Website	9168	
b) Central Reservation System (phone and Internet)	9169	
c) Global Distribution System (GDS)	9172	
d) Telephone direct to property	91/2	
e) Other (please specify) 9174	9173	
Total (must equal 100%)	L	100%
I - Occupancy Rate		
Places answer the following question a relating to the accumancy of your catablishment during		

Please answer the following question: relating to the occupancy of your establishment during your 2006 operating period. Number 9781 2. Total number of roun-nights **available** over your 2006 reporting period: 9808 (Please exclude rooms 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 **SEPT** OCT DEC JAN MAR MAY JUNE JULY **AUG** NOV year %

wages as shown in Operating Expenses, (Section N, Box 3010).		Number
wages as shown in Operating Expenses, (Section 14, Box 3010).		
a) Full-time Full-year Employees – (Worked 30 hours or more per week)	6316	
	6318	
b) Full-time Seasonal Employees – (Worked 30 hours or more per week)	00.0	
O) Port time Full Year Franks (as a Marked less than 20 hours no week)	6317	
c) Part-time Full-Year Employees – (Worked less than 30 hours per week)		
d) Part-time Seasonal Employees – (Worked less than 30 hours per week)	6319	
, , , , , , , , , , , , , , , , , , , ,		
Working proprietors and/or working partners of (the property establishment)	6321	
unincorporated businesses (non-salaried)	502.	
3. Contract workers (individuals engaged only for the duration of a specific project or term)	5320	
3. Contract workers (individuals engaged only for the duration of a specific project of term)		
K - Client Base		
Please report (estimate if necessary) the percentage of your guest room revenue (Section M, 30x 2295) derived from the following clientele:		
		0/
1. Domestic Clients		%
	2370	
a) Households or individual (for leisure purposes)	2370	
h) Companies or individual (for hyginass numeross)	2371	
b) Companies or individual (for business purposes)		
c) All levels of governments	2372	
s, run order or got a military in the contract of the contract		
2. Foreign clients (non-Canadian residents)	2373	
		100%
Total (must equal 100%)	L	10070
L - Packaged Vacations		
a) Do you offer packaged vacation to your customers?		
9141 3 No (If No, go to Section M)		
1 Yes (If Yes, Yeu way in Section I proceed to next question)		
1 Yes (If Yes, .'ien say in Section L, proceed to next question)		
b) In addition to accommodation, what do you typically include in a package ? (Please check (✓) all that	apply bel	ow)
0142		
9143		
9144		
9145 Guided Tours/Activities		
9146 Sports Equipment		
9147 C Entertainment (i.e., theatre ticket)		
9148 Attractions/Events (i.e., museum ticket)		
9149 Other (please specify) — 9150		
9149 Other (please specify) — 9150		

J - Employment

<i>VI</i> -	Revenue		
repo	ase report (estimate if necessary) sales and receipts of your business operation for the 2006 orting period by type of revenue or service listed below, where applicable .		
Plea	ase exclude GST and all other taxes collected by you for remittance to a government agency.		\$
			φ
		2295	
1.	Rooms/suites – Report revenue from the sales of rooms and suites accommodation		
2	Meals and Non-Alcoholic Beverages – Include prepared meals and non-alcoholic beverages from restaurants,		
	snack bar, banquet and catering (exclude sales by concessionnaires)	1415	
_			
	Alcoholic Beverages Served – Include beer, wine and liquor served in restaurants, lounges and bars, and minibar sales.	1414	
	und milliour sures.		
		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		
	entertainment, sports, health, recreation and amusement facilities and transportation service	2296	
6.	Sales of Merchandise – Include revenue from vending machines, newsstand's, g fts and pro shops and sales of	2028	
	recreational and sports equipment and accessories, supplies etc. (exclude sale by concessionnaires)		
7.	Rental Revenue – Report revenue from the rental of banquet halls, the ting rooms, ballrooms, concession		
	spaces, machinery and equipment, lockers	2339	
8.	Commissions and Fees Revenue	2060	
0	Other Operating Revenue – Include all operating reve. ue not reported above		
	(please specify major items)		
	2071	2077	
		2080	
10.	Total Operating Revenue (s. m o. items 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	
12	Total Revenue (sum of Boxes 2080 and 2097)	2098	
14.	Total Notoliae (sulli di Dones 2000 alia 2007)		

N-	Expenses	
exp inc	ease report (estimate if necessary) the following expenses incurred during the 2006 reporting periodense 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, you may also attach a copy of your expense statements.	particular 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)	>
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
5.	Sub-contract laundry, cleaning and maintenance (including housekeeping and arc andkeeping)	4177
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. ipn ent, computers and motor vehicles	4121
10.	Property management fees	4490
11	Repairs and maintenance to buildings, furnishings, machinery and equipment	4176
		4410
	Property taxes and business taxes licences and permits	4350
	Heat, light, power and way	4042
15.	Telephone, facsionile, postage, and Internet fees	4102
16.	Depreciation (for buin ings, equipment and leasehold improvement)	4520
17.	Royalties, franchise fees, brand marketing assessment and reservation fees	4440
18.	Commission paid (e.g. to travel agents, credit card institutions)	4082
	All other operating expenses not specified above (please specify major items)	
	4561	4569

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 P 1 ○ Yes (If Yes, please fill in t		
Names	Addresses	Revenues(\$)
912	0913	0958
950	0954	0959
951	0955	05.0
952	0956	0961
953	0957	0962
	RIV	

P - Certification I certify that the information contained herein is complete and correct to the best of my knowledge.									
Signature of authorized person	Title			001	15		Da	ate	
	0014			Year				Month	Day
0026	l l l l l l l l l								
1 Mr. 2 Mrs. 3 Miss 4 Ms. 0054 Las									
E-mail address:		Web site	address:						
Telephone number:	Extension:		Fax number:						
How long did you spend collecting the data and comp	oleting this questi	onnaire?	9910 hour(s) 99	909	n	ninu	tes		

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 1-888-881-3666