



Annual Survey of Traveller Accommodation, 2002

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.

Mailing Address Operating Address



	se make correction or addition to the above labelled bu ating address, where necessary, in the space provided below	ness operating na	me, legal ownership name mail(r	ng address and
ı	Ownership name (Corporation, proprietorship or partnership)	Operatin	g (trade) name	
				\searrow
050		051		
	Mailing address	Operatin	ng address	
049	Postal Code	052	Rostal 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 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* in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For business locations operated in *Quebec*, *Manitoba* and *British Columbia*, the agreements authorize Statistics Canada to forward a record 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.

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

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

Fax No. 1-888-605-2493

5-3300-335: 2002-06-20 STC/SER 425-60137



Statistics Statistique Canada Canada



		1. Business Activity and Classification
023	Pleas	se check (✓) below the one type of accommodation category which most accurately describes your business establishment .
721191	0	Bed-and-Breakfast provides short stay guest rooms in private homes or in small buildings converted for this use
		often possesses a unique or historic character
		 characterized by a highly personalized service room rate includes a full breakfast, served by the owner or owner-supervised staff
721192	0	Housekeeping Cottages and Cabins
		 provides short-term lodging in facilities known as housekeeping cottages and cabins designed to accommodate vacationers
		may include access to private beaches and fishing
721211	0	RV (Recreational Vehicle) Parks and Campgrounds
		 provides serviced or unserviced sites to accommodate campers and their equipment, such as tents, tent trailers, travel trailers or RVs
704040	\bigcirc	may also provide access to facilities such as washroom, laundry rooms, recreation halls, stores and snack bars
721212	0	 Hunting and Fishing Camp (Outfitter) primarily engaged in operating hunting and fishing camps
		 provides a range of services, such as access to outpost camps or housekeeping cabins, meals and guides
721213	\bigcirc	 may also provide transportation to the facility, services of food, beverages, and hunting and fishing supplies Recreational (except Hunting and Fishing Camps) and Vacation Camps
721210		operates overnight recreational camps, such as children's camps, family vacation camps, and outdoor adventure retreats
		 offers trail riding, white-water rafting, hiking and similar activities provides accommodation facilities, such as cabins and fixed camp sites
		also provides other amenities, such as food services, recreational facilities and equipment, and organized recreational activities
721310	\cap	excludes day camps Rooming and Boarding Houses
721010		provides temporary or longer-term accommodation which, for the period of occupancy, may serve as a principal residence
		 includes rooming and boarding houses, fraternity and sorority houses, off-campus dormitories, residential clubs and workers' camps
		may also provide complementary services, such as housekeeping, meals and laundry services
721198	0	All Other Traveller Accommodation provides short-term lodging but is not yet classified to any other industry
		examples are youth hostels; tourist homes; dormitories; university residences which may be open only seasonally to the public
l		please provide a brief description:
038		
	No	ne of the above (please describe briefly below, the nature of your business activity)
025		
		_ * /
		2 Form of Organization
Please of	heck	2. Form of Organization
l	_	(✓) and report the legal status of this business operation below:
l	_	Incorporated 2 Unincorporated – partnership
l	3 🔾	(✓) and report the legal status of this business operation below:
l	3 ()	Incorporated 2 Unincorporated – partnership
l	3 ()	(v') and report the legal status of this business one aften below: Incorporated 2 Unincorporated – partnership Unincorporated – individual proprietorship 5 Unincorporated – limited partnership
l	3 ()	(v') and report the legal status of this business one aften below: Incorporated 2 Unincorporated – partnership Unincorporated – individual proprietorship 5 Unincorporated – limited partnership
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	4. Revenue											
rec ava	ase report (estimate if necessary) sales a e of revenue or service listed below, wh eipts from packaged vacation, by type of r silable, please report in Box 110, and indi- other taxes collected by you for remittance	here $applicable$. Where positive and services listed cate (\checkmark) below the type of	ossible, please pl. If total revenue services include	provide the break only of packaged	down o I vacati	f the on is		ollars it cents)				
	Guest Accommodation — Report reversion ampsite accommodation	nue from the sales of roo	om, suite, cabin									
b)	Meals and Non-Alcoholic Beverages – and snack bar, (exclude sales by conce											
c)	Alcoholic Beverages Served – Include	105										
d)	Service Revenue – Include revenue entertainment, sports, health, recreation											
e)	Sales of Merchandise – Include revenue recreational and sports equipment a concessionnaires)	s of by										
f)	Facility Rental Revenue – Report reve	and										
g)	Other Rental Revenue – Include revenu	e from rental of machinery	boat, motor and	sports equipmen	t	196						
b)	Deskared Vesetien Devenue Indicate	(() helpsy the types of ear	niana inaludad			110	\searrow					
n)	Packaged Vacation Revenue – Indicate		000		/							
	Accommodation	Meals		orts Equipment	\							
:\	O Transportation	Guides										
035	Other Operating Revenue – Include all o	pperating revenue not repo	nred above (piea	se specily major i	terns)							
000							108					
j)	3		115									
k)	Non-Operating Revenue – Include inte business (please specify major items)	this										
036			V(0)/			120						
l)	Total Revenue (sum of Boxes 115 and	120)				130						
		5. Emp	oloyment									
Ple	ease report the average monthly number	of persons employed in thi	s business estal	olishment during t	ne 200 2	reporting pe	riod.					
a)	Paid Employees – to whom you paid	colories and wages as	1	No. of Employee (Full Year)	No.	of Employee		Total				
,												
	shown in Operating Expenses (Section)			(,		Seasonal)		Number				
	- Full-time Employees Worked more th	X Box 160)	19			Seasonal)	152					
	\Diamond	R Box 160) ann 30 hours per week		8	(;	Seasonal)	152 151					
b)	- Full-time Employees - Worked more th	A Box 160) In an 30 hours per week	20	8	199	Seasonal)						
b)	- Full-time Employees - Worked more th	A Box 160) In an 30 hours per week In an 30 hours per week In an 30 hours per week	20	8	199	Seasonal)						
Ple	- Full-time Employees - Worked more th	A Box 160) han 30 hours per week hers of unincorporated but 6. Clie centage of your guest	usinesses . 15	8	199 201 ate i visito	f necessary rs by their ges may sum	151) the count up to	percentage try of origin.				
Ple acc clie	- Full-time Employees - Worked more the - Part-time Employees - Worked less the Working proprietors and/or working partresses eport (estimate if necessary) the person modation revenue (Section 4, Box 113	A Box 160) han 30 hours per week hers of unincorporated but 6. Clie centage of your guest	usinesses . 15	8 0 3 e report (estim down of foreign e note that the pe	199 201 ate i visito	f necessary rs by their ges may sum) the count up to d in Bo	percentage try of origin.				
Ple acc clie	- Full-time Employees - Worked more the - Part-time Employees - Worked less the Working proprietors and/or working partresses eport (estimate if necessary) the perconmodation revenue (Section 4, Box 113 and	A Box 160) In an 30 hours per week In an	usinesses . 15 ent Base Please g breakd (Please total p	8 0 3 e report (estim down of foreign e note that the pe	199 201 ate i visito creentag y visit	f necessary rs by their ges may sum ors as reporte) the count up to d in Bo	percentage percentage of origin.				
Ple acc clie Do	- Full-time Employees Worked more the Part-time Employees - Worked less the Working proprietors and/or working partresses eport (estimate if necessary) the perconmodation revenue (Section 4, Box 113) mestic clients Households or individual (for leisure purposes)	A Box 160) In an 30 hours per week In an 4 hours per week	usinesses . 15 ent Base Please Please (Please total p	8 0 a report (estim lown of foreign e note that the percentage of foreign	199 201 201 visitorcentag	f necessary rs by their ges may sum ors as reporte) the count up to d in Be	percentage percentage of origin.				
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7. Operating Expenses

Please report (estimate if necessary) the following expenses incurred during the 2002 reporting period (complete only those expense categories which are applicable to your establishment). 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, e)). If it is detailed enough, you may also attach a copy of your expense statements and proceed to section 8.

			Dollars (omit cents)
a)	Cost of sales (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	159	
b)	Salaries, wages, bonuses and commissions paid to your employees	160	
c)	Employee benefits (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	$\langle \rangle$
f)	Repairs and maintenance to buildings, furnishings, machinery and equipment (do not include capital expenditures, to be reported in section 8, e))	166	
a)	Legal, accounting and auditing	167	
	Management and consulting fees	190	> *
		168	
i)	Marketing, advertising and promotion	100	
j)	Insurance	169	
k)	Property taxes, permits, licenses, business tax and other tariffs/taxes (exclude momentax).	195	
I)	Heat, light, power and water	171	
m)	Telephone, telegraph, telex, facsimile and postage	172	
n)	Travel (transportation, accommodation, food, entertainment expenses while travelling)	173	
o)	Depreciation (for buildings, equipment and leasehold improvement)	175	
p)	Interest expense: on short-term loans	176	
	on long-term loane and moltgages	197	
q)	Office and all other supplies and materials used in the business (do not include purchases reported under cost of sales - Box 189 above)	177	
r)	All other operating expenses not specified above (please specify major items)		
037			
		178	
s/	Potal Operating Expenses (sum of items a) to r)).	179	
	8. Other Operating Characteristics and Facilities		
	6. Other Operating Characteristics and Facilities		
Plea	ase check (✓) and report the following operating characteristics and facilities :		Number
a)	Number of Guest Accommodation Units – Please report the total number of units of guest accommodation (including campsites) available for sale (occupancy) on average per day	241	
b)	Guest Accommodation Unit Occupancy – Please report either 1) or 2) below:		Percent (%)
-,	1) Average Occupancy Rate – Please report the ratio of guest accommodation units sold (occupied) to the		
	total number of units available for the reporting period	242	Number
		\vdash	Number
	2) Average Actual Unit Nights Sold – Please report the average daily number of guest accommodation units sold (occupied)	256	

8. Other Operating Characteristics and Facilities - Continued												
c) 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 O Suburban – located in the outskirts of town or city limits												
³ O Highway – located off a major highway or throughway												
Airport – located near an airport with regularly scheduled passenger service												
5 O Rural – facilities located in a rural	5 O Rural – facilities located in a rural atmosphere											
6 ◯ Remote location – not accessible	e by automobile or bus											
d) Market Orientation – Please check (✓) below, on business operation:	e category which most accurately describes the majo	r targeting market segment of your										
	Mid-scale ³ Up-scale	\wedge										
4 C Luxury 5 C	Don't know											
e) Capital Expenditure – Please report total expenditure specify amount: 265 1 No 2 Yes	ure of capital upgrade or renovation, if any, incurred \$ (omit ce s (please specify) —— Amount											
	9. Marketing Information											
Please check (✓) the following questions, where appli	icable, relating to the marketing practices of your es	tablishment during the 2002 reporting										
period (more than one box may be checked). 271 Accommodation Guide Listing	276 Rrobuse	295 O Internet										
Accommodation durac Listing	Biochines											
272	277 Direct Mail											
273 Newspaper Ads	Travel Information Off	fices										
274 Magazine Ads	279 O Trade Shows											
275 Television Ads	280 Consumer Shows											
281 Other (please specify) 282												
	10. Multi-Establishment											
The information of one business operating establishme included here, please report the total number of establishme below. In addition, please indicate, below, the name a legal entity during the reporting period:	lishments 024 and specify the	he names, addresses and revenues										
Names	Addresses	Revenues (\$)										
]										

2002 Traveller Accommodation – short

11. Cert	ificatio		certify tl	hat the ir	nformat	ion c	ontain	ed he	rein	is cor	nplete	and	cori	rect to	the be	st of n	ny know	ledge.			
Signature of authorized person							T	Title													
Name of person to contact for further information (please print)								Т	Title												
	Mr.	Mrs.																			
E-mail addr	Miss	Ms.							Con	npanv'	s Home	e Weh	page	e addres	s (URI	.)					
057	058											lome Web page address (URL)									
	Day Month Year Area code							Telephone number					Ex	t.			Fax				
Date		1	1	1 1	234	1		1		1	1		1	1	237	1		1 1			
How long	did you s	pend colle	cting the	data and c	completin	g this	form?		 [801		1 1		hours	1 1	ı					
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