



# **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



Со	rrec	ct pre-printed information if necessary u	sing th	e corresponding boxes below:
00	01	Legal name		
00	04	Number and street		
00	05	City	0006	Province or State
00	53	Country	0007	Postal code / Zip code

		$\sim$	
0002	Business name	1	
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.

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

5-3300-335: 2003-05-14 STC/SER 425-60137



Statistics Canada

Statistique Canada



		1. Business Activity and Classification						
F	Pleas	se check (✓) below the <b>one</b> type of accommodation category which <b>most accurately describes</b> your business <b>establishment</b> .						
0156	<ul> <li>provides short stay guest rooms in private homes or in small buildings converted for this use</li> <li>often possesses a unique or historic character</li> <li>characterized by a highly personalized service</li> </ul>							
	$\bigcirc$	room rate includes a full breakfast, served by the owner or owner-supervised staff						
0157	<ul> <li>Housekeeping Cottages and Cabins 721192</li> <li>provides short-term lodging in facilities known as housekeeping cottages and cabins</li> <li>designed to accommodate vacationers</li> <li>may include access to private beaches and fishing</li> </ul>							
0158	0	RV (Recreational Vehicle) Parks and Campgrounds 721211  • provides serviced or unserviced sites to accommodate campers and their equipment, such as tents, tent trailers, travel trailers or RVs  • may also provide access to facilities such as washroom, laundry rooms, recreation halls, stores and snack bars						
0159								
0160	0	Recreational (except Hunting and Fishing Camps) and Vacation Camps 721213  operates overnight recreational camps, such as children's camps, family vacation camps, and outdoor adventure extreats 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 excludes day camps						
0161	0	Rooming and Boarding Houses 721310  • 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)  • may also provide complementary services, such as housekeeping, meals and laundry services						
0162	0	All Other Traveller Accommodation 721198  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 please provide a brief description:						
0163		pease provide a prior description.						
0040	$\cap$							
0040		None of the above (please describe briefly below, the nature of your business activity)						
0041								
		2 5						
Please ch	ock (	2. Form of Organization						
	_ `	(✓) and report the legal status of this business operation below:						
	0							
<b>0024</b> 3	0	(v) and report the legal status of this business operation below:  Incorporated  2 Unincorporated – partnership						
<b>0024</b> 3	0	Incorporated  2 Unincorporated – partnership  Unincorporated – individual proprietorship  5 Unincorporated – limited partnership  Other (please specify)						
0024 3 1 4	0	Incorporated  2 Unincorporated – partnership  Unincorporated – individual proprietorship  Other (please specify)  3. Reporting Period Information						
0024 3 1 4 Please re	o o	Incorporated  2 Unincorporated – partnership  Unincorporated – individual proprietorship  5 Unincorporated – limited partnership  Other (please specify)						
0024 3 1 4 Please replease inc	o port i	Incorporated  2 Unincorporated – partnership  Unincorporated – individual proprietorship  5 Unincorporated – limited partnership  Other (please specify)  3. Reporting Period Information  Information for your fiscal year (normal business year) ending between April 1, 2003 and March 31, 2004.  Be below the period covered by this questionnaire.  YYYYY MM DD  On13 YYYYY MM DD						
1 4 Please replease inc	o port i	Unincorporated  2 Unincorporated – partnership  Unincorporated – individual proprietorship  5 Unincorporated – limited partnership  Other (please specify)  3. Reporting Period Information  Information for your fiscal year (normal business year) ending between April 1, 2003 and March 31, 2004.  below the period covered by this questionnaire.  YYYY MM DD  To  0012  YYYYY MM DD  To  0012						
0024 3 1 4 Please replease inc	oport i i	Unincorporated  2 Unincorporated – partnership  5 Unincorporated – limited partnership  Other (please specify)  3. Reporting Period Information  Information for voir fiscal year (normal business year) ending between April 1, 2003 and March 31, 2004. e below the period covered by this questionnaire.  YYYYY MM DD  To 0012						
1 4 Please replease inc	port i i	Unincorporated  2 Unincorporated – partnership  Unincorporated – individual proprietorship  5 Unincorporated – limited partnership  Other (please specify)  3. Reporting Period Information  Information for your fiscal year (normal business year) ending between April 1, 2003 and March 31, 2004.  below the period covered by this questionnaire.  YYYY MM DD  To  0012  YYYYY MM DD  To  0012						
1 4 Please replease inc	port i i	Unincorporated  2 Unincorporated – partnership  5 Unincorporated – limited partnership  Other (please specify)  3. Reporting Period Information  Information for your fiscal year (normal business year) ending between April 1, 2003 and March 31, 2004.  To below the period covered by this questionnaire.  YYYYY MM DD  To 0012  YYYYY MM DD  To 012  YYYYY MM DD  Other (please specify)  Other (						
0024 3 1 4 Please replease inc	port i i dicate	Incorporated  2 Unincorporated – partnership  Unincorporated – individual proprietorship  3. Reporting Period Information  Information forwall fiscal year (normal business year) ending between April 1, 2003 and March 31, 2004.  Be below the period covered by this questionnaire.  YYYYY MM DD  To 0012 YYYYY MM DD  To 0012 YYYYY MM DD  To 0121 YYYYY MM DD						
0024 3 1 4 Please replease inc 00 0048 0042	oport i i oporati	Incorporated  2 Unincorporated – partnership  5 Unincorporated – limited partnership  Other (please specify)  3. Reporting Period Information  Information follow fiscal year (normal business year) ending between April 1, 2003 and March 31, 2004.  be below the period covered by this questionnaire.  From WM DD To 0012 YYYYY MM DD  entils business unit for the full year?  Yes (If yes, please go to Section 4)  No (If no, please check the appropriate box(es) below.)  Seasonal operation (please specify period)						
0024 3 1 4 Please replease incomplete incomp	o o o o o o o o o o o o o o o o o o o	Incorporated  Unincorporated – individual proprietorship  Other (please specify)  3. Reporting Period Information  Information forward business year) ending between April 1, 2003 and March 31, 2004.  be below the period covered by this questionnaire.  To 0012  To 0012  YYYY MM DD  To 0121  YYYY MM DD  To 0121  YYYY MM DD  To 0121  YYYY MM DD  Newly built property (please specify date of opening)  Change of fiscal year-end  0073  From  Change of ownership (please specify effective date)  Ceased operation (please specify effective date)  Oceased operation (please specify effective date)						
0024 3 1 4 Please replease incomplete incomp	port i i dicate	Incorporated  Unincorporated – individual proprietorship  Other (please specify)  Other (please specify)  Other (please specify)  3. Reporting Period Information  Information forward of this quarter formal business year) ending between April 1, 2003 and March 31, 2004.  To below the period covered by this questionnaire.  From To Dotto						

			7.70	venue						
typ rece	ase report (estimate if necessary) sales e of revenue or service listed below, w eipts from packaged vacation, by type of illable, please report in Box 2300, and in	here <b>ap</b> revenue	plicable. Where po and services listed.	ssible, please p . If total revenue	orovi onl	ide the breakd y of packaged	own of the vacation is		Doll	ars cents)
	available, please report in Box 2300, and indicate (<) below the type of services included. Please exclude GST and all other taxes collected by you for remittance to a government agency.								(OIIIII	seriis)
a)	a) Guest Accommodation – Report revenue from the sales of room, suite, cabin, cottage, tent and/or trailer campsite accommodation						2295			
b)	Meals and Non-Alcoholic Beverages – Include prepared meals and non-alcoholic beverages from restaurants and snack bar, (exclude sales by concessionnaires)							1415		
c)	c) Alcoholic Beverages Served – Include beer, wine and liquor served in restaurants, lounges and bars							1414		
d)	Service Revenue – Include revenue entertainment, sports, health, recreation							2296		
e)	Sales of Merchandise – Include revenuercereational and sports equipment concessionnaires)	and ac	cessories, oil, gas	soline, supplies	et	c. (exclude	sales by	2028		<u> </u>
f)	Facility Rental Revenue – Report rev							2297		7/
g)	Other Rental Revenue – Include revenue	ue from	rental of machinery	boat, motor and	l spo	orts equipment		2298		> \
h)	Packaged Vacation Revenue – Indicate	e (✓) be	elow the types of ser	vices included .				2300		
	2386 Accommodation	387	Meals	2388 O Sn	orts	Equipment		))		
		390	) Guides	2391 Oth		Equipment				
i)	Other Operating Revenue – Include all	operatir	ng revenue not repor	ted above <i>(plea</i>	ise s	specify major it	ems)			
2071				$\Diamond$		$\bigcirc)^{\vee}$		2077		
j)	Total Operating Revenue (sum of items	s a) to i)	)		/·.	<u> </u>		2080		
k)	Non-Operating Revenue – Include into business (please specify major items)					to the operat				
2095			$\sim$					2097		
	I) Total Revenue (sum of Boxes 2080 and 2097)									
.,		00.,		>				<u> </u>		
			5. Emp	loyment						
Ple	ase report the average monthly number	of pers	ions employed in this	s business estab	olish	ment during th	e <b>2003</b> repo	orting peri	od.	
a)	Paid Employees – to whom you paid shown in <b>Operating</b> Expenses (Section			1		of Employee Full Year)	No. of En (Seaso			Total Number
	- Full-time Employees - Worked more to	∕ han 30∃	hours per week	63	16		6318		6310	
	- Part-time Employees - Worked less tl	00.1								
	<'(	nan 30 r	nours per week	63	17		6319		6311	
b)	Working proprietors and/or working part						6319		6311	
b)	_ < (		unincorporated bu				6319		6311	
Phe:	_ < (	ners of	unincorporated bu  6. Clie e of your guest	nt Base  Please breake (Pleas	21 e r	eport (estim n of foreign ote that the per entage of foreig	ate if ne	y their on ay sum u	the country	of origin. 0% or to the
Phe acc follo	Working proprietors and/or working part ased eport (estimate if necessary) the pe commodation revenue (Section 4, Box 22	ners of	unincorporated bu  6. Clie e of your guest	nt Base  Please breake (Pleas	21 e r	n of <b>foreign</b> ote that the per	ate if ne	y their on ay sum u	the country up to 10 l in Box	of origin. 0% or to the
Plea acc follo	Working proprietors and/or working part ase report (estimate if necessary) the pe commodation revenue (Section 4, Box 22 owing clientele:	ners of	unincorporated bu  6. Clie e of your guest ved from the	nt Base  Please breakc (Pleas total po	21 e r down e no erce	n of <b>foreign</b> ote that the per	ate if ne visitors becentages min visitors as	y their on any sum to see reported	the country up to 10 l in Box	y of origin. 00% or to the (2373)
Plea according follows according to the contract of the contra	Working proprietors and/or working part ased eport (estimate if necessary) the pe commodation revenue (Section 4, Box 22 owing clientele:  mestic clients  Households or individual (for leisure purposes)	rcentage 95) deri	unincorporated bu  6. Clie e of your guest ved from the	nt Base  Please breakc (Pleas total po	e ridowie no erce	n of <b>foreign</b> ote that the per entage of foreig	ate if ne visitors b centages m n visitors as	y their on any sum of sereported	the country pp to 10 in Box	y of origin. 00% or to the (2373)
Plea according follows according follows according to the follows accor	Working proprietors and/or working part ased eport (estimate if necessary) the pe commodation revenue (Section 4, Box 22 owing clientele:  wheestic clients  Households or individual (for leisure purposes)  Companies or individual (for business purposes)	2370 2371	unincorporated bu  6. Clie e of your guest ved from the	nt Base  Please breakc (Pleas total pr	21 e rodowne no erce	n of foreign ote that the per entage of foreign	ate if ne visitors becentages min visitors as	y their on any sum of separate 23	the country p to 10 in Box	y of origin. 00% or to the (2373)
Plea according follows according to the plant	Working proprietors and/or working part ased eport (estimate if necessary) the pe commodation revenue (Section 4, Box 22 owing clientele:  mestic clients  Households or individual (for leisure purposes)	rcentage 95) deri	unincorporated bu  6. Clie e of your guest ved from the	nt Base  Please breake (Pleas total production of the control of t	e ridownie no erce	n of <b>foreign</b> ote that the per entage of foreig	ate if ne visitors b centages mn visitors as	y their or any sum of september 23	the country up to 10 lin Box	y of origin. 00% or to the (2373)
Pheacc folio do not be a considered a consid	Working proprietors and/or working part asserteport (estimate if necessary) the pe commodation revenue (Section 4, Box 22 owing clientele:  mestic clients  Households or individual (for leisure purposes)  Companies or individual (for business purposes)  All levels of governments	2370 2371	unincorporated bu  6. Clie e of your guest ved from the	Please breakc (Pleas total pr	21 Per ridown se no erce	n of foreign ote that the per ote that the per other of foreign of foreign of foreign of foreign of the foreign	ate if ne visitors b centages mn visitors as	y their of any sum of	the country p to 10 lin Box Per 74	y of origin. 00% or to the (2373)
Pheacc folio do not be a considered a consid	Working proprietors and/or working part asserteport (estimate if necessary) the per commodation revenue (Section 4, Box 22 awing clientele: amestic clients  Households or individual (for leisure purposes)  Companies or individual (for business purposes)  All levels of governments	2370 2371	unincorporated bu  6. Clie e of your guest ved from the	Please breakd (Pleas total programme)  U.  U.  January D.  January	e r down e no erce	n of foreign ote that the per other that the per other of foreign of foreign of foreign of foreign of foreign other o	ate if ne visitors becentages min visitors as	y their or lay sum or	the country pro 10 in Box Per 74 75 76	y of origin. 00% or to the (2373)

## 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 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 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	,
b)	Salaries, wages, bonuses and commissions paid to your employees	3010	
c)	Employee benefits (e.g., employer's contribution to pension, medical, employment insurance and Worker's Compensation plans)	3040	
d)	Rent and/or lease of land and building	4120	
e)	Rent and/or lease of machinery, equipment, computer and motor vehicles	4140	
f)	Repairs and maintenance to buildings, furnishings, machinery and equipment (do not include capital expenditures, to be reported in section 8, e))	4176	
g)	Legal, accounting and auditing	4230	
h)	Management and consulting fees	4555	/
i)	Marketing, advertising and promotion .	4365	
j)	Insurance	4350	
k)	Property taxes, permits, licenses, business tax and other tariffs/taxes (exclude means)	4427	
I)	Heat, light, power and water	4042	
m)	Telephone, telegraph, telex, facsimile and postage	4102	
n)	Travel (transportation, accommodation, food, entertainment expenses while travelling)	4370	
o)	Depreciation (for buildings, equipment and leasehold improvement)	4520	
p)	Interest expense: on short-term loans	4611	
	on long-term loans and mortgages	4612	
q)	Office and all other supplies and materials used in the business (do not include purchases reported under cost of sales - Box 5/21 above)	4000	
r)	All other operating expenses not specified above (please specify major items)		
4561			
		4569	
sY.	Total Operating Expenses (sum of items a) to r) ).	4599	
	9. Odbay Opayyating Chayastayiating and Facilities		
	8. Other Operating Characteristics and Facilities		
Ple	ase check (✓) and report the following operating <b>characteristics</b> and <b>facilities</b> :		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	9781	
b)	Guest Accommodation Unit Occupancy – Please report either 1) or 2) below:		Percent (%)
	Average Occupancy Rate – Please report the ratio of guest accommodation units sold (occupied) to the total number of units available for the reporting period	9794	
	Countries of this available for the reporting period		Number
	Average Actual Unit Nights Sold – Please report the average daily number of guest accommodation units sold (occupied)	9807	
		_	·

	8. Other Operating Characteristics and Facilities - Continued									
c)	) Locality of Establishment – Please check (✓), only one, the closest identification of your business location:									
	9121 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									
	<sup>4</sup> O <b>Airport</b> – located near an airport with regularly scheduled passenger service									
	5 O Rural – facilities located in a rural atmosphere									
	6 Remote location – not accessible by automobile or bus									
d)	Market C			w, one category which r	most accurately describes the ma	jor targeting market segment of your				
	9127	1 (	Economy 2	○ Mid-scale	<sup>3</sup> O Up-scale	$\wedge$				
		4 🔾	Luxury 5	O Don't know						
e)	Capital E specify a	Expendi mount:	ture – Please report total exp	enditure of <b>capital upg</b> i	rade or renovation, if any, incurre	ed during the <b>2003</b> reporting period and cents)				
	7077	3 🔾	No 1 C	Yes (please specify) -	Amount 7078					
				9. Marketing	Information					
PI	ease ched	:k (✔) th	e following questions. <b>where</b>			establishment during the 2003 reporting				
		e than c	one box may be checked).	3	0422					
			commodation Guide Listing		Biochures	9139 O Internet				
	9129 Radio Ads P134 Direct Mail									
	9130	○ Ne	wspaper Ads		9135 Travel Information C	Offices				
	9131	O Ma	gazine Ads		9Y36 Trade Shows					
	9132	○ Te	levision Ads		9137 Consumer Shows					
	9138	Otl	ner (please specify)	10						
				10. Multi-Es	tablishment					
in be	cluded her low. In ac	re, pleas Idition, p	se report the total number of rease indicate, below, the na	establishments 5015	and specify	ore than one business establishment is the <b>names</b> , <b>addresses</b> and <b>revenues</b> accommodation establishments by your				
le	gal entity	during t	ne reporting period:							
/			Names		Addresses	Revenues (\$)				
`	0942			0913		0958				
	0950	>		0954		0959				
	0951			0955		0960				
	0952			0956		0961				
	0953			0957		0962				
		_				-				

11. Certification I certification	y that the informati	on contained he	rein is co	mplete and correct to the	best of my knowledge.
Signature of authorized person		Title			0015 Date Year Month Day
		3014			
Name of person to contact for fundamental for		t name			
1 Mr. <sup>2</sup> Mrs. <sup>3</sup> Miss		t name			
E-mail address: 0018			Web site	address:	
Telephone number:		Extension:		Fax number:	
,					909 minutes
How long did you spend collection	ng the data and com	pleting this questi	onnaire?		
					^
Comments	If more space is	required please	enclose	a separate sheet.	^ \
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	Thank	you for you	r co-op	eration	