



Service Industries Division

Annual Survey of Traveller Accommodation, 2004

Confidential when completed

Français au verso

In all correspondence concerning this questionnaire please quote this nine digit reference number below



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



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 | Business name | | |
| 0081 | Number and street | | |
| 0082 | City | 0083 | Province or State |
| 0084 | Country | 0085 | Postal code / Zip code |

Confidential Only

A - Information for Respondents

Survey Purpose

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.

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:

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

C - Main Business Activity

Please check (J) below the **one** type of accommodation category which **most accurately describes** your business establishment.

- 0156 **Bed-and-Breakfast** 721191
 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 highly personalized service
 room rate includes a full breakfast, served by the owner or owner-supervised staff
- 0157 **Housekeeping Cottages and Cabins** 721192
 provides short-term lodging in facilities known as housekeeping cottages and cabins
 designed to accommodate vacationers
 may include access to private beaches and fishing
- 0158 **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 **Hunting and Fishing Camp (Outfitter)** 721212
 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
 may also provide transportation to the facility, services of food, beverages, and hunting and fishing supplies
- 0160 **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 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
 excludes day camps
- 0161 **Rooming and Boarding Houses** 721310
 provides temporary or longer-term accommodation which, for the period of occupancy, serves as a main 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
- 0162 **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

- 0040 **None of the above** (please describe briefly below, the nature of your business activity)

0041

D - Business Unit Organization

Type of organization (please check (J) one only):

- 0024** 1 Unincorporated – **sole proprietorship**
- 2 Unincorporated – **partnership**
- 3 **Incorporated**
- 4 **Joint-venture** (please name major partners) **0180**
- 5 **Other** (please specify) **0025**

Please indicate the price category of your establishment:

- 0086** 1 **Budget / Economy**
- 2 **Midscale**
- 3 **Upscale / Luxury**

E - Reporting Period Information

Please report information for your **fiscal year** (normal business year) ending between April 1st, 2004 and March 31, 2005.
Please indicate below the period covered by this questionnaire.

0011 From

| | | |
|------|----|----|
| YYYY | MM | DD |
| | | |

 To **0012**

| | | |
|------|----|----|
| YYYY | MM | DD |
| | | |

Was this business in operation for the full year?

- 0048** 1 Yes (If yes, then go to Section F)
- 3 No (If no, then stay in Section E, proceed to next question)

Why was this business not in operation for the full year (please check (J) all that apply) ?

- 0042 **Seasonal operation** (please specify period) **0120** From

| | | |
|------|----|----|
| YYYY | MM | DD |
| | | |

 To **0121**

| | | |
|------|----|----|
| YYYY | MM | DD |
| | | |
- 0032 **Newly built property in 2004** (please specify date of opening) **0046**

| | | |
|------|----|----|
| YYYY | MM | DD |
| | | |
- 0034 **Change of ownership** (please provide name, address of other owner and effective date)
0124 **0125**

| | | |
|------|----|----|
| YYYY | MM | DD |
| | | |
- 0035 **Ceased operation** (please specify effective date) **0327**

| | | |
|------|----|----|
| YYYY | MM | DD |
| | | |
- 0036 **Temporarily closed** (please specify effective date) **0328**

| | | |
|------|----|----|
| YYYY | MM | DD |
| | | |

F - Facilities Available

Please check (J) 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.

| | | | | | | | | |
|--|--|--------|------|--|--|--------|------|-------------------------------------|
| <p>9107 <input type="radio"/> Restaurants (please specify number) →</p> | <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 40px;">Number</td></tr> <tr><td style="width: 40px;">9105</td></tr> </table> | Number | 9105 | <p>Restaurant Self-operated</p> | <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 40px;">Number</td></tr> <tr><td style="width: 40px;">9106</td></tr> </table> | Number | 9106 | <p>Restaurant Leased-out</p> |
| Number | | | | | | | | |
| 9105 | | | | | | | | |
| Number | | | | | | | | |
| 9106 | | | | | | | | |
| | | | | | | | | |
| 9108 <input type="radio"/> Bars/Lounges | | | | | | | | |
| | | | | | | | | |
| 9109 <input type="radio"/> Meeting and convention facilities | | | | | | | | |
| | | | | | | | | |
| 9112 <input type="radio"/> Indoor swimming pool | | | | | | | | |
| | | | | | | | | |
| 9113 <input type="radio"/> Outdoor swimming pool | | | | | | | | |
| | | | | | | | | |
| 9116 <input type="radio"/> Skiing | | | | | | | | |
| | | | | | | | | |
| 9117 <input type="radio"/> Golf course | | | | | | | | |
| | | | | | | | | |
| 9118 <input type="radio"/> Children's recreation facilities | | | | | | | | |
| | | | | | | | | |
| 9157 <input type="radio"/> Gaming activities | | | | | | | | |
| | | | | | | | | |
| 9114 <input type="radio"/> Health Facilities (for example exercise room, sauna or hot tub) | | | | | | | | |
| | | | | | | | | |
| 9158 <input type="radio"/> Spa (beauty/wellness centre that may include holistic/fitness facilities, nutritionists, massage therapists, physicians, etc.) | | | | | | | | |
| | | | | | | | | |
| 9119 <input type="radio"/> Other facilities (please specify) | | | | | | | | |
| | | | | | | | | |
| 9120 | | | | | | | | |

G - Location of the Establishment

Please check (J), **only 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
- 6 **Remote location** - not accessible by automobile or bus

H - Reservation and Marketing Methods

Please answer the following questions (as best you can) related to the booking and marketing practices of your establishment during the 2004 reporting period.

1. Please check if your establishment used any of the following reservation and marketing methods. (Please check all that apply):

- a) Establishment's Website** - Did this accommodation establishment operate its own website for marketing or booking purposes? Exclude affiliated company's website (CRS) and third-party websites (i.e. global distribution system).

9167 3 No 1 Yes

- b) Global Distribution System (GDS)** - Please report if this accommodation establishment uses a third-party website or global distribution system for marketing or booking purposes:

9159 3 No 1 Yes

2. Over your 2004 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

b) Global Distribution System (GDS)

c) Telephone direct to property

d) Other (please specify) **9174**

Total (must equal 100%)

| | % |
|-------------|---|
| 9168 | |
| 9171 | |
| 9172 | |
| 9173 | |
| 100% | |

I - Occupancy Rate

Please answer the following questions relating to the occupancy of your establishment during your **2004** operating period.

- Total **number of guest units** in this establishment
- Total number of guest units **available** over your 2004 reporting period:
(Please exclude guest units closed due to repair, renovations, etc.)
- Average daily number of guest units **sold** (occupied) over your 2004 reporting period

| | Number |
|-------------|--------|
| 9781 | |
| 9808 | |
| 9807 | |

J - Employment

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 M, Box 3010).

- Full-time Full-year Employees – (Worked more than 30 hours per week)
- Full-time Seasonal Employees – (Worked more than 30 hours per week)
- Part-time Full-Year Employees – (Worked less than 30 hours per week)
- Part-time Seasonal Employees – (Worked less than 30 hours per week)

2. Working proprietors and/or working partners of (the property establishment) unincorporated businesses (*non-salaried*)

3. Contract workers (individuals engaged only for the duration of a specific project or term)

| | Number |
|-------------|--------|
| 6316 | |
| 6318 | |
| 6317 | |
| 6319 | |
| 6321 | |
| 6320 | |

K - Client Base

Please report (**estimate** if necessary) the **percentage** of your guest room revenue (Section L, Box 2295) derived from the following clientele:

1. Domestic Clients

- a) Households or individual (for leisure purposes)
- b) Companies or individual (for business purposes)
- c) All levels of governments

2. Foreign clients (non-Canadian residents)

Total (must equal 100%)

| | % |
|-------------|---|
| 2370 | |
| 2371 | |
| 2372 | |
| 2373 | |
| 100% | |

L - Revenue

Please report (estimate if necessary) sales and receipts of your business operation for the **2004** 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.

- Guest accommodation units** – Report revenue from the sales of rooms and suites accommodation
- Meals and Non-Alcoholic Beverages** – Include prepared meals and non-alcoholic beverages from restaurants, snack bar (exclude sales by concessionaires)
- Alcoholic Beverages Served** – Include beer, wine and liquor served in restaurants, lounges and bars, and minibar sales
- Service Revenue** – Include revenue from guest laundry, telephone, Internet, parking services, and charges from entertainment, sports, health, recreation and amusement facilities and transportation service
- Sales of Merchandise** – Include revenue from vending machines, newsstands, gifts and pro shops and sales of recreational and sports equipment and accessories, supplies etc. (exclude sales by concessionaires)
- Rental Revenue** – Report revenue from the rental of banquet halls, meeting rooms, ballrooms, concession spaces, rental of machinery and equipment, lockers
- Packaged Vacation Revenue** – Indicate (J) below the types of services included

- | | | |
|---|---|---|
| <input type="checkbox"/> 2386 Accommodation | <input type="checkbox"/> 2387 Meals | <input type="checkbox"/> 2388 Sports Equipment |
| <input type="checkbox"/> 2389 Transportation | <input type="checkbox"/> 2390 Guides | <input type="checkbox"/> 2391 Other |
| | | <input type="checkbox"/> 2392 _____ |

| | \$ |
|-------------|----|
| 2295 | |
| 1415 | |
| 1414 | |
| 2296 | |
| 2028 | |
| 2339 | |
| 2300 | |

8. **Other Operating Revenue** – Include all operating revenue not reported above (*please specify major items*)

2071 _____ **2077**

9. **Total Operating Revenue** (sum of items 1) to 8))

2080

10. **Non-Operating Revenue** – Include interest, gains on foreign exchange and all other revenue not directly related to the operation of this business (*please specify major items*)

2095 _____ **2097**

11. **Total Revenue** (sum of Boxes 2080 and 2097)

2098

M - Expenses

Please report (estimate if necessary) the following expenses incurred during the **2004** 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. If it is detailed enough, you may also attach a copy of your expense statements.

| | | \$ |
|--|-------------|----|
| 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 | |
| 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 groundkeeping) | 4177 | |
| 6. Legal, accounting and other professional fees | 4230 | |
| 7. Marketing, advertising and promotion | 4365 | |
| 8. Travel (transportation, accommodation, food, entertainment expenses while travelling) | 4370 | |
| 9. Rent and/or lease of land and building, machinery, equipment, 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 | |
| 13. Insurance | 4350 | |
| 14. Heat, light, power and water | 4042 | |
| 15. Telephone, facsimile, postage, and Internet fees | 4102 | |
| 16. Depreciation (for buildings, equipment and leasehold improvement) | 4520 | |
| 17. Commission paid (e.g. to travel agents, credit card institutions) | 4082 | |
| 18. All other operating expenses not specified above (<i>please specify major items</i>) | | |
| <input type="text" value="4561"/> <input type="text"/> | 4569 | |
| 19. Total Operating Expenses (sum of items 1) to 18)) | 4599 | |
| 20. Interest expense (both long-term and short-term) | 4630 | |
| 21. Write-offs, valuation adjustments, capital losses, losses on foreign exchange | 4351 | |
| 22. Total Expenses (sum of Boxes 4599, 4630 and 4351) | 4699 | |

N - Multi-Establishment

Is more than one business establishment included in the responses to this questionnaire?

0933

3 No (If No, go to Section O)

1 Yes (If Yes, please fill in the table below)

| Names | Addresses | Revenues (\$) |
|-------|-----------|---------------|
| 0912 | 0913 | 0958 |
| 0950 | 0954 | 0959 |
| 0951 | 0955 | 0960 |
| 0952 | 0956 | 0961 |
| 0953 | 0957 | 0962 |
| | | |
| | | |

O - Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

| | | | | | | |
|---|--|--------------------|---------------------------|-------------------------|-------|-----|
| Signature of authorized person | | Title 0014 | | 0015 Date | | |
| | | | | Year | Month | Day |
| Name of person to contact for further information (please print) | | 0013 | | | | |
| | | First name | | | | |
| 0026 | | 0054 | | | | |
| 1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms. | | Last name | | | | |
| E-mail address: 0018 | | | Web site address: 0020 | | | |
| Telephone number: 0017 () | | Extension: 0027 | | Fax number: 0016 () | | |

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

9913

9914

9915

9916

For information only

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

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

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