



# 2008 Survey of Service Industries: Traveller Accommodation

**This document is confidential when completed.**  
Si vous préférez recevoir ce questionnaire en français,  
veuillez nous appeler au numéro sans frais suivant :  
**1-888-881-3666.**

If necessary, please make address label corrections in the boxes below.



0001	Legal name	0004	Address (number and street)	
0002	Business name	0005	City	
0021	Title of contact	0006	Province/territory or state	
0008	First name of contact	0053	Country	0007 Postal code/zip code
0028	Last name of contact	0010	Language preference	1 <input type="checkbox"/> English 2 <input type="checkbox"/> French

This information is collected 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.**

## A - Introduction

### Survey purpose

This survey collects the financial and operating data needed to develop national and regional economic policies and programs. For more information on this survey, please access [www.statcan.ca/english/survey/index.htm](http://www.statcan.ca/english/survey/index.htm).

### Data-sharing agreements

To reduce respondent burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies and other government departments for the sharing of data. The data will be kept confidential and used for statistical purposes only by these organizations. For further details on any data-sharing agreement for this survey, please consult the enclosed reporting guide.

### Confidentiality

The *Statistics Act* protects the confidentiality of information collected by Statistics Canada. Please see the enclosed reporting guide for more information.

### Fax or other electronic transmission disclosure

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

**Please return the questionnaire within 30 days.**

**Please mail the completed questionnaire in the enclosed envelope or fax it to Statistics Canada at 1-888-883-7999.**

Lost the return envelope or need help? Call us at **1-888-881-3666** or mail to:  
Statistics Canada, Operations and Integration Division, 150 Tunney's Pasture Driveway, Ottawa, Ontario K1A 0T6

Visit our website at [www.statcan.ca](http://www.statcan.ca)

## B - Main business activity

1. Please describe the nature of your business.

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2. Please check the **one main activity** which most accurately represents your **main** source of revenue.

0150  **Hotel:** provides short stay suites or guest rooms in a multi-storey or high-rise structure **accessible from the interior only**

0151  **Motor hotel:** provides short stay suites or guest rooms in a low-rise structure **accessible from both the interior and exterior**

0152  **Motel:** provides short stay suites or guest rooms in a one or two storey structure **accessible from the exterior only**

0153  **Resort:** provides short stay, full service suites or guest rooms

0154  **Casino hotel:** provides short stay suites or guest rooms with a casino on the premises

0162  **All other traveller accommodation:** provides short stay lodging but is not classified to any other industry

0040  None of the above — Please call **1-888-881-3666** for further instructions.

## C - Reporting period information

1. Please report information for your **fiscal year** (normal business year) **ending between** April 1, 2008 and March 31, 2009. Please indicate below the period covered by this questionnaire.

from <sup>0011</sup>  <sup>yyyy</sup>  <sup>mm</sup>  <sup>dd</sup>  to <sup>0012</sup>  <sup>yyyy</sup>  <sup>mm</sup>  <sup>dd</sup>

2. If the reporting period does not cover a **full year**, please check the reason(s) below:

0031 <sup>1</sup>  seasonal operations    <sup>2</sup>  new business    <sup>3</sup>  change of fiscal year    <sup>4</sup>  change of ownership    <sup>5</sup>  ceased operations    <sup>6</sup>  temporarily inactive

## Reporting instructions

- Report for business unit(s) specified on the label on the front page.
- Complete only the questions that apply to your business.
- When precise figures are not available, please provide your best estimate.
- Report in Canadian dollars. Dollar amounts and percentages should be rounded to whole numbers.
- Consult the enclosed reporting guide for further information.

## D and E - Not applicable

## F - Industry characteristics

Please provide a breakdown of your sales.

		CAN\$
1. Room or unit accommodation for travellers	2295	
2. Rental of recreational vehicle and tent sites for travellers or fees from overnight camps	2206	
3. Meals and non-alcoholic beverages, prepared and served or dispensed, for immediate consumption	1415	
4. Alcoholic beverages, prepared and served or dispensed for immediate consumption	1414	
5. Sale of merchandise (e.g., packaged food and beverages, newspapers, magazines, books, tobacco, cigarettes, and souvenirs)	2028	
6. Telephone and Internet access services	2764	
7. Rental of space and equipment (e.g., meeting room rentals, banquet rentals, concessions)	2339	
8. Amusement and recreational services (e.g., golf course, skiing, admissions to live performing arts events)	2824	
9. Other services (e.g., parking, laundry)	2296	
10. Other revenue not elsewhere reported (please specify): <sup>2071</sup>	2076	
<b>11. Total sales</b> (sum of questions 1 to 10)	2305	

### Cost of goods sold

Please indicate amounts in Canadian dollars or percentages.

		9970	1 <input type="checkbox"/> \$	or	2 <input type="checkbox"/> %
12. Cost of food products used in meal preparation (related to question 3)	5532				
13. Cost of alcoholic beverages used or sold (related to question 4)	5533				
14. Cost of all other merchandise sold (related to question 5)	5531				
<b>15. Total cost of goods sold</b> (sum of questions 12 to 14)	5700				

### Occupancy rate

Please answer the following questions relating to the occupancy of your establishment during your **2008** operating period.

		number
16. <b>Total number of rooms</b> in this establishment	9781	
17. Total number of room-nights <b>available</b> over your 2008 reporting period (please <b>exclude</b> rooms closed due to repair and renovations)	9808	
18. Total number of <b>room-nights sold</b> over your 2008 reporting period	9809	
19. Please provide the <b>occupancy rate</b> 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
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Year
%													

## F - Industry characteristics (continued)

### Paid employees

	number
20. Full-time full-year employees - (worked 30 hours or more per week)	6316
21. Full-time seasonal employees - (worked 30 hours or more per week)	6318
22. Part-time full-year employees - (worked less than 30 hours per week)	6317
23. Part-time seasonal employees - (worked less than 30 hours per week)	6319

## G - Personnel

	number
1. Number of partners and proprietors, <b>non-salaried</b> (if salaried, report at question 2 below)	6321
2. Paid employees	
a) average number of paid employees during the reporting period (see reporting guide)	6339
b) percentage of paid employees (from question 2a) who worked <b>full time</b>	6328
	%
3. Number of contract workers for whom you did not issue a T4, such as freelancers and casual workers (estimates are acceptable)	6320
4. Number of volunteers during the reporting period (estimates are acceptable)	6014
5. Number of hours worked by all volunteers during the reporting period (estimates are acceptable)	6026
	number of hours

## H - Sales by type of client

Please provide a percentage breakdown of your sales by type of client.

1. <b>Clients in Canada</b>		%
a) businesses	8112	
b) individuals and households	8100	
c) governments, not-for-profit organizations and public institutions (e.g., hospitals, schools)	8233	
2. <b>Clients outside Canada</b>	8140	
		<b>100%</b>

## I, J and K - Not applicable

## L - Contact information

Name of person to contact about this questionnaire:

0026 1  Mr.      2  Mrs.      3  Miss      4  Ms

0054	Last name		0017	Telephone number	
0013	First name		0027	Extension number	
0014	Title		0016	Fax number	
0018	E-mail address		0020	Website address	

Date completed:      0015

yyyy	mm	dd
<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>

How long did you spend collecting the data and completing the questionnaire?

hour(s)	minutes
9910 <input style="width: 60px; height: 25px;" type="text"/>	9909 <input style="width: 60px; height: 25px;" type="text"/>

## M - Comments

We invite your comments below. Please be assured that we review all comments with the intent of improving the survey.

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FOR  
INFORMATION  
ONLY

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

Visit our website at [www.statcan.ca](http://www.statcan.ca)