Unified Enterprise Survey – Annual



## 2007 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.

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

0001	Legal name			Address (number and street)			
0002	Business name		0005	City			
0021	Title of contact			Province/ territory or state			
0008	First name of contact	F	005	( ou. try		0007	Postal code/ zip code
0028	Last name of contact	INFOR	10 Ć	La ç iage pi zici ince	1 🔲 E ġ s		<sup>2</sup> French
This information is collected under the authority of the <i>Statistics Act,</i> Revised Statutes of Canada, 1985, Chapter S-19. COMPLETION OF THIS QUESTION VALUES A LEGE CREQUIREMENT 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.

#### **Data-sharing agreements**

In an effort to reduce reporting burden, Statistics Canada has entered into agreements with provincial and territorial statistical agencies and other government departments for the sharing of data. The data are kept confidential and used for statistical purposes only. Please see the enclosed reporting guide for details of these agreements.

### 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

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2007-10-19 STC/UES-425-60137

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Statistics Statistique Canada Canada 2007 Survey of Service Industries: Traveller Accommodation



B - Main business activity								
1.	Please describe the nature of your business.							
2.	Please check the one main activity which most accurately represents your main source of revenue.							
	<sup>0150</sup> Hotel: provides short stay suites or guest rooms in a multi-storey or high-rise structure <b>accessible from the</b> <b>interior only</b>							
	<sup>0151</sup> Motor hotel: provides short stay suites or guest rooms in a low-rise structure <b>accessible from both the</b> <b>interior and exterior</b>							
	<sup>0152</sup> Motel: provides short stay suites or guest rooms in a one or two storey structure <b>accessible from the</b> <b>exterior only</b>							
	<sup>0153</sup> Resort: provides short stay, full service suites or guest rooms							
	<sup>0154</sup> Casino hotel: provides short stay suites or guest rooms with a casino on the premises							
	<sup>0162</sup> All other traveller accommodation: provides short stay lodging but is not classified to any other industry							
	<sup>0040</sup> None of the above — Please call <b>1-888-881-3666</b> for further instructions.							
С	C - Reporting period information							
1.	Please report information for your <u>fiscal year</u> (normark is es year) <b>ending between</b> April 1, 2007 and March 31, 2008. Please indicate below the period, over a by his quest onnaire.							
	yyyy         mm         dd         yyyy         mm         dd           from         0011           0012               dd							
2.	If the reporting period does not cover a <b>full year</b> , please check the reason(s) below:							
	0031 1       seasonal operations       2       new operations       3       change of fiscal year       4       change of ownership       5       ceased       6       temporarily inactive							
Re	Reporting instructions							
-	<ul> <li>Report for business unit(s) specified on the label on the front page.</li> </ul>							
-	<ul> <li>Complete only the questions that apply to your business.</li> </ul>							
-	- 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							

													CAN\$
	Room or ur	nit accomi	modation	for travelle	ers						2295		- ,
	Rental of re	ecreationa	al vehicle a	and tent si	tes for tra	avellers or	fees from	n overniah	t camps		2206		
	Meals and non-alcoholic beverages, prepared and served or dispensed, for immediate							1415					
	consumption								1414				
	Alcoholic beverages, prepared and served or dispensed for immediate consumption Sale of merchandise (e.g., packaged food and beverages, newspapers, magazines, books,							2020					
	tobacco, ci				od and be	everages,	newspape	ers, maga:	zines, boo	KS,	2028		
	Telephone	and Interi	net access	s services							2764		
	Rental of s	pace and	equipmen	it (e.g., me	eeting roo	om rentals	, banquet	rentals, c	oncessior	is)	2339		
	Amusemen arts events		reational s	ervices (e	e.g., golf c	course, sk	iing, admi	ssions to	live perfor	ming	2824		
	Other servi	ces (e.g.,	parking, l	aundry)							2296		
	Other reven			2071							2076		
	reported (p		• ·	4 ( 40)							2305		
	st of goods		in Canadi	ac.'a;	ir de se	en aç es.	M	<b>4 T</b>	10	Ν	9970	1 🗌 \$	or <sup>2</sup>
ea	Cost of foo	amounts d products	s used in I	meal prep	aration (r	el ted o		<b>A T</b>	10	Ν	9970 5532 5533	<sup>1</sup> 🗌 \$	or <sup>2</sup>
ea	ase indicate	amounts d products	s used in I	meal prep	aration (r	el ted o		<b>AT</b>	10	Ν	5532	<sup>1</sup> 🗌 \$	or <sup>2</sup>
	Cost of foo	amounts d product: pholic bev	s used in i	meal prep sed or solo	aration (r d (related	el ted o to questio		<b>AT</b> •) <b>Y</b>	10	N	5532 5533 5531	<sup>1</sup> [] \$	or <sup>2</sup>
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F -	F - Industry characteristics (continued)						
Paid employees							
20		number					
	Full-time full-year employees - (worked 30 hours or more per week)						
21.	I. Full-time seasonal employees - (worked 30 hours or more per week)						
22.	2. Part-time full-year employees - (worked less than 30 hours per week)						
23.	6319         3. Part-time seasonal employees - (worked less than 30 hours per week)						
G	G - Personnel						
1.	<sup>6</sup> Number of partners and proprietors, <b>non-salaried</b> (if salaried, report at question 2 below)	321					
2.	Paid employees						
	a) average number of paid employees during the reporting period (see reporting guide)	339					
	%						
	b) percentage of paid employees (from question 2a) ind fork d in time						
3.	Number of contract workers for // )n. o did ot is e T is the lance sind a us	number					
4.		014					
5.	Number of hours worked by all volunteers during the reporting period (estimates are acceptable)	number of hours					
Н·	- Sales by type of client						
Plea	ase provide a percentage breakdown of your sales by type of client.						
1.	Clients in Canada						
		112					
	b) individuals and households	100					
	c) governments, not-for-profit organizations and public institutions (e.g., hospitals, schools)	233					
2.	Clients outside Canada	140					
		100%					
١, ٦	J and K - Not applicable						

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L - Contact information									
Name of person to contact about this questionnaire:									
$^{0026}$ <sup>1</sup> $\square$ Mr. <sup>2</sup> $\square$ Mrs. <sup>3</sup> $\square$ Miss <sup>4</sup> $\square$ Ms									
0054 Last name	0017 Telephone number								
<sup>0013</sup> First name	0027 Extension number								
<sup>0014</sup> Title	0016 Fax number								
0018 E-mail address	0020 Website address								
yyyy       mm       dd         Date completed:       0015									
M - Comments We invite your comments below. Please be assured that we review all comments with the intent to improve the survey. INFORMATION									
DI3									
9914									
9915									
9916									
Thank you for completing this questionnaire. Please retain a copy for your records.									
Visit our website at www.statcan.ca									