



PLEASE PRINT

FIN1012

FINANCIAL MANAGEMENT

**PROPERTY INCOME QUESTIONNAIRE
HOTELS/MOTELS
2016 RE-ASSESSMENT**

CONTACT INFORMATION (to be completed by the applicant):

SECTION 1

Account Number:

Location of Property:

Name of Owner:

Contact Person:

Email of Contact:

Phone Number:

SECTION 2

Please indicate (x) if this property was purchased, offered for sale, appraised, or renovated within the last five (5) years.

Purchased: Yes ___ No ___

Listed for sale: Yes ___ No ___

Appraised: Yes ___ No ___

Renovated: Yes ___ No ___

If an appraisal has been completed on the subject property, please forward a copy of the report with this submission.

DATE: _____

SIGNATURE: _____

POSITION: _____

PHONE: _____

Particulars to be furnished by Owners for each of the **three (3) years 2011, 2012, and 2013 ending December 31st.** A copy of the Statement of Operations (the Income and Expense portion of the Annual Financial Statements) must accompany this form upon submission.

For the Fiscal or Operating Year Ending

	2011	2012	2013	Office Use Only
AVERAGE ANNUAL OCCUPANCY RATE	%	%	%	
Total Number of Rooms/Units avail. per night				
Total room revenue - (Total for each year)				
GROSS OPERATING REVENUE				
Income from room sales				
Income from food sales				
Income from beverage sales (if separate from food)				
Income from telephone				
Income from concessions (i.e. rent-a-car, gift shop, etc.)				
Income from banquet facilities (if separate)				
Other Income (i.e. parking, lounge cover charge, sauna, swimming, BLT's, etc.)				
Commercial Tenancy Income				
TOTAL GROSS REVENUE				

For the Year Ending

	2011	2012	2013	Office Use Only
DEPARTMENTAL EXPENSES				
Room Expenses				
Food Expenses				
Beverage Expenses (if separate from food)				
Telephone Expenses				
Concessions Expenses				
Banquet Facilities Expenses				
Other Departmental Expenses				
TOTAL DEPARTMENTAL EXPENSES				
UNDISTRIBUTED EXPENSES				
Property Taxes				
Other Taxes				
Heating				
Air Conditioning				
Water				
Electricity (Light & Power)				
Elevator/Escalator Expenses				
Wages & Salaries (excl. admin., management and departmental wages)				
Supplies and Services				
Advertising & Promotion				
Management and Administration				
Maintenance and Repairs (if major, detail on separate sheet)				
Legal, Audit and Professional Fees				
Property & Liability Insurance				
Snow & Garbage Removal				
Banking Charges (excl. interest on debt)				
Furniture, Fixtures & Equipment Replacements				
Furniture, Fixtures & Equipment Rentals				
Other Expenses				-
TOTAL UNDISTRIBUTED EXPENSES				
TOTAL OPERATING EXPENSES , before interest on mortgage debt, depreciation or amortization, capital cost allowance, inter-company rental arrangements and other non-operating expenses				
NET OPERATING INCOME				

Please mail completed form to:

City of St. John's
Assessment Division,
Financial Management
P.O. Box 908
St. John's NL A1C 5M2

For more information:
Call: Gareth Griffiths (709) 576-8233
E-mail: assessment@stjohns.ca
Fax: (709) 576-8603