

	<b>F&amp;A – Property Income Questionnaire – Hotel/Motel – 2024 Reassessment</b>	<b>Finance &amp; Administration</b>
<b>Property Income Questionnaire – Hotel/Motel – 2024 Reassessment</b>		
Account Information		<b>SECTION 1</b>
Tax Map Number _____		
Property Address _____		
Owner Name _____		
Building Information		<b>SECTION 2</b>
Hotel/Motel Name _____		
Year Built _____ Year Renovated _____		
Number of Stories _____ Number of Rooms _____		
Level of Service:            Limited                      Select                      Full		
Number of Parking Stalls (indoor/outdoor):    Indoor _____                      Outdoor _____		
Property Sale and Appraisal Information		<b>SECTION 3</b>
Has the property been sold in the last five years:                      Yes                      No		
If yes, please provide:    Sale Date _____                      Sale Price _____		
Has the property been listed for sale in the last five years:                      Yes                      No		
If yes, please provide:    List Date _____                      List Price _____		
Has the property been appraised in the last five years (see below)                      Yes                      No		
Note: If an appraisal has been completed on the subject property within the last 5 years, please forward a copy of the report with this submission. If an appraisal has not been completed within the last 5 years complete the following declaration:		
I hereby declare that there has not been an appraisal completed for any purpose on this property in the past five years.		
Print Name _____ Date _____		
Signature _____		
Area Details (if applicable)		<b>SECTION 4</b>
<b>Area Details as of December 31st</b>		
	<b>2020</b>	<b>2021</b>
Commercial Leasable Area Occupied (sf)		
Commercial Leasable Area Vacant (sf)		
Total Commercial Leasable Area (sf)		
Total Meeting/Banquet Space Area (sf)		

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Financial Information – Revenue	G97 HCB)	
<p>Details are to be provided by Owners for each of the two (2) years 2020 and 2021 for fiscal or operating year end. A copy of the Statement of Operations (the Income and Expense portion of the Annual Financial Statements) must accompany this form upon submission.</p> <p><i>*Please also include rental info in Section 10.</i></p> <p>Details are provided for:                      Fiscal Year End                      Operating Year End</p> <p style="text-align: right;">Please provide year end date _____</p>		
<b>Occupancy/Rates for Fiscal or Operating Year Ending</b>		
	<b>&amp;\$&amp;\$*</b>	<b>&amp;\$&amp;%</b>
Available Rooms		
Rooms Sold		
Occupancy (%)	%	%
Rev PAR (Revenue per Available Room)		
Average Daily Room Rate		
<b>Gross Operating Revenue</b>		
Room Sales		
Food and Beverage Sales		
Telephone Income		
Concessions Income (car rentals, gift shop, etc.)		
Meeting Space / Banquet Facilities Income		
Laundry Income		
Parking Income		
VLT (Video Lottery Terminal) Revenue		
Other Income (please specify: _____)		
Commercial Rental Income (if applicable, please complete page 5)		
<b>Total Gross Revenue Collected</b>		

<b>F&amp;A – Property Income Questionnaire – Hotel/Motel – 2024 Reassessment</b>		<b>Finance &amp; Administration</b>
Financial Information – Expenses		<b>SECTION 6</b>
<b>Departmental Expenses for Fiscal or Operating Year Ending</b>		
	<b>2020</b>	<b>2021</b>
Room Expenses		
Food and Beverage Expenses		
Telephone Expenses		
Laundry Expense		
Landscaping, Parking & Snow Removal Expenses		
Concessions Expenses		
Meeting Space / Banquet Facilities Expenses		
Other Departmental Expenses (specify: _____)		
<b>Total Departmental Expenses</b>		
<b>General Expenses</b>		
Management		
Administration		
Wages & Salaries (excl. management, admin, departmental)		
Advertising & Promotion		
Utilities		
Repairs & Maintenance		
Garbage Removal		
Supplies & Services		
Franchise Fees		
Professional Fees – Legal & Audit		
Property Insurance		
Furniture, Fixtures & Equipment Rentals		
Property Taxes		
Water Taxes		
Other (please specify: _____)		
<b>Total General Expenses</b>		-
<b>Total Operating Expenses*</b>		
*Before interest on mortgage debt, depreciation or amortization, capital cost allowance and any other non-operating expenses.		
<b>Net Operating Income</b>		

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Renovations / Capital Expenditures			<b>SECTION 7</b>			
<b>Identify Major Renovations or Capital Expenditures</b>						
<p>Have there been Capital Improvements or Capital Renovations completed during this reporting period? If yes, please specify below.</p> <p style="text-align: center;">Yes                      No</p>						
Item 1:		Associated Cost*:				
Item 2:		Associated Cost*:				
Item 3:		Associated Cost*:				
Please attach a detailed list if space provided is insufficient		Total Capital Cost*:				
*Exclude HST from all costs.						
Certification			<b>SECTION 8</b>			
<p>As per my signature below, I certify that all information, accompanying schedules and statements have been reviewed by me and to the best of my knowledge and belief are true, correct, and complete.</p> <p>Name (Please Print) _____</p> <p>Position _____</p> <p>I am:              Owner/Employee                      Agent/Management Company</p> <p>Signature _____ Date _____</p> <p>Phone _____ Email _____</p>						
Privacy Notice			<b>SECTION 9</b>			
<p>The information on this form is collected by the City of St. John's under the authority of the Assessment Act, 2006 and will be used for property valuation and assessment purposes. The City of St. John's is committed to the protection of personal information under the Access to Information and Protection of Privacy Act, 2015. The City will only access, use, and disclose your personal information with your consent or where it is permitted or required by law. Questions about the collection and use of the information may be directed to the Assessment Market Analyst by telephone: 576-8112 or by email: <a href="mailto:questionnaires@stjohns.ca">questionnaires@stjohns.ca</a>.</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Return all pages by email, mail, and/or fax to: </td> <td style="width: 33%; vertical-align: top;"> Assessment Division P.O. Box 908 10 New Gower Street St. John's, NL A1C 5M2 Email: <a href="mailto:questionnaires@stjohns.ca">questionnaires@stjohns.ca</a> Fax: 709-576-8603 </td> <td style="width: 33%; vertical-align: top;"> For further information/questions, contact the Assessment Market Analyst: Phone: 709-576-8112 </td> </tr> </table> <p>To learn more about the assessment process, please refer to: <a href="http://www.stjohns.ca/living-st-johns/your-property/assessment">www.stjohns.ca/living-st-johns/your-property/assessment</a></p>				Return all pages by email, mail, and/or fax to:	Assessment Division P.O. Box 908 10 New Gower Street St. John's, NL A1C 5M2 Email: <a href="mailto:questionnaires@stjohns.ca">questionnaires@stjohns.ca</a> Fax: 709-576-8603	For further information/questions, contact the Assessment Market Analyst: Phone: 709-576-8112
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Commercial Rental Information												SECTION 10
<b>Note:</b> If any vacancy exists in property, list square foot area and asking rental of same						<b>Note:</b> A rent roll can be submitted in lieu of completing the below form <b><i>IF</i></b> it contains all requested information noted in the table below.						
Tenant Type	Location		Tenant Name or Vacant	Lease Start Date MM/DD/YYYY	Lease End Date MM/DD/YYYY	Lease Type	Area (SF)	Contract Rental Rate (PSF)	Overage or Percent Rent (psf)	Recovery Income Collected (PSF)	Total Charges (PSF)	Asking rental rate for vacant space (psf)
Office (O) Retail (R) Industrial (I) Storage (S)	Floor	Suite #	Including owner occupied if multi-tenant			Net, Semi-Gross, Gross				Operating Expense and Property Tax	Total revenue PSF received from tenant (= A + B + C)	Please specify if net / semi-gross / gross
										(C)		
Example 1 - Office	3	301	ABC Company	01/01/2019	12/31/2023	Net	2,500	\$25.00	\$0.00	\$12.00	\$37.00	n/a
Example 2 - Retail	1	101	Vacant	n/a	n/a	Gross	1,000	n/a	n/a	0.00	n/a	\$35.00 (gross)