

ASSESSMENT REQUEST FOR INFORMATION – HOTEL / MOTEL

The *Municipal Government Act* (MGA) authorizes collection of this information under Sec. 295(1) and Sec. 295(4).

This information is due on or before **July 6, 2021**

CONFIDENTIAL

PROPERTY OWNER CONTACT AND CERTIFICATION – ARFI - 1

Property Address:	Tax Roll Account:
Registered Owner:	

SECTION A: COMPANY REPRESENTATIVE

Name: _____ Position: _____
 Company Name: _____
 Phone Number: _____ Fax Number: _____
 E-mail Address: _____

As authorized by:

Position:

SECTION B: ALTERNATE CONTACT PERSON (IF DIFFERENT FROM ABOVE)

Name: _____ Position: _____
 Company Name: _____
 Phone Number: _____ Fax Number: _____
 E-mail Address: _____

As authorized by:

Position:

SECTION C: CERTIFICATION

All information provided herein has been examined by me and is true, current, and complete to the best of my knowledge.

Signature: _____ Date: _____

PLEASE NOTE: An assessment for your property will be prepared by whatever means necessary to do so should you fail to report the requested information. Thank you for your co-operation.

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Important Note: Please provide the most recent **3 years of detailed Income and Expense** data in your own format. Financials must cover all requested information shown on this form or response will be considered incomplete.

ROOM COUNT

Room Type	# of Units	Rack Rate Per Day(\$)	Monthly Rate
Single		\$	\$
Double		\$	\$
Suites		\$	\$
Kitchenettes		\$	\$
Out of Service & Duration			
Total		\$	\$

OCCUPANCY / ADR / REVPAR

	Last ½ of 2018	First ½ of 2019	Last ½ of 2019	First ½ of 2020	Last ½ of 2020	First ½ of 2021
# of Rooms Sold						
# of Complimentary Rooms						
# of House Use Rooms						
Room Revenue Total	\$	\$	\$	\$	\$	\$

QUALITY RATING GUIDE (for each line, check the one that applies)

Interior Finish	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Standard	<input type="checkbox"/> Below Avg.
Room Rates \$	<input type="checkbox"/> Luxury	<input type="checkbox"/> First Class	<input type="checkbox"/> Tourist	<input type="checkbox"/> Lower
Franchise Connections	<input type="checkbox"/> Better	<input type="checkbox"/> Standard	<input type="checkbox"/> Limited	<input type="checkbox"/> None
Age	<input type="checkbox"/> New	<input type="checkbox"/> Above Avg.	<input type="checkbox"/> Average	<input type="checkbox"/> Older
Last F.F.&E. Upgrade:	Date:	Cost:	\$	
Last Building Renovation:	Date:	Cost:	\$	
Additional Comments: _____				

PARKING DETAILS

	# of Stalls	\$ Daily Rate	# of Public Stalls	\$ Daily Rate
Surface		\$		\$
Covered		\$		\$
Parkade – Not Heated		\$		\$
Parkade - Heated		\$		\$

Comments: _____

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PUBLIC FACILITIES (If any spaces are leased or leasable, please fill out Tenant Leased Area Form, Page 5)

Space Type	Floor Area (ft ²)	Number of Days Used					
		Last ½ of 2018	First ½ of 2019	Last ½ of 2019	First ½ of 2020	Last ½ of 2020	First ½ of 2021
Banquet Rm(s)							
Conference Rm(s)							
Coffee Shop							
Restaurant							
Dining Facilities							
Lounge							
Tavern/Night Club							
Retail Liquor/Beer Outlet							
Retail Outlet space:							
Other: <i>(please specify)</i>							

RECREATION / FITNESS ROOMS (check all that apply)

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Water Slide | <input type="checkbox"/> Hot Tub /Whirlpool | <input type="checkbox"/> Sauna |
| <input type="checkbox"/> Steam Room | <input type="checkbox"/> Exercise Room | <input type="checkbox"/> Racquet Ball /Squash | <input type="checkbox"/> Other: _____ |

INCOME

Please provide as much detail as possible.

INCOME	Last ½ of 2018	2019	2020	First ½ of 2021
Room Revenue:				
Guest Room Rental	\$	\$	\$	\$
Food & Beverage:				
Room Service	\$	\$	\$	\$
Coffee Shop	\$	\$	\$	\$
Dining Facilities Sales	\$	\$	\$	\$
Banquet/Meeting Room(s)	\$	\$	\$	\$
Other: <i>(please specify)</i>	\$	\$	\$	\$
Rental:	\$	\$	\$	\$
Telephone/Internet:	\$	\$	\$	\$
Laundry:	\$	\$	\$	\$
Other: <i>(specify)</i>	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

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EXPENSES:

DEPARTMENT COSTS & EXPENSES				
	Last ½ of 2018	2019	2020	First ½ of 2021
(5) Employee Salaries/Wages/Benefits	\$	\$	\$	\$
Front Desk	\$	\$	\$	\$
(10) Housekeeping	\$	\$	\$	\$
Others(specify)	\$	\$	\$	\$
(10) Suite Supplies	\$	\$	\$	\$
(10) Uniforms/Laundry/Dry Cleaning	\$	\$	\$	\$
(15) F & B (food cost)	\$	\$	\$	\$
(15) F & B Supplies	\$	\$	\$	\$
(15) F & B other	\$	\$	\$	\$
(20) Telephone, Cable, Internet	\$	\$	\$	\$
(30) Hotel Supplies	\$	\$	\$	\$
(35) Hotel Maintenance Supplies	\$	\$	\$	\$
(40) Others: (please specify)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
(50) Admin & Gen'l	\$	\$	\$	\$
Management Fee	\$	\$	\$	\$
(55) Marketing	\$	\$	\$	\$
(60) Operation & Maintenance	\$	\$	\$	\$
	\$	\$	\$	\$
(65) Utilities	\$	\$	\$	\$
(75) Legal & Audit	\$	\$	\$	\$
(85) Other: (specify)	\$	\$	\$	\$
	\$	\$	\$	\$
FIXED EXPENSES	Last ½ of 2018	2019	2020	First ½ of 2021
(90) Insurance	\$	\$	\$	\$
(95) Property Taxes	\$	\$	\$	\$
Replacement Reserves	\$	\$	\$	\$
Capital Expenses: (specify)	\$	\$	\$	\$
(Major Repairs or Replacements)	\$	\$	\$	\$
	\$	\$	\$	\$
<p>Capital Expense gives a lasting benefit, advantage or extends the useful life of your property or improves it beyond its original condition. For example, the cost of replacing a roof, windows or carpet.</p> <p>Repair Expense is an expense that generally reoccurs each year. For example, the cost of touchup painting (done each year).</p>				
Explanation:				

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COMMERCIAL TENANT ROLL – ARFI - 2

Please provide the PROPERTY OWNER'S FISCAL PERIOD ENDING between July 1, 2020 and June 30, 2021. (i.e. If the owner's fiscal period is June to May, then the period to report on these forms is June 1, 2020 to May 31, 2021) The information reported below should be taken from your most recent audited financial report. **FROM** _____ **20** _____ **TO** _____ **20** _____

****ALTERNATIVELY, you may provide your actual Rent Rolls AND Annual Income & Expense Statements for the most recent fiscal year.**

Rent Rolls and Financial Statements MUST cover all requested information shown on this form or the ARFI will be considered incomplete.

If you need extra space, please photocopy this page.

Property Address:														Tax Roll Account:								
Space Description							Lease Term				Lease Details			Expense Information Use "O" for owner paid, "T" for Tenant paid, or "?" If amount paid is unknown								
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P		Q		R		S	
Tenant Unit Number	Tenant Business Name(s)	Occupancy Type (O = Owner, T = Tenant, V = Vacant)	If Vacant: How many months has the Unit been vacant?	Space Type (R = Retail, O = Office, W = Warehouse)	Floor Location (B, M, MZ, 2, etc) B = Bsmt / M = Main / MZ = Mezzanine / 2 = 2nd floor	Unit Area (Square Feet)	Commencement Date (mm-yy) *Original date that the Tenant started occupying this area	Most Recent Lease Renewal Date (mm-yy)	Expiry Date Date (mm-yy)	Lease Type (G = Gross, N = Single Net, N N = Double Net, N N N = Triple Net)	Lease Rent (\$/month) DO NOT INCLUDE GST	Step Up / Escalation Rent (\$ / month)	Step Up / Escalation Date (when Step Up Rent takes/took effect) – (provide details on next page)	Tenant Inducement Paid by Property Owner (provide details on next page)	Building Insurance (\$ / per month)	Who Pays this Expense (O=Owner or T=Tenant)	Property Tax (\$ / month)	Who Pays this Expense (O=Owner or T=Tenant)	Regular Maintenance & Repairs (\$ / month) (provide details on next page)	Who Pays this Expense (O=Owner or T=Tenant)	Utilities (\$ / month)	Who Pays this Expense (O=Owner or T=Tenant)
#101	Tenant A (example)	T	4	R	M	2000	Jan-19	Jan-20	Jan-22	N N	\$2,000	\$50	Jan-19	\$10,000	\$100	T	\$100	T	\$200	O	?	T
Total Area of All Units																						
(include all owner occupied, rented and vacant areas)																						

GUIDE TO COMPLETION OF COMMERCIAL TENANT ROLL – ARFI - 2

The following overview of the fields located on the **ARFI-2** form (page 6) is intended to assist you in the completion of the form:

PLEASE REPORT:

- Any rental information pertaining to Land Leases
- Any vacant rentable area that your building may have, even if only partially occupied (e.g. 500 ft² of 600 ft² leased, 100 ft² is vacant)
- Any area that is occupied by a business that is owned fully or partially by the property owner

Space Description:

A. Tenant Unit Number	Unit number identifies the suite or unit of the business
B. Tenant Business Name(s)	Business Name that is leasing/occupying the space
C. Occupancy Type	Owner/Tenant/Vacant (O = Owner, T = Tenant, V = Vacant)
D. If Vacant:	Number of consecutive months that the unit has had no tenant occupy the space
E. Space Type	Retail, Office, Warehouse (R = Retail, O = Office, W = Warehouse)
F. Floor Location	Physical location of the tenant's space within the building (B = Basement, M = Main, MZ = Mezzanine, 2 = Second Floor, etc.)
G. Unit Area	The total unit area including all leased, rented, owner occupied & vacant area

Lease Term:

H. Commencement Date	The original date that the tenant started occupying the leased area (mm-yy)
I. Lease Renewal Date	Date of the last lease renewal (mm-yy). Enter month to month (m-m) if no lease exists.
J. Expiry Date	Date that the lease agreement expires (mm-yy)
K. Lease Type NOTE: This applies to all leases including those that are month-to-month.	<p>Gross: A type of lease where the property owner pays for the building's property taxes, building insurance and maintenance.</p> <p>Single Net: An agreement requiring the tenant to pay one cost (i.e. property tax) additional to the monthly rent rate.</p> <p>Double Net: An agreement requiring the tenant to pay two costs (i.e. property tax and building insurance) additional to the monthly rent rate.</p> <p>Triple Net: An agreement where the tenant is responsible for all of the costs relating to the asset being leased in addition to the monthly rent fee (these costs are typically the property tax, building insurance and maintenance/repairs).</p>

Lease Details:

L. Lease Rent (monthly amount)	This is the rent stated in the lease agreement excluding or including operating or additional costs (\$/month). Do not include GST or tenant inducements here.
M. Step Up/Escalation Rent (\$/month)	An increase in lease rent. Could be a fixed amount, a percentage increase or the actual expense increase each year due to rising costs. Typically seen in long-term contracts.
N. Step Up/Escalation Date	The date that the Step-Up/Escalation takes effect each period. Typically occurs on the same date every year following the signing date of the original lease.
O. Percentage Rent	Typically applies to retail tenants. Is rent paid in addition to base or minimum rent and is based on the tenant's gross sales etc.? (\$/month or percent)

Expense Information:

P. Building Insurance	This is the building insurance expense for the area that the tenant is leasing – for the fiscal period being reported.
Q. Property Tax	This is the property tax expense for the area that the tenant is leasing – for the fiscal period being reported.
R. Regular Maintenance & Repairs	This is the regular/typical annual maintenance & repairs for the area that the tenant is leasing – for the fiscal period being reported. Do NOT include structural or replacement items here (such as Roof or HVAC replacement).
S. Utilities	These are the utility expenses for the area that the tenant is leasing – for the fiscal period being reported.