

October 31, 2022

RE: Request for Property Sale and Income/Expense Information
Roll Number:
Property Address:
Property Group:

The City of Winnipeg Assessment and Taxation Department is collecting information for the purpose of preparing for the next General Assessment in accordance with Section 9(1) of *The Municipal Assessment Act*.

In order to make property assessments reflective of market value, it is necessary for us to obtain details of recent property sales and, for all income-producing properties, accurate operating income and expense information.

We, therefore, request that you complete the enclosed questionnaires and return them to our office on or before **November 22, 2022**. Failure to comply with this request will result in the imposition of penalties as outlined in *The Municipal Assessment Act* and detailed in the attached Instructions for Completing Questionnaires.

A copy of the Audited Income and Expense statements that are relevant to the property sale is to be included. If Audited Income and Expense statements are not available, then please submit a copy of the Non-Audited statements.

Please note that the questionnaires and documents included in this package are also available in French by contacting us at 311 or toll free 1-877-311-4974.

Included in this package are:

- Instructions for Completing Hotel/Motel Questionnaire and Legislative Authority
- Hotel/Motel Questionnaire; Form: 529-7
- Schedule A: 529-8
- Hotel/Motel Sale Questionnaire; Form: 529-9

We are confident that your cooperation will result in an accurate and fair assessment. If you have any questions, please call our Customer Service Centre at 311 or toll free 1-877-311-4974.

Yours truly,

Tim Austin
City Assessor/Director

INSTRUCTIONS FOR COMPLETING HOTEL/MOTEL QUESTIONNAIRES

GENERAL INSTRUCTIONS

The forms contained in this package indicate a "DUE DATE".

The information requested is for the **relevant Income and Expense statements**.

Please include a copy of your **Audited Income and Expense Statements**. If Audited Income and Expense Statements are not available then please submit a copy of your **Non-Audited Income and Expense Statements**.

PLEASE COMPLETE THE "CERTIFICATION" SECTION ON ALL APPLICABLE FORMS. IF WE REQUIRE CLARIFICATION OR ADDITIONAL INFORMATION, IT IS IMPORTANT FOR US TO HAVE A CONTACT PERSON IDENTIFIED.

HOTEL/MOTEL QUESTIONNAIRE (FORM: 529-7)/SCHEDULE A (FORM: 529-8)

PLEASE NOTE THAT THIS FORM IS TO BE COMPLETED IN CONJUNCTION WITH SCHEDULE A

Enter the information requested for the **relevant year**. If the property was purchased, include the income and expense information that was supplied by the vendor. A brief description of what is required in each section appears below.

Property Identification

Please verify that the information shown is correct.

Property Characteristics

Please check off the features/amenities that apply to this specific property.

The number of indoor/outdoor parking spaces, if applicable, is to be entered at the bottom of this section.

Summary Income Information

Total number of rooms available refers to rooms that are available for overnight accommodation only.

In Room Summary, "Theme Rooms" are to be included with the category shown for Suites.

$$\text{Overall Occupancy Rate} = \frac{\text{Total Number of Occupied Room Nights per Year}}{\text{Total Number of Rooms Available per Year}} \times 100 \%$$

$$\text{Average Daily Room Rate} = \frac{\text{Total Annual Room Revenue}}{\text{Total Number of occupied Room Nights}}$$

Income and Expense Information

The Assessment and Taxation Department has adopted the standards set forth by; the "Uniform System of Accounts for the Lodging Industry – 9th Revised Edition". Under this system, only direct operating expenses are charged to operating departments of the hotel. General overhead items such as administration, marketing and maintenance, which are applicable to the operations as a whole, are classified as Undistributed Operating Expenses. The following list is extracted from the "Uniform Systems of Accounts for the Lodging Industry – 9th Revised Edition":

Operated Departments

Rooms
Food
Beverage
Banquet/Meeting Rooms
Telephone
Garage, Parking Lot
Health/Fitness/Spa Club
Vendor Sales
Other Operated Departments
Rentals and Other Income

Undistributed Operating Expenses

| | | |
|--|---|---|
| <p><u>Administration & General Expense</u> Manager's Office * Front Office * Data Processing * Night Office * Accounting/Credit Office * Receiving Clerks <u>Human Resources</u> * Employment Office</p> | <p><u>Marketing</u> * Sales Department * Advertising * Merchandising * Public Relations/Publicity * Research <u>Other</u> * Transportation * Energy Costs</p> | <p><u>Repair & Maintenance</u> * Chief Engineer * Maintenance Staff * Grounds Keeping Staff * Office/Storerooms</p> |
|--|---|---|

HOTEL/MOTEL SALE QUESTIONNAIRE (FORM: 529-9)

This form is to be completed for all properties that sold. The Sale Date shown is the date the Transfer of Land was registered at the Winnipeg Land Titles Office. The Sale Price shown is based on available information which may include the following: the consideration and sworn value registered at the Land Titles Office, media releases, company websites, advertisements/listings for sale, etc.

Please verify the information in Section A - "Property Identification" and note any discrepancies.

The Property Use Code is the most recent use of the property and may not be your intended use.

The Section C - "Property Characteristics" deals with any intended change in use of the property.

LEGISLATIVE AUTHORITY

Each form contains references to the following sections of *The Municipal Assessment Act*:
This version is current as of January 17, 2022.

Assessor may request information

16(1) An assessor may request that a person, including a Crown agency or Crown corporation, who owns, uses or occupies assessable property, provide to the assessor information or documentation that relates or might relate to, or that affects or might affect, the value of the property being assessed or that is or might be relevant to assessment of the property which, without limiting the generality of the foregoing, may include information for each year since the previous general assessment respecting

- (a) any sale of the property
- (b) the cost of any construction on the property; and
- (c) any income or expense related to the use or operation of the property.

21 days to provide information and declaration

16(2) Where a person, including a Crown agency or Crown corporation, receives a written request from an assessor under subsection (1), the person shall, within 21 days of receiving the request, provide information or documentation to the extent that information or documentation to which the request relates is in the possession or control of the person and shall provide, in the form of a signed statement, a declaration of the person affirming that the information or documentation provided by the person is complete, true and accurate.

Burden of proof for non-cooperation

53(3) Where an applicant fails or refuses

- (a) to give an assessor a reasonable opportunity to inspect the property; or
- (b) to comply with a request for information and documentation under section 16;

a board shall, at the hearing of the application, place the burden of proof on the applicant on all matters at issue.

Effect of providing inconsistent information

54(3.1) Where, in response to a request for information or documentation under clause 16(1)(c), a person provided information that was substantially at variance with information that he or she presented at a hearing, the presiding officer of the board or panel may order that the information presented by the person at the hearing is not to be considered by the board or panel in making its decision.

Effect of providing no information

54(3.2) Where a person failed to comply with a request for information or documentation under clause 16(1)(c), the board or panel shall specify in its order that any reduction in the assessed value of the person's property is not to take effect until the year following the year to which the application relates.

Burden of proof for non-cooperation

59(6) Where a property owner fails or refuses

- a) to give an assessor a reasonable opportunity to inspect the property; or
- b) to comply with a request for information and documentation under section 16;

the Municipal Board, on an appeal under subsection 56(2), shall, at the hearing of the appeal, place the burden of proof on the property owner on all matters at issue.

Effect of providing inconsistent information

60(2.1) Where, in response to a request for information or documentation under clause 16(1)(c), a person provided information or documentation that was substantially at variance with information that he or she presented at the hearing of an appeal by The Municipal Board, the person chairing the hearing may, whether or not an order was made under subsection 54(3.1) in respect of the matter, order that the information or documentation presented at the hearing is not to be considered by The Municipal Board in making its decision.

Effect of providing no information

60(2.2) Where a person failed to comply with a request for information or documentation under clause 16(1)(c), the Municipal Board shall specify in its order that any reduction in the assessed value of the person's property is not to take effect until the year following the year to which the application relates.

Offence and penalty

64 Where a person refuses or fails to supply information or documentation as required of the person under this Act or the regulations, the person commits an offence and is liable to a fine not exceeding \$25. for each day that the person continues to refuse or fail to supply the information or documentation.

HOTEL/MOTEL QUESTIONNAIRE
FORM 529-7

12 MONTHS ENDING
(mm/dd/yyyy) _____

DUE DATE: November 22, 2022

PROPERTY IDENTIFICATION

Roll Number: _____ **Property Group:** _____

Property Owner: _____ **Property Use Code:** _____

Property Address: _____

PROPERTY CHARACTERISTICS

SUMMARY INCOME INFORMATION

Type of Accommodation

Hotel Motel

Suite/Apartment Hotel Beverage Hotel

Facilities Provided

Dining Room Meeting Room(s)

Coffee Shop Lounge

Gift Shop Bar

Banquet Room (s) Cabaret

Recreational Facilities

Pool Games Room

Waterslide Other (specify) _____

Fitness Area _____

Room Amenities

TV Bar Fridge

Modem/Data Lines Mini-Bar

In-Room Pay for TV Movies Room Service Available

Jacuzzi Tub Laundry Service Available

Kitchenette Safety Deposit Box Available

Coffee Maker Fax Service Available

Iron/Ironing Board Other (specify) _____

Hair Dryer _____

Charges Included in Room Rates

Telephone Included Not Included

Parking Included Not Included

Number of Indoor Parking Spaces _____

Number of Outdoor Parking Spaces _____

Canada Select Star Rating (if applicable): _____

Rooms

Total Number of Rooms Available _____

Room Summary

| Room Type | Single | Double | King Size | Suites |
|----------------|--------|--------|-----------|--------|
| Number of Each | _____ | _____ | _____ | _____ |

Overall Occupancy Rate _____%

Total Number of Occupied Room Nights _____

Average Daily Room Rate \$ _____

VLT Summary (if applicable)

Total Number of VLT's _____

ATM Summary (if applicable)

Total Number of ATM's (owned) _____

Acquisition Cost \$ _____

Total Number of ATM's (leased) _____

Leasing Cost per ATM \$ _____

Lease Term _____ to _____

Operating Expenses \$ _____

Servicing Fees \$ _____

Total Number of ATM transactions (annual) _____

Annual Parking Revenue (if applicable)

Outdoor Parking \$ _____

Indoor Parking \$ _____

(continued on back)

| INCOME and EXPENSE INFORMATION | CAPITAL EXPENDITURES SUMMARY |
|--------------------------------|------------------------------|
|--------------------------------|------------------------------|

| Revenue | |
|-----------------------|-----------------------|
| Rooms | \$ _____ (701) |
| Food | \$ _____ (702) |
| Beverage | \$ _____ (703) |
| Banquet/Meeting Rooms | \$ _____ (704) |
| Vendor Sales | \$ _____ (705) |
| VLТ Net Income | \$ _____ (706) |
| ATM Net Income | \$ _____ (707) |
| Rental Income | \$ _____ (708) |
| Parking Income | \$ _____ (709) |
| Telephone | \$ _____ (710) |
| Other | \$ _____ (711) |
| Total Revenue | \$ _____ (712) |

| Departmental Expenses | |
|------------------------------------|-----------------------|
| *Rooms Total | \$ _____ (713) |
| *Food Total | \$ _____ (714) |
| *Beverage Total | \$ _____ (715) |
| *Banquet/Meeting Rooms Total | \$ _____ (716) |
| *Vendor Total | \$ _____ (717) |
| Telephone | \$ _____ (718) |
| Parking | \$ _____ (719) |
| Other | \$ _____ (720) |
| *Please complete Schedule A | |
| Total Departmental Expenses | \$ _____ (721) |

| Undistributed Operating Expenses | |
|---|-----------------------|
| *Total Administration & General | \$ _____ (722) |
| *Please complete Schedule A | |
| Advertising, Marketing & Promotions | \$ _____ (723) |
| Heat, Light, Power & Water | \$ _____ (724) |
| Repair and Maintenance | \$ _____ (725) |
| Franchise Fees | \$ _____ (726) |
| Other Expenses | \$ _____ (727) |
| Total Undistributed Operating Expenses | \$ _____ (728) |

| Fixed Expenses | |
|-----------------------------|-----------------------|
| Insurance | \$ _____ (729) |
| Other Fixed Expenses | \$ _____ (730) |
| Realty Taxes | \$ _____ (731) |
| Business Taxes | \$ _____ (732) |
| Total Fixed Expenses | \$ _____ (733) |

| Type | Incurred | Date (mm/dd/yyyy) |
|--|----------|-------------------|
| Roof | \$ _____ | _____ |
| Windows | \$ _____ | _____ |
| Heating (HVAC) | \$ _____ | _____ |
| Other (specify) | \$ _____ | _____ |
| NOTE: Please DO NOT report normal Repair and Maintenance expenses in this section | | |

| FURNITURE, FIXTURES & EQUIPMENT (FF&E) | |
|--|----------|
| Estimated Replacement Cost New of FF & E | \$ _____ |
| Annual Rate of Depreciation applied to FF & E | _____ % |
| Estimated Depreciated Value of FF & E | \$ _____ |
| Total Expenditures for the Replacement of FF & E | \$ _____ |

| LICENSED CAPACITY | | |
|--|------------|-------------------------|
| Please list the posted capacity (MLCC) of the following facilities where applicable: | | |
| Facilities | # of Rooms | Capacity (# of patrons) |
| Banquet Room(s) | _____ | _____ |
| Dining Room(s) | _____ | _____ |
| Meeting Room(s) | _____ | _____ |
| Beverage Room(s) | _____ | _____ |
| Lounge(s) | _____ | _____ |
| Cabaret | _____ | _____ |

| ADDITIONAL INFORMATION | |
|---|--|
| <p>1. Have you entered into any lease agreements with other companies or individuals (e.g. gift shops, restaurant etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please attach a copy of the Lease Agreement(s)</p> <p>2. Is this property operated under the terms and conditions of a Franchise and/or Management Agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please attach a copy of the Franchise and/or Mgmt. Agreement</p> <p>3. Have you entered into any equipment Rental Agreement(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please attach a copy of the Rental Agreement(s)</p> <p>4. Has there been a sale (whole or in part) of ownership shares? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, please attach a copy of the Sale Agreement</p> | |

This information is collected under the authority of *The Municipal Assessment Act* - Sections 16(1), 16(2). Failure to comply with this request may result in the imposition of penalties as outlined in Sections 53(3), 54(3.1), 59(6), 60(2.1), 60(2.2) and 64 of *The Municipal Assessment Act*. Refer to page 2 of "Instructions for Completing Hotel/Motel Questionnaires" for the relevant sections of *The Municipal Assessment Act* that apply.
The Assessment and Taxation Department is prevented from the unauthorized disclosure of this and other information under the provisions of Manitoba's *Freedom of Information and Protection of Privacy Act*.

| CERTIFICATION | | | |
|--|----------------|-----------|--|
| I hereby certify that all information contained in this statement is true and correct. I understand that the willful making of any false statement of material fact herein will subject me and the property described to the penalties outlined in <i>The Municipal Assessment Act</i> . | | | |
| Name of Contact (please print) | Position | Signature | |
| Business Telephone | E-Mail Address | Date | |

FOR OFFICE USE ONLY – DATE RECEIVED

SCHEDULE A

FORM 529-8

CALENDAR YEAR _____

DUE DATE: November 22, 2022

PROPERTY IDENTIFICATION

Roll Number: _____

Property Group: _____

Property Owner: _____

Property Use Code: _____

Property Address: _____

SUPPLEMENTARY DEPARTMENTAL EXPENSE INFORMATION

Rooms Expenses

Employee Wages \$ _____

Employee Benefits \$ _____

Supplies \$ _____

Other (please specify) _____

***Rooms Expenses Total \$**

*** Transfer this amount to Line 713 on FORM:529-7**

Food Expenses

Cost of Sales \$ _____

Employee Wages \$ _____

Employee Benefits \$ _____

Entertainment \$ _____

Supplies \$ _____

Other \$ _____

Other (please specify) _____

***Food Expenses Total \$**

*** Transfer this amount to Line 714 on FORM:529-7**

Beverage Expenses

Cost of Sales \$ _____

Employee Wages \$ _____

Employee Benefits \$ _____

Entertainment \$ _____

Supplies \$ _____

Other \$ _____

Other (please specify) _____

***Beverage Expenses Total \$**

*** Transfer this amount to Line 715 on FORM:529-7**

Vendor Expenses

Cost of Sales \$ _____

Employee Wages \$ _____

Employee Benefits \$ _____

Supplies \$ _____

***Vendor Expenses Total \$**

*** Transfer this amount to Line 717 on FORM:529-7**

Banquet/Mtg. Rooms Expenses

Cost of Sales \$ _____

Employee Wages \$ _____

Employee Benefits \$ _____

Entertainment \$ _____

Supplies \$ _____

Other \$ _____

Other (please specify)

***Banquet/Mtg. Rooms Expenses**

Total

\$

*** Transfer this amount to Line 716 on FORM:529-7****ADMINISTRATION and GENERAL EXPENSE INFORMATION****COLUMN A****COLUMN B**

Accounting \$ _____

Salaries and Wages \$ _____

Automobile \$ _____

Management Fee(s) \$ _____

Bad Debt \$ _____

Management Wage(s) \$ _____

Bank Charges (Net of Interest) \$ _____

Office Supplies \$ _____

Business License and Dues \$ _____

Professional Fees \$ _____

Credit Card Commissions \$ _____

Employee Transportation \$ _____

Courier \$ _____

Security \$ _____

Canada Pension Plan \$ _____

Sign Rentals \$ _____

Cash Over and Short \$ _____

Travel and Entertainment \$ _____

Designated Driver Program \$ _____

Worker's Compensation \$ _____

Employment Insurance \$ _____

Other (please specify)

Employee Benefits \$ _____

\$ _____

Equipment Rental and Lease \$ _____

Other (please specify)

Garbage \$ _____

\$ _____

Hotel Supplies \$ _____

Other (please specify)

Janitorial Services \$ _____

\$ _____

Legal Fees \$ _____

\$ _____

TOTAL COLUMN A \$

TOTAL COLUMN B \$

*** TOTAL ADMINISTRATION and GENERAL EXPENSES = COLUMN A + COLUMN B = \$***** Transfer this amount to Line 722 on the Hotel/Motel Questionnaire, Form:529-7**

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CERTIFICATION

I hereby certify that all information contained in this statement is true and correct. I understand that the willful making of any false statement of material fact herein will subject me and the property described to the penalties outlined in *The Municipal Assessment Act*.

Name of Contact (please print)

Position

Signature

Business Telephone

E-Mail Address

Date

HOTEL/MOTEL SALE QUESTIONNAIRE

FORM: 529-9

CALENDAR YEAR

DUE: November 22, 2022

A. PROPERTY IDENTIFICATION

| | |
|----------------------------------|---|
| Roll Number: | Neighbourhood Characterization Area: |
| Property Group: | Sale Date: |
| Purchaser/Property Owner: | Vendor: |
| Property Address: | Sale Price: |
| C.T. Number: | |
| Property Use Code: | |

B. SALES VERIFICATION

1. Is the sale price, shown above, the actual price paid? YES NO
If NO, enter the correct amount \$ _____
2. On what date was the sale price agreed upon? _____
3. Was this sale an arm's-length, open market transaction? YES NO
If NO, was the sale
Between related parties? YES NO
Court - ordered? YES NO
Subject to unusual conditions? (please specify) YES NO

4. Were any items other than real estate included in the purchase price? YES NO
If YES, enter the value of the included items below:
Machinery or Equipment \$ _____
Business Accounts \$ _____
Furniture \$ _____
Other (please specify) _____
\$ _____
5. Was a market value appraisal report or opinion of value completed on the property at the time of sale? YES NO
If YES, please indicate the value: \$ _____
6. Is there a leaseback arrangement between Vendor and Purchaser? YES NO
If YES, please provide the details below: _____
7. Is this sale full interest? YES NO
If NO, please provide details of other interests: _____
8. Is there a single lease covering any or all of the buildings? YES NO
9. Is there a land lease involved? YES NO
If YES, please provide details below: _____
10. Did the Purchaser occupy all or part of the property prior to purchase? YES NO
11. Does the Purchaser intend to occupy all or part of the property after the sale? YES NO
12. Does the Purchaser intend to use the property for a new business? YES NO

C. PROPERTY CHARACTERISTICS

13. What was the property used for at the time of sale?
(e.g. vacant land, retail, office, warehouse, manufacturing, storage, apartment) _____
14. Is the intended use of the property the same? YES NO
If NO, indicate the intended use of the property. _____
15. What was the overall condition of the building(s) on the site at the time of purchase?
(Choose one of the following: Fair, Average, Good, Very Good) _____
16. Did you, or do you intend to, make major repairs or improvements to the property? YES NO
If YES, indicate the date, type and estimated (or actual) cost. _____
\$ _____
17. Did you, or do you intend to, demolish any of the structures on the property? YES NO
If YES, indicate the date, structure and demolition cost. _____
\$ _____
18. Do you intend to subdivide all or a part of the property? YES NO
If YES, please provide details below: _____

D. PROPERTY FINANCIAL DETAILS

Please complete the financial details with respect to the purchase of the property.

| | Dollar Amount/Value | % of Total | Interest Rate | Lender's Name and Address |
|--|---------------------|---------------|---------------|---------------------------|
| 19. Cash Down | \$ | | | |
| 20. Assumed Financing | \$ | | | |
| 21. Vendor Take-Back Mortgage | \$ | | | |
| 22. First Mortgage | \$ | | | |
| 23. Second Mortgage | \$ | | | |
| 24. Property in Exchange | \$ | | | |
| 25. Securities Transferred | \$ | | | |
| 26. Liens, Legacies, Annuities and Maintenance Charges to which the Transfer of Land is subject to | \$ | | | |
| | \$ | | | |
| 27. Other Valuable Consideration | \$ | | | |
| 28. Goodwill | \$ | | | |
| 29. Chattels (items of tangible Personal Property) | \$ | | | |
| 30. Other Consideration not included above | \$ | | | |
| TOTAL | \$ | 100.0% | | |

E. INCOME AND EXPENSE INFORMATION

31. Please indicate the total number of rooms in each category:

Single Rooms _____
 Double Rooms _____
 King Size _____
 Suites _____

32. Was the purchase price based on the property's net operating income? YES NO

If YES, please complete the following:

Listed Income \$ _____
 Listed Expenses \$ _____
 NET INCOME \$ _____
 Capitalization Rate _____%

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CERTIFICATION

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 Name of Contact (please print) Position Signature

 Business Telephone E-Mail Address Date

FOR OFFICE USE ONLY – DATE RECEIVED