

Request for Information (RFI)
Hotel Motel Valuation Group

In accordance with section 9(3) of the *Matters Relating to Assessment Complaints Regulation* “**A composite assessment review board must not hear any evidence from a complainant relating to information that was requested by the assessor under section 294 or 295 of the Act but was not provided to the assessor**”.

Please complete the following:

- A. Financial Statements for the last three years in a comparative format.** Information previously provided to the City does not need to be resubmitted. An example format has been provided as reference.
- B. Detailed Schedule of Revenues and Expenses for the last three years in a comparative format.** Information previously provided to the City does not need to be resubmitted. An example format has been provided as reference.
- C. RFI-1 (Owner Contact and Certification)**
- D. RFI-HP (Parking Details)**
- E. RFI-H (Hotel Survey)**
- F. RFI-C (Commercial Tenant Roll)** if applicable
 - The completed Commercial Tenant Roll form must include a summary of the tenancy and vacancy of each building located on site.
 - If owner occupied or vacant space is located in this property, please indicate space on the rent roll.

The following statement applies to bullets A & B.

Pursuant to section 295 of the *Municipal Government Act*, R.S.A. 2000, c. M-26 the Assessment and Taxation Branch requires the above information in that it is necessary in preparing the assessment.

Please note that under section 295(4) of the *Municipal Government Act*, failure to provide this requested information may result in the loss of the right to make a complaint about your assessment.

s. 295(4) No person may make a complaint in the year following the assessment year under section 460 or, in the case of linear property, under section 492(1) about an assessment if the person has failed to provide the information requested under subsection (1) within 60 days from the date of the request.



Rod Risling, AMAA, CAE
Branch Manager and City Assessor
Assessment and Taxation Branch

This information is due on or before APRIL 15, 2016.

Account #:

Building Address:

Operating Business Name:

Legal Entity:

Was there an appraisal done on the property in the last 12 months ?

☐ Yes ☐ No

if yes, complete the following:

Date of Appraisal:

Purpose of Appraisal:

Amount

Section A: Company Representative

Name:

Position:

Company Name:

Phone Number:

Fax Number:

E-Mail Address:

Section B: Alternate Contact Person (if different from above)

Name:

Position:

Phone Number:

Fax Number:

E-Mail Address:

Section C: 2017 Preliminary Assessment Roll Consultation (Pre-Roll)

The Pre-Roll Consultation period, typically held between mid-October and mid-November, provides you with the opportunity to exchange information with us and to review the details of your property. As part of this process you can also review your preliminary property assessment prior to it being finalized.

☐ Yes, I would like to receive an invitation to participate in Pre-Roll-roll discussions

Note: There may be some circumstances where a property may not qualify to engage in Pre-Roll Consultation.

Section D: Certification

I hereby certify that the attached information is true and correct.

Signature

Date:

Parking Details

RFI-HP

Parking Details	Number of Stalls	\$ Daily Rate	Number of Public Stalls	\$ Daily Rate
Surface				
Covered				
Parkade - Not Heated				
Parkade - Heated				

You can submit documents via mail to Main Floor, Chancery Hall, 3 Sir Winston Churchill Square, Edmonton, AB T5J 2C3, fax to (780) 496-1986, or e-mail (.pdf, .xls) to assessment@edmonton.ca

Account #: _____

Building Address: _____

Fill in if there have been changes during the last year.

Section A: General Information

Building Name: _____

Corporate Name: _____

Chain Affiliation: _____

Canada Select Rating (Number of Stars): _____

(please attach a copy of chain affiliation agreement)

Section B: Summary of Food, Beverage and Meeting Rooms

Public Facilities	Number of Seats	Floor Area (sq. ft)	Public Facilities	Number of Seats	Floor Area (sq. ft)	Public Facilities	Number of Seats	Floor Area (sq. ft)
Restaurant			Banquet Room			Lounge		
Dining Room			Conference Room			Tavern		

Section C: Summary of Guest Rooms

Number of Rooms (excluding suites): _____

Number of Suites: _____

Total Number of Rooms & Suites: _____

Number of Out of Service Guest Rooms: _____

Time Out of Service: _____

Managers Suite: ☐ Yes ☐ No

Size of Managers Suite (sq.ft): _____

Section D: Summary of Recreation / Fitness Rooms

Swimming Pool: ☐ Yes ☐ No

Hot Tub / Whirlpool: ☐ Yes ☐ No

Sauna: ☐ Yes ☐ No

Steam Room: ☐ Yes ☐ No

Racquetball / Squash: ☐ Yes ☐ No

Exercise Room: ☐ Yes ☐ No

Other: _____

Section E: 2015 Occupancy and Project Cost Information

	2013 - provide if not previously provided	2014 - provide if not previously provided	2015
Annual Percentage Occupancy			
Average Daily Room Rate (NOT advertised room rate)			

Please provide breakdown of the following costs:

Fiscal Year End (dd/mm/yy) _____

Did any major renovations take place on the property during the last year?:

Date Renovations started (dd/mm/yy) _____

Details of Renovations: \$ _____

Additional Comments:

2015 Reserve for Replacement - (a) Realty \$ _____

(b) FF&E \$ _____

Please provide any additional information that you would like considered in the valuation of your property.

Initial: _____

Date: _____

12 Months Fiscal Period Ending _____

Building Name _____

Roll# _____

Revenue	2013	2014	2015
Rooms	\$ _____	\$ _____	\$ _____
Food & Beverage	_____	_____	_____
Other Operated Departments	_____	_____	_____
Rentals and Other Income	_____	_____	_____
Total Revenue	\$ _____	\$ _____	\$ _____

Expenses			
Rooms	\$ _____	\$ _____	\$ _____
Food & Beverage	_____	_____	_____
Other Operated Departments	_____	_____	_____
Administrative and General	_____	_____	_____
Sales and Marketing	_____	_____	_____
Repairs and Maintenance	_____	_____	_____
Utilities	_____	_____	_____
Managements Fees	_____	_____	_____
Rent	_____	_____	_____
Property Taxes	_____	_____	_____
Insurance	_____	_____	_____
Depreciation and Amortization	_____	_____	_____
Loss or (Gain) on the Disposition of Assets	_____	_____	_____
Total Expenses	\$ _____	\$ _____	\$ _____

*Please provide detailed schedule for each revenue and expense category.

Initial: _____

Date: _____

Name: _____

Example Schedule of Revenue

<u>Revenue</u>	<u>2013</u> \$	<u>2014</u> \$	<u>2015</u> \$
<u>Room Revenue</u>			
Guest Room Rental			
Group Room Revenue			
Contract Room Revenue			
	\$	\$	\$
<u>Food & Beverage Revenue</u>			
Breakfast			
Lunch			
Dinner			
Other Food			
Liquor			
Wine			
Beer			
Draught			
Mix & Minerals			
	\$	\$	\$
<u>Other Operated Departments Revenue</u>			
Lease Space Income			
Service charge			
Cover charge			
Room rentals			
Other rentals			
Corkage			
Banquet Revenue			
Banquet Room Rental			
Total Telephone Revenue			
Business services			
Deposit claimed			
Foreign exchange			
Guaranteed No Show			
Guest Laundry Services			
Interest Income			
Movie commission			
Vending Machine			
Parking Income			
Telephone			
Laundry			
Parking & Valet			
Internet Revenue			
Spa/Health Club Revenue			
Taxi Cabs			
Vending Machines			
Foreign Exchange			
Cancellation/Forfeited Deposits			
Foreign Exchange Gain			
Finance Charges			
Attrition Fees			
No-Show Room Revenue			
Early Departure Fees			
Late Check-Out Fees			
Rental of Rollaway Bed & Cribs			
Other Revenue			
	\$	\$	\$

THIS FORM IS AN
EXAMPLE OF A
SCHEDULE
DO NOT FILL OUT

Example Schedule of Expense

	2013	2014	2015
	\$	\$	\$
<u>Operating Expenses</u>			
<u>Room Expenses</u>			
Room Employee Salaries & Wages			
Room Employee Benefits			
Room Supplies			
Cable/TV			
Decorations			
Entertainment and Promotions			
Guest Amenities			
Guest Relocations			
Guest Transportation			
Internal Services			
Janitorial			
Laundry			
Printing and Stationary			
Reservations			
Telecommunications			
Travel & Entertainment			
Travel Agent Commissions			
China, Glassware & Silverware			
Linen			
Contract Services			
Licenses			
Uniforms, Laundry, Dry cleaning			
Other Expenses			
	\$	\$	\$
<u>Food & Beverage Expenses</u>			
Food & Beverage Employee Salaries & Wages			
Food & Beverage Employee Benefits			
Food cost			
Liquor cost			
Wine cost			
Beer cost			
Draught cost			
Mix & Minerals cost			
Complimentary services			
Decorations			
Entertainment and promotions			
Internal services			
Other expenses			
Printing & stationary			
Reservations			
Supplies			
Telecommunications			
Janitorial			
Laundry			
Cable/TV			
China, Glassware, & Silverware			
Licenses			
Linen			
Staff training			
Uniforms, Laundry, Dry cleaning			
Other Expenses			
	\$	\$	\$

Administrative & General Expenses

Admin Employees Salaries & Wages			
Admin Employees Benefits			
Cash Over & Short			
Credit Card discount			
Entertainment and Promotion			
Head office charges			
Human Resources			
Internal services			
Losses & Damages			
Postage & Courier			
Printing & Office Supplies			
Telecommunications			
Bad Debts			
Bank Charges			
Contract Services			
Credit & Collection			
Donations			
Dues & Subscriptions			
Legal fees			
Payroll Service Charge			
Security			
Staff Training			
Uniforms, Laundry, & Dry cleaning			
Other Expenses			
	\$	\$	\$

Marketing & Promotions

Marketing Employees Salaries & Wages			
Marketing Employees Benefits			
Dues & Subscription			
Entertainment & Promotion			
Marketing fees			
Media advertising			
Outdoor advertising			
Points awards expense			
Promotions			
Trade Shows			
Travel & Entertainment			
Contract Services			
GM and Sales Meeting			
Internal services			
Printing and Stationary			
Postage & Courier			
Staff Training			
Supplies - Office & Equipment			
Telecommunications			
Uniforms, Laundry & Dry cleaning			
Other Expenses			
	\$	\$	\$

Utilities

Water			
Gas			
Electricity			
	\$	\$	\$

Insurance

Property Insurance			
	\$	\$	\$



Commercial Tenant Roll

Whenever possible, please provide the rent roll in Excel format (.xls) by email to assessment@edmonton.ca and include all relevant dates including step-up and renewal dates.

Building Name: _____

Building Address: _____

Account #: _____

Building ____ of ____

ALL UNITS INCLUDING VACANT MUST BE LISTED ON THIS FORM AND INCLUDED IN THE TOTAL.										DO NOT INCLUDE G.S.T										
		Space Description				Lease Term				Annual Lease Details						Tenant Incentives				
A		B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q		R	S
Business Address(es) Unit # Street Address		Business Name(s) and Legal Entity	Occupancy Type (Owner, Tenant, Vacant)	Floor(B, M, Mz, 2, etc)	Gross Leased Area (Square Feet)	Tenant Space Finished Raw (RAW) / Improved (IMP)	Lease Start Date (MMM/YYYY)	Lease Renewal Date (MMM/YYYY)	Expiry Date (MMM/YYYY)	Net Rent (\$/Month)	Gross Rent (\$/Month)	Operating Costs (e.g. Util., Taxes, Etc.) (\$/Month)	Other Rent (\$/Month)	Description of Other Rent (e.g. Sign, Etc)	Rent Escalation (Step Up) Month/Year (MMM/YYYY)	Escalated Rent (Step Up)/\$/Month)	Free Rent Net \$ Only	Number of Months	Tenant Improvements (\$ Amount) Prior 18 Months ONLY	Tenant Inducements (\$ Amount) Prior 18 Months ONLY
101	EXAMPLE: 12345 Anywhere Street	Business XYZ Ltd.	Tenant	M	2000	IMP	Jan/2009	Jan/2015	Jan/2018	3500	6000	2500	25	Sign	Aug/2016	3750	3500	4	6500	4200

Total Leasable Area (sq. ft)
(including all leased and vacant space) _____

Initial _____

Date: _____

This information is being collected under the authority of section 295 of the *Municipal Government Act*, R.S.A. 2000, c. M-26 and will be used for assessment and provincial audit purposes. It is protected in accordance with the privacy provisions of the *Municipal Government Act* and the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25. If you have any questions about the data collected, contact the Coordinator of the Information Management Centre at (780) 442-1495 or via mail at Main Floor, Chancery Hall, 3 Sir Winston Churchill Square, Edmonton, AB T5J 2C3

Guide To Completion Of Commercial Tenant Roll

The following overview of the fields located on the "Commercial Tenant Roll" RFI-C form 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 SQFT OF 600 SQFT LEASED, 100 SQFT IS VACANT)

A	Business Address	Unit number identifies the suite or unit of the business. Street address identifies the premises address of the business or building.
B	Business Name	Business Name and the Legal Entity leasing/occupying the space
C	Occupancy Type	Owner/Tenant/Vacant
D	Floor	Physical location of the tenant’s space within the building. (B = Basement, M = Main, MZ = Mezzanine, 2 = 2nd Floor etc)
E	Gross Leased Area	The total floor area designed for the occupancy and exclusive use of the tenants, including any basements and mezzanines; measured from the center of joint partitioning to the outside wall surface.
F	Tenant Space Finished	Was the space rented as an unfinished shell (Raw) or was the space previously (IMP) improved and accepted by the new leasee
G	Lease Start Date	Date the lease agreement takes effect or the vacancy occurred. (MMM/YYYY) Mark Month to Month (M to M) if no lease exists
H	Lease Renewal Date	Date of most recent lease renewal. (MMM/YYYY) Mark Month to Month (M to M) if no lease exists
I	Expiry Date	Date that the lease agreement expires (MMM/YYYY).
J	Net Rent	Rent that is stated in the lease agreement excluding operating or additional costs (\$/Month), Do NOT include GST
K	Gross Rent	Rent that is stated in the lease agreement including operating or additional costs (\$/Month).
L	Operating Costs	Typical building expenses that are charged back to the tenant (such as utilities, property taxes, etc). Do NOT Include GST.
M	Other Rent	Any additional rent charged for storage, parking, signage (\$/Month)
N	Description Of Other Rent	Description of what other rent is. I.E. - Signage
O	Rent Escalation Month	Date when rent escalation (step up) commences.
P	Escalated Rent	Amount of the increase in rent (step up).
Q	Free Rent	Net amount of free rent and number of months it was given.
R	Tenant Improvements	A negotiated sum a landlord is willing to spend to customize space for the needs of a particular tenant, in the prior 18 months.
S	Tenant Inducements	Negotiated funds given to the tenant that are not specific or tied to improving leased space, in the prior 18 months.