

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. Year-end Financial Income Statement and accompanying Notes 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.
- G. (New) Request for copy of Franchise Agreement;** if applicable.

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 26, 2017.

Owner Contact and Certification

RFI-1

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

Hotel Motel Survey

RFI-H

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)
Restaurant		
Dining Room		

Public Facilities	Number of Seats	Floor Area (sq. ft)
Banquet Room		
Conference Room		

Public Facilities	Number of Seats	Floor Area (sq. ft)
Lounge		
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: 2016 Occupancy and Project Cost Information

	2014 - provide if not previously provided	2015 - provide if not previously provided	2016
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:

2016 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: _____

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 Manager of the Information Management Centre at (780) 442-1495 or via mail to Main Floor, Chancery Hall, 3 Sir Winston Churchill Square, Edmonton, AB T5J 2C3

Example of Annual Financial Statement

12 Months Fiscal Period Ending _____

Building Name _____

Roll# _____

Revenue	<u>2014</u>	<u>2015</u>	<u>2016</u>
Rooms	\$ _____	\$ _____	\$ _____
Food & Beverage	_____	_____	_____
Other Operated Departments	_____	_____	_____
Rentals and Other Income	_____	_____	_____
Total Revenue	\$ _____	\$ _____	\$ _____

Expenses	<u>2014</u>	<u>2015</u>	<u>2016</u>
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	\$ _____	\$ _____	\$ _____

THIS FORM IS AN
EXAMPLE OF A
FINANCIAL
STATEMENT
DO NOT FILL OUT

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

Initial: _____

Date: _____

Name: _____

Example Schedule of Revenue

<u>Revenue</u>	<u>2014</u> \$	<u>2015</u> \$	<u>2016</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
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SCHEDULE
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Example Schedule of Expense

	<u>2014</u>	<u>2015</u>	<u>2016</u>
<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	_____	_____	_____
	\$	\$	\$
	_____	_____	_____

THIS FORM IS AN
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Example Schedule of Expense (continued)

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			
	\$	\$	\$

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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			
	\$	\$	\$

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	Space Type	Office, Retail, WHSE, Storage
E	Floor	Physical location of the tenant's space within the building. (B = Basement, M = Main, MZ = Mezzanine, 2= 2nd floor etc)
F	Gross Leased Area	The total floor area designed for the occupancy and exclusive use of the tenants, including any basements and mezzanines.
G	Lease Negotiated Date	The date the lease was signed and agreed upon.
H	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
I	Lease Renewal Date	Date of most recent lease renewal. (MMM/YYYY) Mark Month to Month (M to M) if no lease exists
J	Expiry Date	Date that the lease agreement expires (MMM/YYYY).
K	New or Renewal or Step Up (N/R/S)	New occurs when the current net rent is equal to the initial agreed upon rent. Renewal occurs when the first lease has expired and the current net rent reflects the first rent set out in the term of the newest lease. Step Up occurs when the current net rent is a scheduled escalation within the current lease term.
L	Net Rent	Rent that is stated in the lease agreement excluding operating or additional costs (\$/Month), Do NOT include GST
M	Rent Escalation Month	Date when rent escalation (step up) commences
N	Escalated Rent	Amount of the increase in rent (step up)
O	Operating Costs	Typical building expenses that are charged back to the tenant (such as utilities, property taxes, etc). Do NOT Include GST.
P	Gross Rent	Rent that is stated in the lease agreement including operating or additional costs (\$/Month).
Q	Other Rent	Any additional rent charged for storage, parking, signage (\$/Month)
R	Description Of Other Rent	Description of what other rent is. I.E. - Signage
S	Tenant Inducement Type	Description of what the tenant inducement is. I.E. Free Rent, Cash Payment etc.
T	Inducement Amount	The total dollar amount of any inducements paid to the tenant for this space.
U	Tenant Improvements	A negotiated sum a tenant is willing to spend to customize space for their needs (Only include items within the lease term, Don't include chattels)
V	Landlord Improvements	A negotiated sum a landlord is willing to spend to customize space for the needs of a particular tenant, within the lease term.