

# Confidential Monthly Occupancy Report

Please submit completed forms within **SEVEN DAYS** after the end of each month

PROPERTY NAME AND LICENCE NUMBER
Property Name:
Licence Number:

REPORT FOR THE MONTH OF <input type="checkbox"/> , YEAR _____	
<input type="checkbox"/> January	<input type="checkbox"/> July
<input type="checkbox"/> February	<input type="checkbox"/> August
<input type="checkbox"/> March	<input type="checkbox"/> September
<input type="checkbox"/> April	<input type="checkbox"/> October
<input type="checkbox"/> May	<input type="checkbox"/> November
<input type="checkbox"/> June	<input type="checkbox"/> December

NUMBER OF RENTABLE UNITS
# of units available this month _____
Typically, this is the number of units you are licensed to operate. However, if part of an establishment is closed, then these units should not be included as available during this period.

TRIP PURPOSE INFORMATION	
Vacationing	%
Business	%
Convention	%
Motorcoach	%
Other	%
<b>TOTAL</b>	100%

**INTERNET:**

<https://tourismns.ca/monthly-occupancy-fixed-roof>

**MAIL:**

Research Section  
Tourism Nova Scotia  
8 Water Street  
PO Box 667  
Windsor, NS B0N 2T0

**FAX:** (902) 798-6600

**For more information:**

Email: [occupancystats@novascotia.ca](mailto:occupancystats@novascotia.ca)  
Phone: (902) 798-7633

DAY	UNITS SOLD	NO. OF GUESTS
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
<b>TOTAL</b>		

If the accommodation is a seasonal operation, please

Check  on final return

**CLOSED FOR THE SEASON**

\_\_\_\_\_  
Signature of Authorized Person