

JEFFERSON COUNTY
OFFICE OF COUNTY ASSESSOR
100 JEFFERSON COUNTY PKWY. GOLDEN, CO 80419-2500

2019 HOTEL/MOTEL INCOME SURVEY (CONFIDENTIAL)

SCHEDULE NUMBER: _____ BLDG TYP CD: _____ NBDD CD: _____
PROPERTY ADDRESS _____ (Assessor office use only)
DOING BUSINESS AS: _____

OWNER NAME & ADDRESS

NUMBER OF SUITES: _____ KING: _____; QUEEN: _____; FULL: _____; TOTAL: _____

TOTAL NUMBER OF BUILDINGS: _____

DO ROOMS RENT BY DAY? _____ WEEK? _____ MONTH? _____

WHAT PERCENTAGE OF TOTAL ROOM REVENUE WAS FROM MONTHLY RENTALS? _____%

RATE PER (SINGLE OCCUPANCY) DAY? _____ WEEK? _____ MONTH? _____

% OCCUPANCY _____

INCOME (2017/2018)	2017	2018
ROOM RENT	\$ _____	\$ _____
FOOD & BEVERAGE	\$ _____	\$ _____
TELEPHONE	\$ _____	\$ _____
OTHER INCOME	\$ _____	\$ _____
(CELL TOWER LEASES; BILLBOARD; ETC.)		
TOTAL REVENUE	\$ _____	\$ _____

OPERATING EXPENSES – (OPTION: ATTACH LIST OF EXPENSES)

PAYROLL	\$ _____	\$ _____
MANAGEMENT FEES	\$ _____	\$ _____
FRANCHISE FEES	\$ _____	\$ _____
UTILITIES	\$ _____	\$ _____
REPAIRS & MAINTENANCE	\$ _____	\$ _____
ADVERTISING & PROMOTION	\$ _____	\$ _____
PROFESSIONAL FEES	\$ _____	\$ _____
LICENSES	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____
REAL ESTATE TAXES	\$ _____	\$ _____
PERSONAL PROPERTY TAXES	\$ _____	\$ _____
OTHER (ITEMIZE)	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

COMMENTS _____

PRINT NAME: _____ DATE: _____

SUBMITTED BY: _____ TITLE: _____

CONTACT PHONE NUMBER DURING BUSINESS HOURS: _____

EMAIL: _____