



Short Term Accommodation (STA) Licence Responsible Person Consent and Acknowledgement Form

Town of The Blue Mountains – By-law Services Department

32 Mill Street, Box 310, Thornbury, ON N0H 2P0

STA Licences: 519-599-3131 ext. 326

stalicences@thebluemountains.ca

Date: _____

Name: _____

Home Address: _____

Telephone: _____

Email: _____

STA Premises Address: _____

Please be advised that the Responsible Person shall be available by email and telephone, 24 hours a day, 7 days a week, to **attend** a licenced premises within 30 minutes of being contacted or notified by the Town or an authorized agent or representative of the Town or an Officer.

Consent to Release Personal Information:

I hereby consent to the use of the personal information provided above by The Town of The Blue Mountains and that my name, phone number(s) and email address will be recorded on the STA licence placard and posted on the Town's STA website in accordance with the STA Licensing By-law.

Acknowledgement:

In consideration of acceptance of this Responsible Person Consent and Acknowledgment Form, I, my heirs, next of kin, executors, administrators and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE The Town of Blue Mountains and its employees FROM ANY AND ALL claims, demands, damages, costs, expenses, actions and cause of action, whether in law or equity in respect of death, injury, loss or damage to myself or property, arising or to arise by reason of my capacity as Responsible Person.

Accuracy Confirmation:

I hereby confirm that the information I have entered on this form is correct and true.

Signature – Responsible Person

Date