



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

Town of The Blue Mountains – By-law Services Department
32 Mill Street, Box 310, Thornbury, ON N0H 2P0
STA Licenses: 519-599-3131 ext. 326
stalicences@thebluemountains.ca

Date: _____
Name: _____ Company Name: _____
Home Address: _____
Telephone: _____
Email: _____
STA Premises Address: _____

Please be advised that the Responsible Person and/or Company 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. The phone number listed on this form will be contacted and it is the Responsible Person and/or Company's responsibility to ensure attendance at the property within the prescribed time. No other number will be contacted. If a Company is going to use a telephone number, that number must be listed above and must be monitored 24/7, 7 days a week. Failure to answer a call may result in an Administrative Monetary Penalty to the owner.

Consent to Release Personal Information:

I/WE hereby consent to the use of the personal information provided above by The Town of The Blue Mountains and that my/our 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 and/or Company Consent and Acknowledgment Form, I/WE, my/our 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 entered on this form is correct and true.

Signature – Responsible Person

Date

Signature – Property Owner

Date