

THE SHORES AT WELLINGTON POA, INC.

C/o CMC Management, Inc.
2950 Jog Road, Greenacres, FL 33467
561-641-1016 ~ 561-641-9118 Fax
info@cmcmanagement.biz

CLUBHOUSE RESERVATION

Date of Event: _____ **Time: from** _____ **to** _____

Owner Name: _____

Address (In the Shores): _____

Contact Phone #(s): _____

Type of Function: _____

USE AGREEMENT:

I/we agree to use the clubhouse in The Shores at Wellington as indicated above. I/we to the following and agree to pay the deposit fee of \$300.00 to The Shores at Wellington POA. The completed Use Agreement and the \$300.00 deposit must be received at the above address no less than fourteen (14) days prior to the date of the use of the clubhouse. In the event that 14 days notice is not provided, a cashier's check is required for the deposit with no less than five (5) days notice. The key to the clubhouse may be picked up two (2) business days from the date of the event. An inspection must be completed prior to processing of the deposit reimbursement.

A Sheriff's deputy is required when using the clubhouse any time after 8:00 PM. Please complete and submit the attached application along with payment (payable to Palm Beach County Sheriffs Office) to the listed address(es) on the application. There is a four (4) hour minimum and you will need to bring confirmation with you when picking up the keys if this service is required for your time slot.

Parking is permitted in the designated guest spots for the pool only, not the other association's guest spots. The berm along Shoreline Drive is permitted for the use of overflow parking only when an event is being held.

Note: Please remove all decorations, including tape and confetti or glitter, or a portion of the deposit will be forfeited for cleaning. All food/drinks and trash must be removed from the clubhouse the same day as event.

Owner(s) Signature (s)

Date

(check one) Deposit check to be picked up by owner at management office when ready

Deposit check to be returned by mail to owner at: _____



APPLICATION FOR OFF-DUTY PERMIT

All services provided by PBSO deputies within the scope of Off-Duty Permits are regulated by applicable Florida State Statutes, Palm Beach County Ordinances, Sheriff's Office General Orders/Directives, and training. It is understood that this is a nonbinding agreement on the Sheriff's Office as **there is no guarantee that the requested off-duty permit will be staffed**. Every effort will be made to provide staffing for your event. If your off-duty permit is not staffed, we will reimburse the payment. You may contact the Off-Duty Permits Office during regular business hours to confirm your event has been staffed. Regular business hours are Monday through Friday, 8:00 a.m. to 4:00 p.m.

Your application must be received by the Off-Duty Permits Office a minimum of ten (10) business days in advance of the event, unless exigent circumstances apply as determined by our command. Return the application via email to PermitsDL@pbsso.org. The application may be faxed to (561) 687-6827 if email is not available.

In the event of cancellation, notify our office during regular business hours by phone at (561) 687-6817 or (561) 687-6818, or via email to PermitsDL@pbsso.org to receive cancellation confirmation and payment refund.

Cancellations received within 24 hours of the event will be subject to the 4 hour minimum charge per deputy.

Florida State Statutes 30.2905 & 30.51 require payment be received prior to the performance of off-duty law enforcement services.

Hourly Rates (4 Hour Minimum per Deputy)			Payment Methods Upon Receipt of Invoice
Regular	Premium		<ul style="list-style-type: none"> • Check or Money Order made payable to: Palm Beach County Sheriff's Office PO Box 24681 West Palm Beach, FL 33416-4681 • Credit Card
\$ 53.00	\$ 73.00	Deputy Sheriff	
\$ 60.00	\$ 79.00	Sergeant	
\$ 66.00	\$ 86.00	Lieutenant/Captain	

Premium Dates apply to: New Year's Eve and Day, Super Bowl Sunday, Easter, Memorial Day, Independence Day, Labor Day, Halloween, Thanksgiving Day, and Christmas Eve and Day

Applicant Information

Business Name: _____

Applicant Name: _____

Email: _____ Phone No: _____

Mailing Address: _____

Contact Person at Event: _____ Phone No: _____

Address of Event: _____

Type of Event: _____ No. Attending: _____ Will Alcohol be Served? _____

Detail Date From: _____ To: _____ Start Time: _____ End Time (4 Hour Min.): _____

No. of Deputies: _____ Specific Instructions For Deputies: _____

One sergeant is needed for every five deputies. A lieutenant and/or captain may be required for large events. Call for more information.

Applicant Signature: _____

Law Enforcement Review and Approval

Comments / No. of Deputies: _____

Final Approval by: _____ Date Approved: _____

Permit Processed by: _____ Date Permit Processed: _____