

CLEARWATER POLICE DEPARTMENT EXTRA DUTY PERMIT APPLICATION
645 Pierce Street Clearwater, FL 33756 Phone: 562-4152 or 562-4143, Fax: 562-4466

Please Print

Permit Number _____
Office Use ONLY

District _____

Beverage License Yes No

NAME OF APPLICANT (Business/ Organization/Individual)		DESIGNATED REPRESENTATIVE	PHONE (DAY)	FAX NUMBER
AFTER HOURS CONTACT PERSON AND NUMBER			PAGER NUMBER OR CELLULAR TELEPHONE NUMBER OR E-MAIL ADDRESS	
ADDRESS OF EVENT		BILLING ADDRESS (Permanent Address)		
PERMIT SERVICE DATE(S), DAYS AND HOURS TO BE WORKED/NUMBER OF OFFICERS REQUESTED			OFFICERS REPORT TO:	PREDICTED ATTENDANCE
DESCRIPTION OF SERVICES NEEDED/TYPE AND DESCRIPTION OF EVENT			CRUISER NEEDED: <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW MANY _____	

STAFFING REQUIREMENTS AND RATES (PREMIUM/HOLIDAY RATES =\$10.00/HOUR ADDITIONAL CHARGE FOR EACH CATEGORY)

LIEUTENANTS _____ @ \$45/ HOUR (SUPERVISORY CAPACITY)	OFFICERS _____ @ \$35/HOUR CRUISER _____ @ \$20/CRUISER First 4 Hours- \$5.00 Per Additional Hour
SERGEANTS _____ @ \$40/ HOUR (SUPERVISORY CAPACITY)	Rates effective November 1, 2008

NOTE: ALL OFFICERS WORKING A PERMIT ASSIGNMENT WILL RECEIVE A MINIMUM NUMBER OF HOURS (4) PAY, AS DUE THEIR RANK. THE ABOVE RATES ARE SUBJECT TO CHANGE. FOLLOWING SUCH CHANGE, THE DEPARTMENT SHALL GIVE NOTICE TO THE PERMITTEE WITHIN 14 DAYS. *EXPLAINED IN AGREEMENT.

PERMIT CANCELLATION

THE POLICE DEPARTMENT CAN CANCEL A PERMIT ANY TIME, WITH OR WITHOUT CAUSE.
 THE PERMITTEE MAY CANCEL A PERMIT BY CONTACTING THE COORDINATOR AT 727-562-4152 / 727-562-4143, 24 HOURS PRIOR TO THE EVENT DURING BUSINESS HOURS, OR NON-BUSINESS HOURS BY CONTACTING THE COMMUNICATIONS FLOOR SUPERVISOR AT 727-562-4235. IF THIS CANCELLATION IS NOT MADE AT LEAST 24 HOURS PRIOR TO THE DATE AND TIME OF THE PERMIT ASSIGNMENT, THE

PERMITTEE MAY BE RESPONSIBLE FOR COMPENSATION TO THE DEPARTMENT AT THE MINIMUM NUMBER OF HOURS PAY FOR EACH OFFICER SCHEDULED. THIS MINIMUM VARIES ACCORDING TO THE RANK OF THE SCHEDULED OFFICERS.

I _____, AS AUTHORIZED REPRESENTATIVE OF AFOREMENTIONED PERMITTEE, HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS PERMIT APPLICATION, AND THE "CONDITIONS OF PERMIT," AND FURTHER AGREE THAT I WILL ABIDE BY AND BE SUBJECT TO THESE CONDITIONS IN ALL RESPECTS.

SIGNATURE OF PERMITTEE OR AUTHORIZED REPRESENTATIVE

DATE

SIGNATURE IS REQUIRED

OFFICE USE ONLY

GRANTED THE ABOVE APPLICATION FOR PERMIT IS HEREBY GRANTED, AND THE ABOVE APPLICATION, TOGETHER WITH THE AFOREMENTIONED "CONDITIONS OF PERMIT" ARE HEREBY ADOPTED, BY REFERENCE, AND ARE MADE A PART OF AND CONSTITUTE THE TERMS AND CONDITIONS AND THIS PERMIT.

AUTHORIZED SIGNATURE

DATE APPROVED
