



SPRING RUN GOLF CLUB COMMUNITY ASSOCIATION, INC.

Lease Application & Transfer Membership

Spring Run Golf Club is operated by Spring Run Golf Club Community Association, Inc., a not for profit corporation. Spring Run Golf Club is a non-equity club in which Resident members hold a license to use the club facilities in accordance with the terms of the Declaration of Covenants, Conditions, and Restrictions for Spring Run Golf Club, as they may be amended from time to time.

Please complete the package and return back to the Spring Run Administration Office no less than 10 days prior to lease date. Return package via the following:

Email: rec@springrun.com

Fax: (239) 949-0722 Attn: Administration Office

US Mail: Spring Run Golf Club
9501 Spring Run Blvd.
Bonita Springs, FL 34135

Package includes the following

Page 3 - Application Information (Mandatory Form)

- To be completed by member or tenant, Member must authorize assigned privileges
 - Complete the form with all necessary information
 - Must check the privileges to be assigned to the tenant or tenants
- Note: Tenants 1 & 2 will be the only tenants with any privileges. Other tenants must accompany 1 & 2 as guests. Also please note that applicable fees for the assignment will be billed to resident member account unless payment accompanies application.*

Page 4- Acknowledgement of Resident Member (Mandatory Form)

- To be completed by Resident Member-please read and sign the acknowledgement enclosed
 - Note-You will also need to notify and pay Lee County any sales tax on leases (Form Attached)
- Complete the Tenant Name and lease dates
- Check the privileges to be assigned (must be same as on Application Information Sheet)
- Initial box beside assigned privileges. This denotes an understanding of your accompanying rights.

If you have any questions regarding any of your rights, please contact the membership coordinator before completing.

Page 5 - Acknowledgement of Tenant (Mandatory Form)

- To be completed by tenant, please read and sign the acknowledgement enclosed
- Check the privileges to be assigned (must be same as on Application Information Sheet)
- Initial box beside assigned privileges. This denotes an understanding of your accompanying rights.

If you have any questions regarding any of your rights, please contact the membership coordinator before completing.

Page 6 -Charge Account Information (Mandatory Form)

- To be completed by the tenant
- **Spring Run does not accept cash for purchases or payments.** We will establish a charge account if you have been given privileges to our facilities. As a Tenant Member, you must provide a guarantee of payment for your charges. Statements will be issued on the first business day of each month and are due upon receipt. Your guarantee method will be processed as payment to your account on the last day of each month (Note: if guarantee method is credit card, a 3% surcharge will be added to billing statement). If you wish to provide another method of payment, please provide to the administration office before processing occurs at the end of the each month.

Page 7 – Transponder Form- (Not a Mandatory Form)

- To be Completed by Tenant
- If you wish to purchase a transponder for your vehicle, please complete this form. A transponder for your vehicle allows you to bypass stopping at the guest entrance, and provides access on the resident side of the entrance gate. The gate will open automatically allowing you entrance at your convenience. If you have more than one vehicle, please complete a form for each vehicle.

Application Information(Please print all information)		
Resident Member Name and Member Number:		
Leasing Property Address & Neighborhood:		
Current Mailing Address:		
Delegation of Privileges: <input type="checkbox"/> Transfer all privileges(\$532.50 *includes taxes) <input type="checkbox"/> Transfer golf privileges (\$532.50* includes taxes) <input type="checkbox"/> Transfer social privileges (\$532.50* includes taxes) <input type="checkbox"/> Transfer no privileges (\$159.75* includes taxes)		
<i>Note: Fees will be automatically billed to your membership account unless you have submitted payment with application. These fees are non- refundable.</i> <i>*Late Fee of \$106.50 if submitted less than 10 days prior to start of lease*</i>		
Lease Start Date:	Lease End Date:	Prior Tenant: Circle One Yes or No
TENANT Names and Contact Information: Please list all tenants. Persons MUST reside in the unit to be allowed on a membership.		
Tenant 1 & 2 will be the Authorized users on the account.		
1) Tenant Name : _____ Date of Birth: _____		
2) Tenant Name: _____ Date of Birth: _____		
3) Tenant Name: _____ Date of Birth: _____		
4) Tenant Name: _____ Date of Birth: _____		
Tenant(s) Address:		
Tenant(s) Home Phone:	Tenant(s) Cell Phone:	
Tenant(s) Email Address:		
<u>Tenant(s) Emergency Contact:</u> Name: _____ Address: _____ _____ Phone: _____		

RESIDENT MEMBER ACKNOWLEDGMENT

Tenant(s) Name(s) _____

Lease Dates _____

I have agreed to lease my property in the Spring Run Golf Club Community to the above named tenant and desire to delegate my use privileges as designated (*check the appropriate box and **please initial***):

☐

1) ALL PRIVILEGES.

I am transferring all privileges and retain no privileges for myself or authorized users. I understand all privileges associated with this property have been delegated to the tenant. I understand that I or my authorized users are not permitted use of the Club facilities including tennis courts, bocce courts, fitness room, and pool area. I understand that I or my authorized users may not dine in the facilities, attend any special events, iLife classes, or social activities. I or my authorized users will not have charging privileges and **will not have access to any minimum** on my account during this lease period (except as otherwise noted).

☐

2) GOLF PRIVILEGES ONLY.

I am transferring my golfing privileges and retain social privileges for myself and my authorized users. *I will have access to my food minimum.* I understand and acknowledge that I am not permitted to golf during the term of the lease unless accompanied by a member and shall golf exclusively as the members' guest. I further understand that as a guest, I shall be **charged guest rate fees** in accordance with the in force fee schedule.

☐

3) SOCIAL PRIVILEGES ONLY.

I am transferring my social privileges and retain golfing privileges for myself and my authorized users. I understand I will have limited access to the facilities. I understand with golfing privileges only, I have access to the dining room for non-event dining. I understand I am **not** permitted to attend any special events, iLife classes, or social activities in the club and am not permitted use of the Club facilities to include, but not limited to, tennis courts, bocce courts, fitness room, and pool area. I further understand that I must use a credit card as my form of payment when dining and **I have no access to any minimum on my account during this lease term** (except as otherwise noted).

☐

4) NO PRIVILEGES.

I am retaining all privileges and transfer no privileges to my tenant. I understand that my tenant will not be permitted use of the Club facilities which includes but not limited to tennis courts, bocce courts, fitness room, and the pool area. I will have charging privileges and **will have access to any minimum** on my account during this lease period.

I acknowledge and understand that during the term of the lease, my authorized users and I will have privileges and access to our accounts and minimums based on the delegated privileges. If my delegation denies my access to my account and minimum, access will be granted under the following circumstances: 1) If the term of the lease is 1 year, I or my authorized users will be allowed access to accounts and minimums from May 1 – September 30, or 2) Owners with two or more units can access the remaining units' account and minimum.

I understand that my homeowner's association governing documents may have limitations other than ones imposed by the master and I am responsible for contacting my management company or neighborhood representative to understand my association use rights and privileges. I have filled out all necessary paperwork with my homeowner's association and my account is in good standing with them.

I understand that I am responsible for payment in full of any monies not paid by my tenant. I understand my Spring Run account must be in good standing for approval.

X _____

Signature of Spring Run Member

Date

TENANT ACKNOWLEDGMENT

I understand that as a tenant of Spring Run Golf Club ("Club"), I may be permitted to use the facilities of the Club for the term of my lease of the Resident member's property in the Spring Run Golf Club community, in accordance with the Declaration of Covenants, Conditions, and Restrictions for Spring Run Golf Club ("Declaration") and subject to the Club's approval of my application, which it may withhold in its sole discretion. I understand and agree that such use privileges shall be subject to the terms and conditions of the Declaration, such rules and regulations relating to use of and conduct on the Club facilities as Club Management may establish from time to time (the "Rules and Regulations"), and the Club's receipt of the applicable membership fee. **I understand that I must reside in the Spring Run residence listed on the application to be on the membership.**

I understand that the Resident member has transferred the following privileges to me: *(please initial by appropriate box)*

- ☐ **1) FULL PRIVILEGES** which includes use of all facilities. I understand I am permitted to use all club facilities and I shall use in accordance with the Declaration.
- ☐ **2) GOLF PRIVILEGES ONLY** which does include access to the dining room for non event dining. I understand I am not permitted to attend any special events, iLife classes, or social activities in the club and am not permitted to use any of the Club facilities to include, but not limited to, tennis courts, bocce courts, fitness room, and pool area.
- ☐ **3) SOCIAL PRIVILEGES ONLY** which denies me access to golfing facilities. I understand I am not permitted to golf unless accompanied by a member and shall golf exclusively as the members' guest.
- ☐ **4) NO PRIVILEGES.** I understand the resident member has retained all the privileges associated with this home and as a tenant I am not permitted to use any of the Club facilities or attend any special events, iLife classes, or social activities. This includes but not limited to tennis courts, bocce courts, fitness room, and pool area.

I acknowledge that as a tenant of a Resident member, I acquire only the privilege of using the Club facilities in accordance with the privilege extended as described above and that I acquire neither rights in or to the Club facilities nor any right to participate in the management or control of the Club facilities. I agree to comply with all of the terms and provisions of club documents, as they may be amended, and to be responsible for compliance by my authorized users and guests. I acknowledge that the property and facilities of the Club are currently operated by Spring Run Golf Club Community Association, Inc. ("Club Management") and are made available for use by the members upon payment of such fees and other charges (collectively, "club fees") as Club Management may establish from time to time. I agree to be responsible for all club fees, which I or my authorized users incur in the use of the Club facilities. I understand that failure to pay any amounts due may result in suspension or termination of my use privileges. I further agree that if I am delinquent in paying any amounts due, Club Management shall be entitled to recover late charges, interest, and all costs and expenses which it reasonably incurs in attempting to collect the unpaid amounts, including attorneys' fees and court costs, whether or not suit is filed.

As a condition of using the Club facilities, I agree to all risks associated with the use of the Club facilities, including risks associated with use of or proximity to the golf course (e.g., being hit by a golf ball, struck by lightning, falling) and agree to release and indemnify Club Management from and against any and all losses, expenses, liens, claims, demands, and causes of action of every kind and character for death, personal injury, property damage or any other liability, damages, fines, or penalties, including costs, attorneys' fees and settlements, whether or not based on the acts or omissions of Club Management, resulting from, arising out of or in any way connected with the use of the Club facilities by myself, my authorized users, or guests. As used in this paragraph, "Club Management" shall include Spring Run Golf Club Community Association, Inc., its successors, assignees, and employees, and all persons, corporations, partnerships, and other entities with which it is or may in the future become affiliated. This paragraph shall survive the termination of my use privileges with respect to any property damage, personal injury, or death occurring prior to such termination. I acknowledge and understand that Club Management shall not be responsible for any loss or damage to any personal property which I, my authorized users, or guests may use or store on the Club premises, whether in lockers or elsewhere. I also acknowledge and understand that I shall be liable for any property damage or personal injury at the Club, or at any activity or function operated, organized, arranged, or sponsored by the Club, which I, my authorized users, or guests may cause. If I arrange or sponsor any activity or function on the Club premises, I shall be responsible for any such damage or injury even if such damage or injury was not caused by me.

Upon signing this application I understand and agree to the terms as described in the Club's policy concerning tenant use of club privileges.

X _____
Signature of Tenant

Date

Tenant Account Information (Please print all information)	
Tenant Name:	Do you require separate charge accounts? <input type="checkbox"/> Yes (If yes, please complete 2 Forms) <input type="checkbox"/> No
Billing Address:	
How would you prefer to receive your statements? <input type="checkbox"/> Paper statement mailed to billing Address above <input type="checkbox"/> Paper statement mailed to Spring Run Address <input type="checkbox"/> Electronic Statements - Email (provide email address)_____	
Guarantee Method of Payment -complete one account information below <input type="checkbox"/> Credit Card (Visa or MasterCard Only) <input type="checkbox"/> ACH Bank Draft (Funds drafted from your U.S. Bank Account)	
Credit Card Information Name (as it appears on the credit card) _____ Account Number _____ Expiration Date _____ Authorized Signature on Account _____ <i>Signature authorizes Spring Run to use for monthly house account payment.</i>	
ACH Bank Draft Financial Institution Name _____ Account # at Financial Institution _____ Bank Routing/Transit Number _____ Financial Institution City and State _____ Authorized Signature on Account _____ <i>Signature authorizes Spring Run to use for monthly house account payment.</i>	

SPRING RUN TRANSPONDER INFORMATION

NAME OF PERSON RECEIVING TRANSPONDER _____

☐ OWNER - MEMBER NUMBER : _____

☐ TENANT/TRANSFER - CELL PHONE: _____

☐ GUEST - CELL PHONE: _____

☐ PERMANENT OR ACTIVE DATES : IN _____ OUT _____

VEHICLE INFORMATION

NAME ON REGISTRATION OF CAR OR AGENCY _____

LICENSE PLATE NUMBER _____ STATE _____

MAKE _____ MODEL _____ YEAR _____

COLOR _____

TRANSPONDER # _____

REACTIVATE: # _____

BILLING INFORMATION

BILL MEMBERSHIP: ☐ MEMBER ☐ TRANSFER

☐ CASH ☐ CHECK ☐ CREDIT CARD

✕ SIGNATURE : _____ DATE: _____

FOR ADMIN OFFICE USE : ENTERED IN THE SYSTEM BY _____

Tourist Development Tax Owner Application

Under the provisions of 212.15, Florida Statutes (F.S.) Tourist Development Tax becomes County funds at time of collection and must be remitted to the Department. It may not be turned over to a 3rd party.

If a Dealer handles your property, the Dealer is required to have their own Tourist Tax account and collect and remit on your behalf.



Owner & Rental Property Information

Please Type or Print Clearly

Rental Property Owner Name(s):		Owner Telephone No:	
Owner Mailing Address:		Owner Cell Phone No:	
Owner City / State / Zip:		Owner Email Address:	
Owner Country :		Additional Contact Email address:	
Additional Contact Name(s):		You may be asked to provide a copy of your lease for review:	
Rental Property Address:		Beginning Date of Rental Activity:	
Name of Community:		Have you registered with the Florida Department of Revenue? Yes No	
Single Family	Condominium	Mobile Home	Other
Timeshare	RV Park	Multi Family	

Are you using a Tax Collecting Agent? (CPA, Bookkeeper, etc.)	Send all mail to Tax Collecting Agent?	Name/Address/Phone/Email of Tax Collecting Agent:
Yes No	Yes No	
FILING OPTIONS: Select ONE		
<i>(A zero return must be filed timely when no rental income is collected in order to avoid penalties.)</i>		
	SEASONAL WINTER — Rental period may not exceed three months between October and March. Tax is due April 1 st . Must file one (1) tax return annually.	
	SEASONAL SUMMER — Rental period may not exceed three months between April and September. Tax is due October 1 st . Must file one (1) tax return annually.	
	SEMI –ANNUAL — Tax collected and remitted may not exceed \$1,000 per calendar year. Rent collected between October and March, tax is due April 1 st . Rent collected between April and September, tax is due October 1 st . Must file two (2) tax returns annually.	
	QUARTERLY — Tax collected and remitted may not exceed \$2,500 per calendar year. Tax is due for rent collected the 1 st of the month following the quarter. Must file four (4) tax returns annually.	
	Monthly - Do not qualify for any of the options above. Rental period is every month and the tax is due the 1 st of the following month. Must file twelve (12) tax returns annually.	

Applicant Declaration (Owner Signature required to process application):

Please note that any person who is required to collect, truthfully account for, and pay any taxes and willfully fails to do so shall be liable for penalties under the provisions of Section 213.29, Florida Statutes (F.S.). All information provided by the applicant is confidential as provided in Section 213.053 F.S. and is not subject to Florida Public Records Law, Section 119.07 F.S. By providing an e-mail address above, you consent to electronic communication, reporting, and filing. Under penalty of perjury, I declare that I have read the foregoing application and the facts stated in it are true.

Owner Signature: _____ Printed Name: _____ Date: _____
Owner to digitally sign above, or print and sign.

Please save and e-mail to: TouristTax@leeclerk.org, fax (239) 485-5489, or mail:

Lee County Clerk of Courts, Internal Audit / Inspector General Dept. * PO Box 2257 * Ft Myers * FL * 33902-2257
For more information on Tourist Development Tax, please visit our website at www.LeeClerk.org or call our office at (239) 533-2190

For office use only:

Tourist Tax ID:	Date Entered in Excise:	By:
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