



## TEMPORARY USE & SPECIAL EVENT APPLICATION

### CITY OF LABELLE, FLORIDA

**APPLICATION NUMBER:** TU20\_\_\_-\_\_\_\_\_(Assigned by City)

**DATE RECEIVED:** \_\_\_\_\_

**1. SPECIFIC LOCATION OF SUBJECT PROPERTY AFFECTED BY THIS APPLICATION:**

Tax Parcel I. D. #: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. APPLICANT:** \_\_\_\_\_

(Person or entity conducting the use or event)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

**3. PROPERTY OWNER:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE:** The application must include all pertinent information (Name, address, phone numbers, etc.) for all owners of land affected by this application. If the space provided above is not sufficient to list all of the

owners then, the additional information must be provided on a separate sheet(s). If property is owned by the City of LaBelle, please list that as owner.

**4. APPLICANT’S REQUEST (Proposed Temporary Use/Event Information.):**

\_\_\_\_\_

Will any roads need to be closed down for the event? \_\_\_\_\_

Will there be alcohol served at the event? By whom? \_\_\_\_\_

***\*Please note, use of alcohol will need to be approved by the City Commission\****

How many people are expected to attend the event? \_\_\_\_\_

Event Date: \_\_\_\_\_ Requested Event Hours: \_\_\_\_\_

**5. THE FOLLOWING ITEMS ARE REQUIRED TO COMPLETE THE APPLICATION AND MUST BE ATTACHED: (please provide all needed information when submitting)**

**6. Completed Temporary Use Application Form (must include the following)**

\_\_\_\_\_ **Affidavit of Ownership and Agent Authorization:** The name of all parties having interest in the subject property and certification that the applicant is authorized to sign the application as owner or authorized agent.

\_\_\_\_\_ **Area Location Map:** The location of the subject property indicated on a Map or an aerial photograph. This map shall reference known major streets and geographic features with sufficient clarity as to be recognizable by the general public.

\_\_\_\_\_ **Legible Site Plan:** Drawing demonstrating right-of-way to be vacated on 8-1/2" x 11" paper with legible text showing all data pertinent to the proposed vacation, including **at least** the following:

- Date of drawing
- Scale
- North arrow
- Location of proposed uses
- Location of existing structures
- Location of access point(s) from adjacent roadways
- Location of Parking areas

\_\_\_\_\_ **Letters of No Objection:** Letters from the following agencies:

Hendry County Sheriff’s Office-Capt. Shawn Reed-863-675-5600

Hendry County EMS-Amy Stafford-amy.stafford@hendryfla.net/863-675-5220

City of LaBelle Fire Dept.-Chief Brent Stevens-bstevens@citylabelle.com 863-675-1537

***\*Events with an expected attendance of 1,000+ people will require an Emergency Action Plan\****

\_\_\_\_\_ **Application Fee:** Check made payable to “City of LaBelle” with fee per adopted Fee Schedule. Fee Schedule available at citylabelle.com under the “Government” tab>”Forms and Applications”

**APPLICANT SIGNATURE (Signed by person applying for permit)**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

**This is stating that all information provided is true. To be signed by owner or authorized representative. Must be notarized.**

**AFFIDAVIT**

I, \_\_\_\_\_ certify that I am the owner or authorized representative of the property described herein, and that all answers to the questions in this application and any sketches, data or other supplementary matter attached to and made a part of this application, are honest and true to the best of my knowledge and belief.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Print or type name of person signing above

\_\_\_\_\_  
Name of owner/agent entity if a corporation, L.L.C., partnership, or trust

\_\_\_\_\_  
Representative capacity of person signing Affidavit:  
President or Vice President of Corporation, Managing  
Member of L.L.C., General Partner, or Trustee

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by (name of person providing oath or affirmation), who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

**NOTARY PUBLIC STAMP/SEAL:**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Printed Name of Notary Public**

**This is to be signed by owner of the property, if applicable. This proves that that the owner has designated the authorized agent as representative of the property.**

**AGENT AUTHORIZATION**

The undersigned to hereby swear or affirm that they are the fee simple title holders and owners of the record of property commonly known as \_\_\_\_\_  
And legally described in Exhibit A attached hereto.

We hereby designate \_\_\_\_\_ as the legal representative of the property in the course of seeking approval of this application. This representative will remain the only entity to authorize development activity until such time as anew or amended authorization is delivered to the City.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of owner

\_\_\_\_\_  
Print or type name of person signing above

\_\_\_\_\_  
Name of owner/agent entity if a corporation, L.L.C., partnership, or trust

\_\_\_\_\_  
Representative capacity of person signing Affidavit:  
President or Vice President of Corporation, Managing  
Member of L.L.C., General Partner, or Trustee

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to (or affirmed) and subscribed before me on \_\_\_\_\_ (date) by (name of person providing oath or affirmation), who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

**NOTARY PUBLIC STAMP/SEAL:**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Printed Name of Notary Public**

## ATTENTION

This application must be completed (please type or legibly print) and resubmitted, with all requirements herein, to **City Hall attn: the Superintendent of Public Works, or the Deputy Clerk**. This application must be *filled out completely* and must be signed by the owner or his designated agent. If the applicant is different than the owner of the subject property, then an agent affidavit in a form approved by the City is required from the owner of the property that is requesting the vacation. The agent affidavit must be completely filled out and submitted with this application. If the property is in multiple-ownership, then all of the owners or their designated agent(s) must sign this application. All owners of property that will be affected by this application must either sign this application or fill out an agent affidavit.

This application will be reviewed by City staff for completeness and their approval. The applicant is fully responsible for researching and knowing any and all laws, which may be applicable and affect the outcome of the any decision on the application request. The City assumes no responsibility or liability relating to the failure to research and know all applicable laws including, but not limited to, state, federal and city laws, codes, land development regulations or the adopted comprehensive plan.

\*Applicant is responsible for obtaining the appropriate insurance for the event. Contact your service provider or go to <https://gatherguard.com/>

\*Indoor events with an attendance of 50 people or more will require crowd management by the Sheriff's Dept. or Fire Dept. in accordance with F.S.