App# 1434 INV# NA CUST# GREAT ON



TEMPORARY USE & SPECIAL EVENT APPLICATION (A) CITY OF LABELLE, FLORIDA

	APPLICATION NUMBER: TU20 - (Assigned by City) DATE RECEIVED: 31 2025
1.	SPECIFIC LOCATION OF SUBJECT PROPERTY AFFECTED BY THIS APPLICATION:
	Tax Parcel I. D. #: 22943 010100003 001.0
	Site Address: City of La Belle, Wharf / Desoto Avenue.
	City: Labelle State: FL Zip Code: 33935
2.	APPLICANT: <u>Greater La Belle Chamber of Commerce</u> (Person or entity conducting the use or event)
	Mailing Address: P.O. Box 456
	City: LaBelle State: FL Zip Code: 33975
	Work Phone Number: 863. 675. 0125 Home Phone Number: N/A
	Fax number: N/A Email: 1chamber of commo embarg mail. com
3.	PROPERTY OWNER: City of LaBelk
	Mailing Address: Po Box 458
	City: LaBelle State: FL Zip Code: 33975
	Work Phone Number: 863.675.2872 Home Phone Number: N/A
	Email:

APPLICANT'S REQUEST (Proposed Temporary Use/Event Information.): Night on the Town event, (Kick-Off to Swamp Cabbage) at the City Whart Will any roads need to be closed down for the event? Name roads if so. Ves. Desoto Ave. from 4:00-9:00pm Will there be alcohol served at the event? By whom? NO *Please note, use of alcohol will need to be approved by the City Commission* How many people are expected to attend the event? Requested Event Hours: 5:00 - 8:30 om THE FOLLOWING ITEMS ARE REQUIRED TO COMPLETE THE APPLICATION AND MUST BE ATTACHED: (please provide all needed information when submitting) 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 Application Fee: Check made payable to "City of LaBelle" with fee per adopted Fee Schedule. Fee Schedule available at citylabelle.com>Community Development tab> Fee Schedules>Building Permit Fee Schedule. Non-profits must provide 501(c)3 to have fee waived APPLICANT SIGNATURE (Signed by person applying for permit) Jeresa (Terri) Marsh Applicant Name (Print) DIST-SHERIPI= Page 2 City of LaBelle Chy of Labelle Chy of Labelle Personal Event Application (2023) OF LIABILTY

NOTE: The application must include all pertinent information (Name, address, phone numbers, etc.) for all

by the City of LaBelle, please list that as owner.

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

This is stating that all information provided is true. To be signed by owner or authorized representative. <u>Must be notarized</u>.

AFFIDAVIT eresa L. Marsh 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. Signature of owner or authorized agent Date: 01/10/25 Teresa L. Mansh 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 FL COUNTY OF Hendry The foregoing instrument was sworn to (or affirmed) and subscribed before me on Jan. 10, 2025 (date) by (name of person providing oath or affirmation), who is personally known to me or who has produced personally Known (type of identification) as identification. Daria Michelle Ward-Ketter NOTARY PUBLIC STAMP/SEAL: Signature of Notary Public Printed





This is to be signed by the owner of the property, <u>if applicable</u>. This proves that the owner has designated the authorized agent as a representative of the property.

AGENT AUTHORIZATION

	affirm that they are the fee simple title holders and owners of
the record of property commonly kn	
And legally described in Exhibit A a	ttached hereto.
We hereby designate	as the legal
	the course of seeking approval of this application. This
	ntity to authorize development activity until such time as a new
or amended authorization is delivere	
	Date:
	Signature of owner
	Print or type name of person signing above
	Name of any or to the if a company in the C
	Name of owner/agent entity if a corporation, L.L.C., partnership, or trust
	paranership, 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	
• •	n to (or affirmed) and subscribed before me on
	(name of person providing oath or affirmation), who is
personally known to me or who has identification) as identification.	produced(type of
identification) as identification.	
NOTARY PUBLIC STAMP/SEAL	L:
	Signature of Notary Public
	Printed Name of Notary Public
	Tambout I want of I town y a table

Page 4
City of LaBelle
Temporary Use-Special Event Application (2023)

1/9/25, 2:05 PM





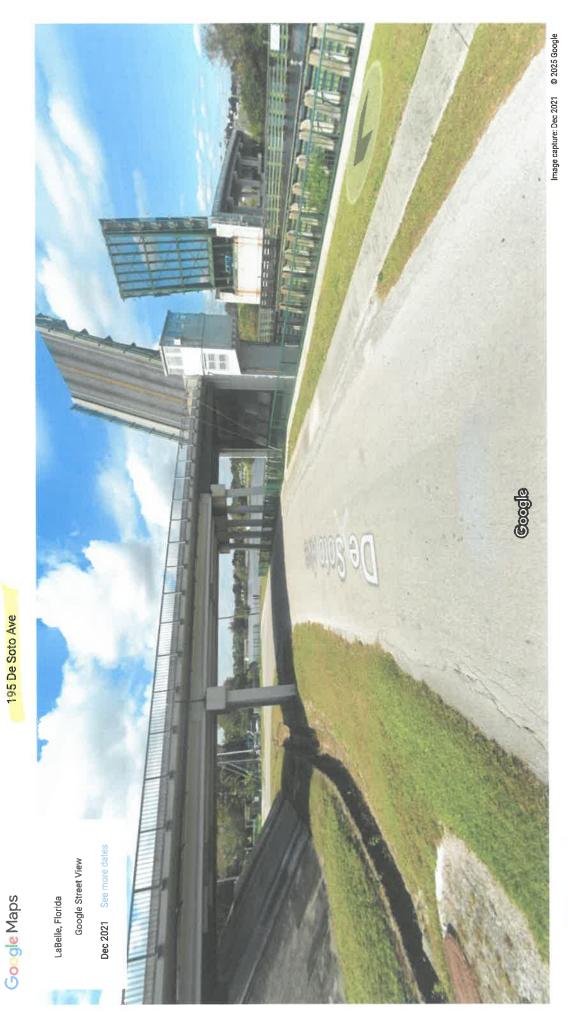






1/9/25, 2:03 PM

















Google Maps





197 De Soto Ave









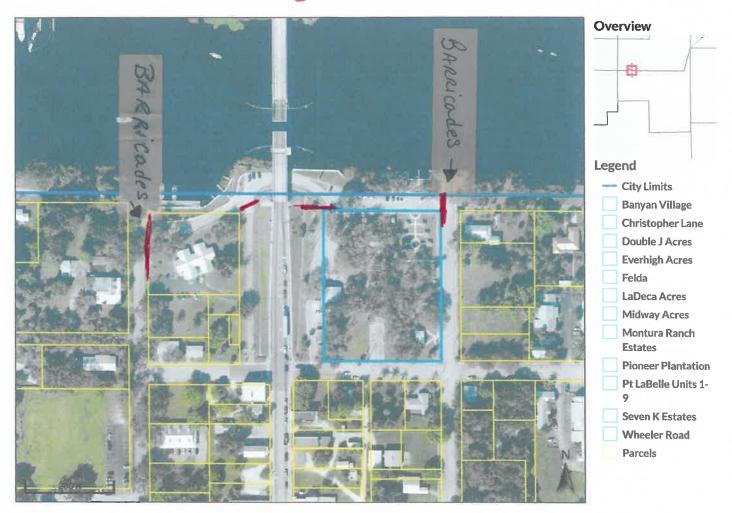






Barricades Entrances to Desoto Ave.





Parcel ID

2 29 43 01 010 0003-001.0

Sec/Twp/Rng

01-43-29 Property Address 100 PARK AVE

LABELLE

District

Brief Tax Description

Prop ID 30438

Class 8200 - PARK/REC

Acreage 2.5057

Owner Address CITY OF LABELLE

PO BOX 458

LABELLE, FL 33975

LA BELLE BYRDS S/D OF GOODNOS S/D BLK 3 EXC ST RD RWY

(Note: Not to be used on legal documents)

Date created: 1/9/2025 Last Data Uploaded: 1/8/2025 9:25:44 PM



Proposed USED Area
Desoto Ave
from Main St. to Lee St.

Barricades at All entrances to Desoto Avenue. Open to pedestrians only





LaBelle Fire Department

Brent R Stevens Fire Chief

280 South Main Street LaBelle, Florida 33935 Station 863-675-1537 bstevens@citylabelle.com

Jan 30, 2025

To: City of LaBelle

From: Brent R Stevens, Fire Chief

Re: Night on the Town

To Whom It May Concern,

This letter is to inform you that the LaBelle Fire Department does not have any objections to Night on the Town, Tuesday evening, February 18, 2025. The event runs from 5:30pm until 8:00pm. It is a NON-ALCOHOLIC event and there are usually less than 1000 people that attend. The event will be located on City Property, on DeSoto Avenue and the City Wharf with road closure.

The fire department understands that the event will have less than 1000 +/- people in attendance. If the organizers determine prior to the event that the number will increase to 1000 or more, a full emergency action plan will be required.

Furthermore, A specific hazard may be identified as an increased risk of fire at this event, or there is an increased risk of fire due to the cooking of food using propane, charcoal/wood, and oil.

1.

- a. In certain high-risk cases, on-site Fire Department Personnel may be required. This judgment will be made by the Fire Chief.
- b. If the event has on site cooking:
- Event inspection (\$100 per inspection)
- Total: \$100
- 2.All event and cooking staff will be instructed on the safe use of Portable Fire Extinguishers.
- 3.The use of open flame for grilling is permitted under the Fire Code when the following conditions are met:
 - a. Must have a valid fire extinguisher, 2A:10BC and a class K if cooking with oils or grease is present.
 - b. Each vendor is allowed 1 LP tank per cooking device and only one spare LP tank regardless of the number of cooking devices. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.).



LaBelle Fire Department

Brent R Stevens Fire Chief

280 South Main Street LaBelle, Florida 33935 Station 863-675-1537 bstevens@citylabelle.com

4. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator:

- a. Name
- b. Phone Number
- c. Location of Emergency
- d. Type of Emergency
- e. How many patients involved in Emergency.
- f. Access Availability to the Emergency

All items are to be inspected by the Fire Chief or designee prior to the start of the event.

If you have any further questions, please feel free to contact me.

Chief Brent R. Stevens LaBelle Fire Department Office 863-675-1537 bstevens@citylabelle.com



Prepared for:

Greater LaBelle Chamber of Commerce

Address:

125 E. Hickpoochee Ave, LaBelle, FL 33935

Prepared by Lieutenant Allen Hudson Hendry County Sheriff's Office

This document is intended to serve as confirmation of the fact that the Hendry County Sheriff's Office has no objections to the upcoming Night on the Town event.

I spoke with Mrs. Terri Marsh, who is the Executive Director of the Greater Labelle Chamber of Commerce. I advised Mrs. Marsh that Hendry County Sheriff's Office would have one City of Labelle Deputy present and VIP's will be present as well to assist with the road closures.

The event starts on 02-18-2025 at 05:30pm until ending on 02-18-2025 at 08:00pm. The Location of the event is on Desoto Avenue along the Wharf area.

You are welcome to call me at either number below if you have and questions and or concerns.

Thank you.

Lieutenant Allen Hudson Road Patrol Commander ahudson@hendrysheriff.org

W M

Office: 863-674-5606 Cell: 863-673-1984





Hendry County Public Safety

PO Box 1760 LaBelle, Florida 33975-1760

Phone (863) 674-5412

Fax (863) 612-0723

AMY STAFFORD
OPERATIONS CHIEF
AMY.STAFFORD@HENDRYFLA.NET

SHEILA SHELTRA
EMS COORDINATOR
SHEILA.SHELTRA@HENDRYFLA.NET

DR. J. TENNYSON, M.D MEDICAL DIRECTOR

January 15, 2025

To Whom it May Concern,

I have been contacted by the LaBelle Chamber of Commerce in reference to their Annual Night on the Town event being held on February 18,2025. Hendry County EMS has no objection to the event and it will not disrupt normal operations. If you have any questions please feel free to contact me.

Sincerely

Amy M. Stafford
Hendry County Public Safety
EMS/Fire Operations Chief





Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Not For Profit Corporation

GREATER LA BELLE CHAMBER OF COMMERCE, INC. V

Filing Information

Document Number 706316

FEI/EIN Number 59-2439555

Date Filed 10/21/1963

State FL

Status ACTIVE

Last Event AMENDMENT

Event Date Filed 09/03/2024

Event Effective Date NONE

Principal Address

125 E HICKPOCHEE AVE LA BELLE, FL 33935

Changed: 09/29/2009

Mailing Address

P. O. BOX 456 V

LABELLE, FL 33975

Changed: 02/05/1998

Registered Agent Name & Address

VETTEN, DANIA

125 E. Hickpochee Ave.

LABELLE, FL 33935

Name Changed: 09/03/2024

Address Changed: 09/03/2024

Officer/Director Detail

Name & Address

Title Director



YOUMANS, LAMAR 100 NORTH MAIN STREET LABELLE, FL 33935

Title VP

Germain, Matthew 125 E HICKPOCHEE AVE LA BELLE, FL 33935

Title President

Vetten, Dania 125 E HICKPOCHEE AVE LA BELLE, FL 33935

Title T

GALLEGOS, BARBARA P.O. BOX 456 LABELLE, FL 33975

Title D

MARSH, TERRI P.O. BOX 456 LABELLE, FL 33975

Annual Reports

Report Year	Filed Date
2022	01/24/2022
2023	01/11/2023
2024	04/04/2024

Document Images

09/03/2024 Amendment	View image in PDF format
04/04/2024 ANNUAL REPORT	View image in PDF format
01/11/2023 ANNUAL REPORT	View image in PDF format
01/24/2022 - ANNUAL REPORT	View image in PDF format
01/08/2021 ANNUAL REPORT	View image in PDF format
01/10/2020 ANNUAL REPORT	View image in PDF format
01/31/2019 - ANNUAL REPORT	View image in PDF format
01/17/2018 - ANNUAL REPORT	View image in PDF format
01/05/2017 ANNUAL REPORT	View image in PDF format
02/09/2016 ANNUAL REPORT	View image in PDF format



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/24/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	the certificate holder in field of suc	n en	UUISE	anengs).					
	DDUCER				CONTACT NAME:				
FHC Insurance, Inc PO BOX 9				PHONE (A/C, No, Ext): FAX (A/C, No): (863) 675-1055					
	BELLE, FL 33975-0009				E-MAIL		[A/C, NO];	(000) 070 1000	
					ADDRESS:		FFORDING COVERAGE		
						NAIC #			
					INSURER A: Great American Insurance Company			16691	
INS	INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:					INSURER B:			
Greater LaBelle Chamber of Commerce Inc.					INSURER C:				
PO BOX 456 LABELLE, FL 33975-0456					INSURER D:				
LA	BELLE, FL 33979-0496				INSURER E :				
					INSURER F:				
CC	VERAGES CE	RTIF	ICAT	E NUMBER: GAS153019			REVISION NUMBER:		
T	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR			SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS		
	GENERAL LIABILITY				Jane 2011111	manusall ()	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED	\$300,000	
	CLAMS-MADE X OCCUR					/	PREMISES (Ea occurrence) MED EXP (Any one person)	\$0	
Α		Х		DAC 4705006	10/07/2024	10/07/2025	PERSONAL & ADV INJURY		
$^{\sim}$	X HOST LIQUOR LIABILITY INCLUDED	^		PAC 4725036	12:00 AM	12:01 AM		\$1,000,000	
	251W 100000015015010000000000000000000000						GENERAL AGGREGATE	52,000.000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				k		PRODUCTS - COMP/OP AGG	\$2,000,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per		
	NON-OWNED						accident) PROPERTY DAMAGE		
	AUTOS						(Per accident)		
	UMBRELLA LIAB OCCUR		-				EACH OCCUPATION		
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-	DEU RETENTION 3		-			~			
Α	Professional Liability	Х		PAC 4725036	10/07/2024 12:00 AM	10/07/2025 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT	\$1,000,000	
		_					AGGREGATE LIMIT	\$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Covered Activities: Dinner/Auction Events The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period. Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage									
CE	CERTIFICATE HOLDER				CANCELLATION				
City of LaBelle 481 W. Hickpoochee Ave. LaBelle, FL 33935				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
					AUTHORIZED REPRESENTATIVE FHC Insurance, Inc				