

## 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. #: 2 29 43 08 A00 0007.0100; 2 29 43 05 A00 0035.0000

Site Address: 670 W Hickpochee Avenue; 700 Shady Oaks Avenue

City: LaBelle State: FL Zip Code: 33935

**2. APPLICANT: Caloosa Humane Society, Inc.**

(Person or entity conducting the use or event)

Mailing Address: PO Box 2337

City: LaBelle State: FL Zip Code: 33975

Work Phone Number: 863-675-7387 Home Phone Number: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email: director@caloosahumanesociety.org

**3. PROPERTY OWNER: Falcon Eyrie Farms, LC**

Mailing Address: PO Box 1710

City: LaBelle State: FL Zip Code: 33975

Work Phone Number: 501-258-4505 Home Phone Number: 501-258-4505

Email: danperegrin@gmail.com

**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.):**

Swamp Stomp 5k Race

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

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? 500

Event Date: 2/24/25 Requested Event Hours: 6am - 10am

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:

HCSO-Lt. Allen Hudson-ahudson@hendrysheriff.org/863-674-5606

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)**

Rebecca Crum  
Applicant Name (Print)

  
Applicant Signature

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 LABELLE BREWING CO And legally described in Exhibit A attached hereto.

We hereby designate REBECCA Crum 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.

[Signature] Date: 11/11/24  
Signature of owner

Daniel M. Peregrin  
Print or type name of person signing above

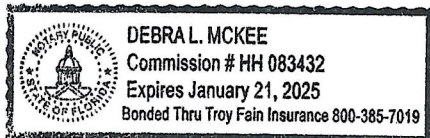
FALCON EYRIE FARMS, LLC  
Name of owner/agent entity if a corporation, L.L.C., partnership, or trust

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

STATE OF Du FL  
COUNTY OF Lee

The foregoing instrument was sworn to (or affirmed) and subscribed before me on 11th (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]  
Signature of Notary Public  
Debra McKee  
Printed Name of Notary Public

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

**AFFIDAVIT**

I, Rebecca Crum 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.

Rebecca Crum Date: 11/19/24  
Signature of owner or authorized agent

Rebecca Crum  
Print or type name of person signing above

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

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

STATE OF FLORIDA  
COUNTY OF HENDRY

The foregoing instrument was sworn to (or affirmed) and subscribed before me on 11/19/2024 (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:**



LISA A. JONES  
Commission # HH 216583  
Expires February 19, 2026

Lisa A. Jones  
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.

# SWAMP 5K STOMP

CALOOSA HUMANE SOCIETY



Belle Arbor by

Parson Dr

LaBelle Brewing

Century Complete

Aqua Isles Blvd

Life Mini

Two Peas Cafe

Central Mobile  
Homes Of LaBelle

Miller Ave

Withlacoochee Ave

Manatee Ave

Dr Martin Luther King Blvd

Hitchiti-Trail

Suwanee Ave

Kissimmee Ave

Fordson Ave

Seminole Ave

Collier Ave

W Lincoln Ave

Edison Ave

Leal's Tires of LaBelle

Google

**RESOLUTION NO. 2023-28**

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF LABELLE, FLORIDA, ADOPTING PROCEDURES FOR TEMPORARY ROAD CLOSURES FOR SPECIAL EVENTS, ACKNOWLEDGING FLORIDA DEPARTMENT OF TRANSPORTATION REQUIREMENTS REGARDING SAME, DESIGNATING A CITY OFFICIAL TO AUTHORIZE TEMPORARY ROAD CLOSURES FOR SPECIAL EVENTS WITHIN THE CITY; PROVIDING FOR READING BY TITLE ONLY; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Florida Administrative Code (FAC) Chapter 14-65, specifically Section 14-65.0035, contains strict requirements promulgated by the Florida Department of Transportation ("FDOT") regarding the temporary closure of state roads for special events; and

WHEREAS, the FDOT, as the rulemaking body, has expressed its desire to begin actively enforcing compliance with the rules and procedures contained in Chapter 14-65; and

WHEREAS, the City Commission has previously adopted Resolutions to ensure compliance with some of these procedures; and

WHEREAS, the FDOT has requested that the City update, and adopt by Resolution, additional rules and procedures for the closing of State Roads for special events to identify the City official or officials who have the authority to approve the temporary closure of state roads in the City to allow special events to occur; and

WHEREAS, the City, as well as other organizations, have historically sought closure of State Road 29, and Highway 80 to conduct special events for the annual Swamp Cabbage Festival on the last Saturday of February.

WHEREAS, these events have historically included the annual Swamp Cabbage Parade and the annual Swamp Stomp 5k.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF LABELLE, FLORIDA:

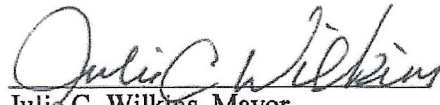
**Section 1.** The City of LaBelle hereby designates the Mayor or their designee as the official with the authority to approve the temporary closure of State Roads for special event purposes within the city limits of the City of LaBelle.

**Section 2.** This Resolution is created to conform to the current requirements of Chapter 14-65, Section 14-65.0035 and Section 14-65.0075, *Florida Administrative Code*, which contains the rules and procedures to follow when applying for temporary closing of State Roads for special events.

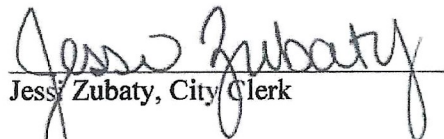
**Section 3.** This Resolution shall take effect immediately upon adoption.

ADOPTED by the City Commission of the City of LaBelle, Florida,  
this <sup>14<sup>th</sup></sup> day of ~~December~~, 2023.

CITY OF LABELLE, FLORIDA

  
Julie C. Wilkins, Mayor

ATTEST:

  
Jess Zubaty, City Clerk