

Temporary Use/Special Event Application - City of LaBelle (A)



DATE RECEIVED: 1-28-2026
 APPLICATION # 1802
 CUSTOMER # SWFLH095
 INVOICE #: _____
 SUPERINTENDANT APPROVED: (Y) N
 COMMISSION APPROVAL DATE: 2/12/26
MEETING

EVENT DATE: 02/21/2026 EVENT HOURS: 6pm-midnight Number of people expected to attend 600

Beer/Wine to be served? Yes By whom: Contracted Staff Phone 863.673.2775

NOTE: Use of alcohol will need to be approved by the City Commission. The city must receive the application and all supporting documents a minimum of 24 days prior to the monthly City Commission meeting held on the 2nd Thursday every month.

- Generator x 3 Portable lights x 2 Date of set up 02/20/2026 Date of tear down 02/22/2026
- Tent x _____ size _____ Date of set up _____ Date of tear down _____
- (Note: Generators, portable lights and tents over 900 sq ft will need to be inspected by the Fire Inspector)
- Porta potties x 1 Date of delivery 02/20/2026 Date of removal 02/23/2026
- Road closure needed - Include map with road closures clearly marked

1. APPLICANT: SW FLORIDA HEROES FOUNDATION INC

Name of Person Applying: Stephanie Diogo
 Mailing Address: 10181 6 Mile Cypress Pkwy
 City: Fort Myers State: FL Zip: 33966
 Email: southernswampgala@gmail.com Phone: 863.673.2775

2. PROPERTY OWNER (IF DIFFERENT FROM APPLICANT - YOU MUST LIST ALL OWNERS - PROVIDE A SEPARATE SHEET IF NECESSARY):

Owners Name: CITY OF LABELLE
 Mailing Address: _____
 City: _____ State: FL Zip: _____
 Email: _____ Phone: _____

3. SPECIFIC LOCATION OF SUBJECT PROPERTY AFFECTED BY THIS APPLICATION:

Address/Location: 845 Forrey Dr 22943 10A000001 0000
 City: LaBelle State: FL Zip: 33935

4. **APPLICANT'S REQUEST-Proposed Temporary Use/Special Event Information-Type/Name of Event**
8th Annual Southern Swamp Gala

The event functions as a fundraiser benefiting the local SWFL Heroes Foundation, a nonprofit that supports community initiatives and heroes in Southwest Florida.

It's a fun, lively Southern-themed gala and dance that brings the community together while supporting a local cause.

5. **PLEASE PROVIDE THE FOLLOWING ITEMS TO:** MWills@citylabelle.com and KimBarselou@citylabelle.com or mail to City Hall, 481 West Hickpochee Avenue, LaBelle, FL 33975.

Please label each page accordingly (A., B., C., D., etc.). Fill in N/A if not applicable.

- A. Completed Application Form
- N/A B. Affidavit of Ownership (Notarized)
- N/A C. Agent Authorization (Notarized): 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.
- N/A D. Proof of Ownership: A copy of the tax bill or a printout from the Property Appraisers office is required with a legal description.
- E. 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
 - Location of proposed uses
 - Scale
 - North Arrow
 - Location of parking areas
 - Location of existing structures
 - Location of access point(s) from adjacent roadways
- N/A F. Emergency Action Plan - Required with events with an expected attendance of 1,000+ people
- G. Indemnification and Hold Harmless (Notarized) - - If the event is held on City property
- H. Certificate of Liability Insurance - Contact your service provider or go to www.gatherguard.com
- I. Copy of 501(c)3
- J. Certificate of registration-Seasonal Retailer or Business Tax License (sale of goods/products)
- K. Car Sales - Motor vehicle dealer or recreational dealer's license
- N/A L. Certificate of Flame Resistance for tent
- M. Copy of Florida Alcoholic Beverages Permit (Alcohol sold/served must be approved by the Commission)
- N. State of Florida Health Department License for each vendor (food sales)
- NDT AVAIL O. Rental Agreement -If the event is on City property or County property
- N/A P. Crowd management certificate of completion (indoor event with 50 or more people)
- N/A Q. Road Closure Map

Letters of No Objection: On behalf of the applicant, if required- the City will request Letters of No Objection. If an objection is found, the city will inform the applicant. The applicant must contact the agency directly to resolve the issue and obtain letters.

- R. Hendry County Sheriff's Office:** Lt. Allen Hudson ahudson@hendrysheriff.org 863-674-5606
- S. Hendry County EMS:** Amy Stafford amy.stafford@hendryfla.net 863-674-5412
- T. City of LaBelle Fire Department:** Chief Brent Stevens bstevens@citylabelle.com 863-675-1537

6. FEES - MADE PAYABLE TO THE CITY OF LABELLE

WAIVED \$250.00 Temporary Use/Special Event Application Fee
N/A \$ 90.00 Tent Permit Fee (tents over 200 sq ft) / \$65.00 (tents under 200 sq ft)
N/A \$ 70.00 Fire Inspection: Tent, Generator and Portable Light (Tent 900 sq ft or larger)
5 Total submitted

ATTENTION:

ALL temporary use/special events are subject to final approval by the Superintendent of Public Works and/or the City Commission along with the Hendry County Sheriff's department, the City's Fire Department and EMS. Submission of your application does not guarantee approval of your event. Additional information may be required. Adjustments to your event plans may be needed for the event to be approved.

This application must be completed (please type or legibly print) and submitted, with all requirements herein, to the Superintendent of Public Works, at City Hall 481 W. Hickpochee Ave., LaBelle, FL 33975 or via email to: mwills@citylabelle.com and kimbarselou@citylabelle.com. This application must be signed by the owner or the designated agent. If the applicant is different than the owner of the subject property, then an agent affidavit is required from the owner of the property. The agent affidavit must be filled out and submitted with this application. If the property is in multiple ownerships, then all 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 approval. The applicant is fully responsible for researching and knowing all laws which may be applicable and affect the outcome of any decision on the applicant's request. The City of LaBelle assumes no responsibility or liability relating to the failure of the applicant to research and know all applicable laws including, but not limited to, state, federal and city laws, including, but not limited to, state, federal, and city laws, codes, land development regulations or adopted comprehensive plan.

Please refer to the City's municipal code for additional information **NOTE: the minimum standards apply to ALL temporary use/special events** Chapter 4 - ZONING | Code of Ordinances | LaBelle, FL | Municode Library

SOUND: All events are required to comply with the city's noise abatement ordinance, as well as Florida Statute 316.3045. The Hendry County Sheriff's Office officers have the authority to ask you to lower the volume and if a resolution is not achieved, they will shut down your event.

SIGNS: This permit does not include a sign permit-Please review the City ordinances for signage Sec. 4-81. - Signs. | Code of Ordinances | LaBelle, FL | Municode Library

PUBLIC HEARING APPLICATION – CITY COMMISSION ACTION: If this application cannot be approved by the Superintendent of Public Works or their assignees, it will be forwarded to the City Planner to go before the city commission through the Public Hearing process for review. This process can take approximately two to three months from start to finish. The applicant will be responsible for all expenses for advertisements and outside consultants.



STAGE

BAR

LED DANCE
FLOOR
40'x40'

GUEST TABLES

BUFFET

ENTRANCE

MERCH TABLE

10-STALL A/C
RESTROOM TRAILER

HOLD HARMLESS / INDEMNIFICATION AGREEMENT (G)

Know all men by these presents that:

For and in consideration of the City of LaBelle approving this application for a Special Event / Temporary Use, I Stephanie Diogo hereby agree to hold the City of LaBelle, its Agents
(Responsible Party)

and Employees, harmless from all actions, causes of actions, claims, damages, costs, loss of services, attorney fees, expenses and compensation on account of, or in any way arising out of my participation in any or all event(s) described in this application within the City of LaBelle, Florida; and further agrees to indemnify the City of LaBelle, its Agents and Employees, against any loss as a result of claims of persons or entities arising from the conducting of said event.

Stephanie Diogo 1/30/2020
Signature of Authorized Agent Date
Stephanie Diogo

Print or Type Name of Person Signing Above
SW Florida Heroes Foundation Inc

Name of Owner/Agent Entity if a Corporation, L.L.C., Partnership, or Trust

Director

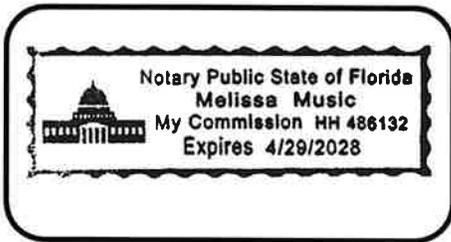
Representative Capacity of Person signing Affidavit: President or Vice President of Corporation, Managing Member of L.L.C., General Partner or Trustee

STATE OF Florida COUNTY OF Hendry

The foregoing instrument was sworn to (or affirmed) and subscribed before me on 1/30/2020 by Stephanie Diogo,
Date Name of Person Providing Oath or Affirmation

who is personally known to me or who has produced _____
as identification. Type of Identification

NOTARY PUBLIC STAMP/SEAL:



Melissa Music
Signature of Notary Public
Melissa Music
Printed Name of Notary Public
04/29/2028
Commission Expires



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/20/2026

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 have **ADDITIONAL INSURED** provisions or 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).

	PRODUCER Gaslamp Insurance Services DBA Event Helper Insurance Services PO Box 1549 Grass Valley CA 95945	CONTACT NAME: Event Helper Customer Service PHONE (A/C, No, Ext): (855) 493-8368 E-MAIL ADDRESS: info@theeventhelper.com FAX (A/C, No):																				
	INSURED SW Florida Heroes Foundation Inc c/o Stephanie Diogo 10181 6 Mile Cypress Pkwy, C Fort Myers FL 33966	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>Lloyds Syndicate 2623 82%</td> <td>AA-1128623</td> </tr> <tr> <td>INSURER B :</td> <td>Lloyds Syndicate 623 18%</td> <td>AA-1126623</td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Lloyds Syndicate 2623 82%	AA-1128623	INSURER B :	Lloyds Syndicate 623 18%	AA-1126623	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y N	EH-771326-L4139900	02/20/2026 12:01 AM	02/22/2026 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 1,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	Y	EH-771326-L4139900	02/20/2026	02/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder listed below is named as additional insured per attached CG 20 26 04 13. Attendance: 800, Event Type: Fund Raising Dinner. Policy includes a 36 month Extended Reporting Period. Damage to Premises Rented (Other than Fire) included in the Each Occurrence Limit shown above.

CERTIFICATE HOLDER**CANCELLATION**

LaBelle Sports Complex 845 Forrey Dr 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 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

<p>Name of Additional Insured Person(s) or Organization(s):</p> <p>City of LaBelle 481 W Hickpochee Ave LaBelle, FL 33935</p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

- A. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. in the performance of your ongoing operations; or
 2. in connection with your premises owned by or rented to you.

However:

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the contract or agreement; or
2. available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 22 2015

SW FLORIDA HEROES FOUNDATION INC
12295 S CLEVELAND AVENUE NUMBER 157
FORT MYERS, FL 33907-0000

Employer Identification Number:
47-4384258
DLN:
26053598001075
Contact Person: CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
June 26, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8016843677C-7	10/31/2025	10/31/2030	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

SW FLORIDA HEROES FOUNDATION INC
10181 6 MILE CYPRESS PKWY STE C
FORT MYERS FL 33966-6401

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



DBPR ABT – 6003 APPLICATION FOR TEMPORARY PERMIT OR SPECIAL SALES LICENSE

TYPE OF APPLICATION	
<input checked="" type="checkbox"/> Temporary Permit	<input type="checkbox"/> Special Sales License

SECTION 1A: APPLICANT INFORMATION			
Full Name of Applicant(s) The permit will be issued in the name of the applicant as provided on the application.			
S.W. FLORIDA HEROES FOUNDATION, INC.			
Applicant Mailing Address			
10181 6 Mile Cypress Pkwy			
City	County	State	Zip Code
Fort Myers	Lee	FL	33966
Applicant Telephone Number		Applicant E-mail Address	
239.309.2870		southernswampgala@gmail.com	
Corporation or Other Legal Entity If the applicant is a corporation or other legal entity, enter the name and the document number related to the legal entity as registered with the Florida Department of State Division of Corporations.			
FEIN Number		Florida Department of State Document Number	
47-438425		N15000006361	

SECTION 1B (OPTIONAL): DESIGNATED CONTACT			
A contact person must be designated below if the applicant prefers to designate a person other than the applicant to receive and reply to Division communications regarding this application. The designated contact person will be permitted to make changes to the application paperwork on behalf of the applicant, and the Division will communicate directly with the contact person regarding the application. The applicant will not be copied on communications from the Division to the designated contact. It is the responsibility of the applicant to inform the Division if there is a change of designated contact and/or to the contact information of the designated contact.			
Full Name of Designated Contact			
Stephanie Diogo			
Designated Contact Mailing Address			
1135 Firebrand Ct			
City	County	State	Zip Code
LaBelle	Glades	FL	33935
Designated Contact E-mail Address		Designated Contact Telephone Number	
southernswampgala@gmail.com		863.673.2775	Ext.

SECTION 2: DATES AND LOCATION FOR PERMIT OR LICENSE			
Dates of Active Use for Temporary Permit or Special Sales License			
Provide the date(s) of the event or sale when the permit or license will be effective. The dates provided may not exceed three days.			
Day 1	Day 2	Day 3	
February 21, 2026	February 22, 2026		
Address for Physical Location of Temporary Event or Special Sales Event			
845 Forrey Dr			
City	County	State	Zip Code
LaBelle	Hendry	FL	33935
Is the event location currently licensed for sales of alcoholic beverages under a permanent license issued by the Division? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, obtain attestation of permanent license holder in Section 8.			

SECTION 3: SALES TAX CERTIFICATION TO BE COMPLETED BY THE FLORIDA DEPARTMENT OF REVENUE	
270	
Full Name of Applicant(s)	
S.W. FLORIDA HEROES FOUNDATION, INC.	
Florida Department of Revenue Verification of Registration	
The named applicant(s) for a temporary permit or special sales license has complied with Florida Statutes concerning registration for Sales and Use Tax and has paid or agreed to pay any applicable taxes due.	
Authorized Agency Signature	<i>Justin Wohler</i>
Printed Name	Justin Wohler
Title	Tax Specialist 1
Date	1/26/26 Valid for 30 days
APPROVED BY FLORIDA DEPARTMENT OF REVENUE	

1500 MONROE
1925 HENRY

SECTION 4: LOCAL ZONING APPROVAL			
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING THE TEMPORARY EVENT LOCATION			
Location of Temporary Event			
Street Address			
845 Forrey Dr			
City	County	State	Zip Code
LaBelle	Hendry	FL	33935
Local Zoning Approval			
The location of the temporary event complies with local ordinances for the temporary sale of alcoholic beverages based on the information supplied by the applicant in this application.			
Authorized Agency Signature _____			
Printed Name _____			
Title _____			
Date _____			

SECTION 5: DESCRIPTION OF PREMISES OF TEMPORARY EVENT

Full Name of Applicant(s)

S.W. FLORIDA HEROES FOUNDATION, INC.

Name or Title of Temporary Event

The 8th Annual Southern Swamp Gala

Neatly draw a floor plan of the premises in ink, including: sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, points of sale of alcoholic beverages, storage areas, restrooms, bar locations, and any other specific areas which are part of the premises where the event will be held. A multi-story building where the entire building is to be licensed must show the details of each floor.



SECTION 6: AFFIDAVIT OF APPLICANT FOR TEMPORARY PERMIT
NOTARIZATION REQUIRED

Full Name of Applicant(s)

S.W. FLORIDA HEROES FOUNDATION, INC.

"The applicant requesting the permit in the above and foregoing application is a nonprofit civic organization, charitable organization, municipality or county, and the permit, if used, will be used only by the applicant organization on the date(s) requested and at the location stated. By acceptance of this permit, the applicant agrees that, as a nonprofit or civic organization, all net profits from sales of alcoholic beverages during the permitted period will be retained by it, or, as a municipality or county, all net profits from sales of alcoholic beverages during the permit period will be donated to a nonprofit civic or charitable organization within 90 days after the permitted event. As a municipality or county, the applicant attempted to solicit a qualified nonprofit civic or charitable organization to conduct such sales for the permitted event but has been unable to find such a qualifying nonprofit civic or charitable organization in a reasonable and practicable manner and timeframe. The applicant organization has not received more than twelve (12) permits within the calendar year, unless otherwise authorized by law, and the applicant agrees that the location may be inspected and searched during the time that the permit is issued and business is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, Deputies, and Police Officers for purposes of determining compliance with the Florida Beverage Law.

I, the undersigned individual, or if a corporation, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I swear under oath or affirmation under penalty of perjury as provided for in sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true and correct."

Stephanie Diago
Signature of Applicant/Affiant

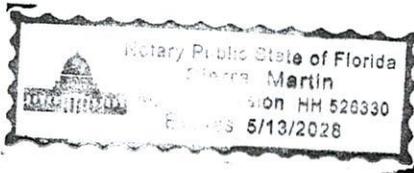
STATE OF Florida

COUNTY OF Hendry

Sworn to (or affirmed) and subscribed before me this 20th day of January, 20 26.

by Stephanie Diago (print affiant name).

Personally Known
 Produced Identification
Type of Identification Produced



Sierra Martin
Signature of Notary Public – State of Florida

Sierra Martin
Name of Notary Public – Typed, Printed, or Stamped

(NOTARY SEAL)

Commission Expires: 5/13/2028

FOR DIVISION USE ONLY

DATE ACCEPTED BY DISTRICT OFFICE:

SECTION 7: AFFIDAVIT OF APPLICANT FOR SPECIAL SALES LICENSE
NOTARIZATION REQUIRED

Full Name of Applicant(s)

S.W. FLORIDA HEROES FOUNDATION, INC.

"As the applicant requesting the special sales license in the above and foregoing application, I understand that this license allows package sales in sealed containers for a period of up to three days, and does not permit the sale of alcoholic beverages for consumption on the premises. I agree that the location may be inspected and searched during the hours that the special sale is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, Deputies, and Police Officers for purposes of determining compliance with the Florida Beverage Law.

I, the undersigned individual, or if a corporation, for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I swear under oath or affirmation under penalty of perjury as provided for in sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true and correct."

[Handwritten Signature]
Signature of Applicant/Affiant

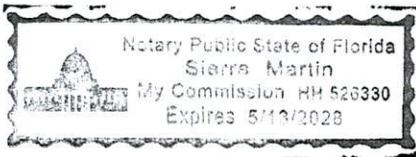
STATE OF Florida

COUNTY OF Heard

Sworn to (or affirmed) and subscribed before me this 20th day of January, 2026,

by Alexandre Diogo (print affiant name).

Personally Known
 Produced Identification
Type of Identification Produced _____



(NOTARY SEAL)

[Handwritten Signature]
Signature of Notary Public – State of Florida

Sierra Martin
Name of Notary Public – Typed, Printed, or Stamped

Commission Expires: 5/31/2028

FOR DIVISION USE ONLY

DATE ACCEPTED BY DISTRICT OFFICE:

**SECTION 8: ATTESTATION BY PERMANENT LICENSE HOLDER
FOR USE OF LICENSED PREMISES AS A PERMITTED TEMPORARY EVENT**

An attestation is to be obtained from the current, permanent alcoholic beverage license holder when the temporary event of the applicant nonprofit civic organization, charitable organization, municipality, or county is hosted at a location that is permanently licensed by the Division of Alcoholic Beverages & Tobacco for the sale of alcoholic beverages.

NOTE: The attestation must have the original signature of the alcoholic beverage license holder (only persons on file with the Division may sign) and must be submitted by the nonprofit civic organization, charitable organization, municipality, or county as part of the application for the Temporary Permit.

Full Name of Permanent License Holder at Temporary Event Location

Business Name (D/B/A)

License Number

Series of Permanent License

Series Type:

Contact Person for Permanent License Holder

Contact Person Telephone Number

Ext.

Contact Person E-mail Address

Name of Applicant for Temporary Permit

S.W. FLORIDA HEROES FOUNDATION, INC.

Date(s) of Temporary Event

Day 1

Day 2

Day 3

February 21, 2026

February 22, 2026

A temporary permit is being requested for an event to be held on your licensed premises. During the permitted dates and times of the event, no sales or service of alcoholic beverages may be made under your permanent alcoholic beverage license in the area identified for use by the temporary permit applicant in Section 5 of this application. Failure to comply may result in administrative charges being filed against your license.

Signature of Permanent License Holder at Temporary Event Location

Date _____

Printed Name of Permanent License Holder at Temporary Event Location



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF HOTELS AND RESTAURANTS

THE NON-SEATING FOOD SERVICE (2010) HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 509, FLORIDA STATUTES

NBR. OF SEATS: 0

SULLIVANS CATERING & BBQ LLC

SULLIVANS CATERING & BBQ LLC
11770 A METRO PKWY
FORT MYERS FL 33966

LICENSE NUMBER: NOS4607496

EXPIRATION DATE: DECEMBER 1, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 10/13/2025

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Sheriff



Hendry County

STEVE WHIDDEN, SHERIFF

Prepared for:

SWFL Heroes Foundation, Inc.
Stephanie Sposato

Address:

29 Fort Thompson Avenue
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 Southern Swamp Gala event.

Hendry County Sheriff's Office will respond to all calls for service as needed and check on the event throughout.

I did speak with Mrs. Stephanie Sposato in reference to this event and was assured that private security would be on site.

The event starts on 02-21-2026 at 06:00pm until ending on 02-22-2026 at 12:00am. The location of the event is 845 Forrey Drive in Labelle Florida 33935. I have also been provided with a copy of the site map in case of any emergencies.

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

Thank you.

A handwritten signature in black ink, appearing to read "A. Hudson".

**Lieutenant Allen Hudson
Road Patrol District Commander
ahudson@hendrysheriff.org
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. T. WEBER, M.D
MEDICAL DIRECTOR

January 29, 2026

To Whom it May Concern

I have been contacted by SW Florida Heros Foundation Inc regarding their 8th Annual Swamp Gala planned for February 21, 2026 at LaBelle Regional Sports Complex. Hendry County EMS has no objection to the event, and this event should not change our 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
Amy.stafford@hendryfla.net