

**HENDRY COUNTY PLANNING AND ZONING DEPARTMENT**

P.O. Box 2340  
LaBelle, Florida 33975-2340  
863-675-5240 ● FAX: 863-674-4194

*For Office Use Only:*

Petition No.: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Check No.: \_\_\_\_\_ or Cash: \_\_\_\_\_  
Strap No. \_\_\_\_\_

**SPECIAL EVENT APPLICATION**

NOTE: This application with all supporting exhibits and data must be complete and returned to the Planning and Zoning Department **AT LEAST 14 business days prior to the scheduled event, failure to do so could result in your application being denied.**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Phone number of contact person: \_\_\_\_\_ e-mail: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

INDIVIDUAL/ORGANIZATION HOSTING EVENT: \_\_\_\_\_

PHYSICAL LOCATION OF EVENT: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Event permit required by condition of Ordinance or Resoluion: Yes No

Please check if alcohol will be consumed on premises

By signing this application, I/we agree to any and all conditions set forth by Hendry County in the permit issued for this event. Attached herewith are an accurate legal description of the property, the written permission of property owner, proof of liability coverage, \$50.00 permit fee and \$200.00 security deposit (refundable when event area is cleaned). I/we also agree to meet any Environmental Health regulations and to ONLY host the aforementioned activity. Should we deviate in any way, I understand Hendry County personnel can close our event.

ATTEST:

I, \_\_\_\_\_, being duly sworn, say I am able to enter into this agreement with Hendry County on behalf of myself/my organization and that all answers to questions in this application are correct to the best of my knowledge and belief.

ORGANIZATION: \_\_\_\_\_

BY: \_\_\_\_\_

AS: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at Hendry County, Florida. The aforementioned-signed owner/agent is personally known to me and/or provided the following form of identification:  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

REQUIRED ATTACHMENTS:

1. CERTIFICATE OF INSURANCE (Hendry County as the certificate holder)
2. \$.50.00 PERMIT FEE. MAKE CHECK PAYABLE TO THE “*HENDRY COUNTY BOARD OF COUNTY COMMISSIONERS*” (Separate check from deposit payment)
3. \$200 SECURITY DEPOSIT. MAKE CHECK PAYABLE TO THE “*HENDRY COUNTY BOARD OF COUNTY COMMISSIONERS*” (Separate check from permit application fee)
4. APPROVAL FROM THE HENDRY COUNTY HEALTH DEPARTMENT VIA PERMIT OR LETTER.
  - a). RECEIPT OR COPY OF CONTRACT WITH PORTABLE RESTROOM BUSINESS (IF APPLICABLE)
5. PROPERTY DESCRIPTION (LEGAL DESCRIPTION OR SURVEY)
6. WRITTEN PERMISSION OF LAND OWNER
7. VERIFICATION OF SECURITY TO BE PROVIDED AT EVENT (LETTER FROM LAW ENFORCEMENT/PRIVATE SECURITY)
8. VERIFICATION OF EMERGENCY MEDICAL SERVICES (EMS) TO BE PROVIDED AT EVENT.

**Planning and Zoning staff action**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

**Special District staff action**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_