



CITY COUNCIL AGENDA ITEM

Date: August 3, 2011

To: John Szerlag, City Manager

From: William Nelson, Fire Chief
David Roberts, Assistant Fire Chief/Fire Marshal

Subject: Fireworks Permit – Troy Family Daze Festival

On August 1, 2011, the Fire Department received a permit application from Mad Bomber Fireworks Productions of Kingsbury, Indiana, for a public fireworks display to be conducted at the Troy Family Daze Festival at the Zion Christian Church, 3668 Livernois.

Background

Michigan's Fireworks Law requires that before anyone can conduct a fireworks display, a permit must be obtained from the local unit of government. The law states that any person or group that would like to conduct a fireworks display must apply to the local unit of government for a permit. The law defines local unit of government as the council or commission of a city or village, or the township board of a township.

Mad Bomber Fireworks Productions, therefore, is requesting that City Council grant a permit for a public fireworks display to occur on the evening of Saturday, September 17, 2011, or the rain date of Sunday, September 18, 2011.

Recommendation

The Fire Department has reviewed the permit application and recommends that City Council issue a fireworks permit to Mad Bomber Fireworks Productions. Enclosed for Council's review is the permit application along with the permit itself to be signed and issued.

City Attorney's Review as to Form and Legality

Lori Grigg Bluhm, City Attorney

Permit for Fireworks Display
 Michigan Department of Labor & Economic Growth
 Bureau of Construction Codes & Fire Safety
 Office of the State Fire Marshal
 P.O. Box 30254
 Lansing, MI 48909
 517-241-9302

Authority: Compliance: Penalty:	1988 PA 388 Required Misdemeanor	The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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This permit is not transferable. Possession of this permit authorizes the herein named person to possess, transport and display fireworks in the amounts, for the purpose of and at the place listed below only.

Public Display Agricultural Pest Control

ISSUED TO RANDY McCASLAND	AGE (18 or over) 40
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ADDRESS
2953 ARAN QUAY TERRACE, VALPARASIO, IN 46385

NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION
MAD BOMBER FIREWORKS PRODUCTIONS

ADDRESS
P.O. BOX 418, KINGSBURY, IN 46345

NUMBER AND TYPES OF FIREWORKS

254 2.5" DISPLAY SHELLS
316 3.0" DISPLAY SHELLS
1500 SHOT BARRAGE BOXES

EXACT LOCATION OF DISPLAY
ZION CHURCH, 3668 LIVERNOIS

CITY, VILLAGE, TOWNSHIP TROY	DATE 9/17/11 (9/18 RAIN DATE)	TIME DARK
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BOND OR INSURANCE FILED
 Yes No

Issued by action of the council commission board of

city village township of _____ on the _____ day of _____

_____ 20 _____

(Signature and Title of Council/Commission/Board Representative)

MICHIGAN STATE POLICE
FIRE MARSHAL DIVISION

APPLICATION FOR FIREWORKS DISPLAY PERMIT

<input checked="" type="checkbox"/> PUBLIC DISPLAY		<input type="checkbox"/> AGRICULTURAL PEST CONTROL		Date of Application 8/11/11	
Name of Applicant Mad Bomber Fireworks Productions		Address P.O. Box 418 Kingsbury IN 46345		Age (18 or over)	
If a Corporation, Name of President Andrew James		Address 14509 Clark St. Crown Point IN 46307			
If a Non-resident Applicant: Name of MI Attorney or Resident Agent John Granello		Address 303 Brotherton Wakefield MI 49968		Phone No. (906) 224 9871	
Name of Pyrotechnic Operator Randy McCosland		Address 2953 Arden Runy Valparaiso IN 46385		Age (18 or over) 37	
No. Years Experience 19	No. Displays 900+	Where IN IL MI WI FL MN MO			
Name of Assistant: Mike Gardner		Address Scherverville IN		Age 30	
Name of Other Assistant Rick James		Address Dyer IN		Age 50	
Exact Location of Proposed Display 3668 Livernors Rd Troy MI					
Date of Proposed Display September 17 2011			Time of Proposed Display Evening Dusk		
No. Of Fireworks		Kind of Fireworks to be Displayed			
254		2.5" Display Shells			
316		3" Display Shells			
1500 shots		Barrage Boxes			
Manner & Place of Storage Prior to Display (Subject to Approval of Local Fire Authorities) Kingsbury Industrial Park High X Area					
Amount of Bond or Insurance (to be set by local gov't) \$5,000,000.00			Name of Bonding Corporation or Insurance Company Britton-Gallagher and Associates, Inc.		
Address of Bonding Corporation or Insurance Company 6240 SOM Center Rd Cleveland OH 44139					
Signature of Applicant <i>[Signature]</i>					

SEE OTHER SIDE FOR INSTRUCTIONS

Authority: 1968 PA 358 Compliance: Voluntary but a permit will not be issued without an application
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~~BLAST~~ PRODUCTIONS/MAD BOMBER FIREWORKS

P.O. BOX 418
KINGSBURY, IN 46345
Phone: (219) 393 5051

BILL TO:
TROY DAZE COMMITTEE
TROY DAZE
FAMILY

SHIP TO:
TROY DAZE COMMITTEE
TROY DAZE
FAMILY

Invoice #: 7198

Date: 07/19/2011

of Boxes: 0

Show Date: 09/17/2011

RAIN DATE 09/18/2011

ORDER QUANTITY	BIN	INVENTORY NUMBER	DESCRIPTION	EX NUMBER
3		02-K-25	POPPING FLOWER VOLLEY (3)	EX-2006031002
4		20-B-N02	T TAIL-SAL 13 SHOT MODULES	EX-
4	3	03-W-31	4 SHOT COLOR CYCAS	EX-2009100293
4	9	03-Y-05	VOLLEY NISH KAM (4)	EX-
12	01	03-S-00	SALUTE W/ SIL SPLAT RST	EX-9307102
4	10	03-Y-06	GOLD WILLOW-TWINKLING (4)	EX-
3	22	03-K-22	SMILE FACE	EX-2006031002
4	301	03-W-32	WHITE STR W/FALL VOLLEY(4)	EX-2009100293
5	350	03-K-21	3" KANTO PATTERNS BAG OF 5	EX-
10	352	03-Y-01	YUNG FENG EFFECTS (10)	EX-200650199
12	353	03-K-20	3" KANTO COLOR BAG (12)	EX-2006031002
4	426	02-K-40	KANTO CYLINDER SHELLS	EX-2006031002
3	430	02-K-22	1/2 SIL 1/2 RED VOLLEY (3)	EX-2006031002
3	433	02-K-23	CHARTREUSE PEONY VOLLEY	EX-200631002
10	434	02-K-30	KANTO DISPLAY SHELLS	EX-2006031002
12	444	02-Y-01	YUNG FENG ASST (12)	EX-
3	460	20-C-W30	WIZ 3" COLOR FINALE IN 1	EX-2009060216
18	465	03-V-X1	VULCAN FANCY 18 OR 36	EX-9307102
72	601	03-D-X1	DOMINATOR ASST (72)	EX-2006110244
36	604	03-J-01	JINSHAN ASSORTED 3"	EX-
48	605	02-J-01	JINSHAN ASSORTED 2.5"	EX-
5	655	20-C-D01	DOM 3" COLOR FINALE	EX-2006110244
8	656	20-C-W20	2.5"12 SHOT COL/SAL FIN (8)	EX-2009100293
3	660	20-C-W33	WIZ 3" SALUTE FINALE (12)	EX-9307102
1	806	20-B-J02	36S 2.5" ASSORTED RINGS	EX-
1	807	20-B-W008	100 Z R STR MN SIL TOUR GOLD S	EX-2009100294
1	815	20-B-M01	150 DISPLAY	EX-1999060150
4	832	20-B-G20	100 CHINA TRAVEL SINGLES	EX-2006030065
1	836	20-B-G39	200 ORIENTAL THUNDER	EX-2005090424
1	847	20-B-M03	49 49 ASSORTED CAKES (2)	EX-004198
1	855	20-B-W02	25 SHOT 2.5" THSND BLOOMING	EX-2009100294
4	870	20-B-M13	25 CRACKLING CAKE SINGLE CAKES	EX-
1	873	20-B-W20	50 2" COLOR & SALUTE	EX-2003120199
1	899	20-B-L09	10X10 Z LEMON PURPLE 2/1	EX-
6	899	20-B-N01	ASSORTED 13S MODULES	EX-

Total Weight: 505.9



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

PRODUCER Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	CONTACT NAME: PHONE (A/C No. Ext): 440-248-4711 FAX (A/C No): 440-544-1234	
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED Mad Bomber Fireworks Productions PO Box 418 Kingsbury IN 46345	INSURER A: Lexington Insurance Co	
	INSURER B: Granite State Insurance Co.	
	INSURER C: Colony National Insurance Co 34118	
	INSURER D: Liberty Mutual Insurance Co 25035	
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 17246848** **REVISION NUMBER:**

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	TYPE OF INSURANCE	ADDL ISDR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-PORT <input type="checkbox"/> LOC		1619303-03	2/4/2011	2/4/2012	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Per occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
							\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA93487733	2/4/2011	2/4/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
							\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		AR5461099	2/4/2011	2/4/2012	EACH OCCURRENCE	\$4,000,000
						AGGREGATE	\$4,000,000
							\$
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC734531836	3/12/2011	3/12/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Operation: Fireworks Display. Additional Insured: NORTH WOODWARD COMMUNITY FOUNDATION; ZION CHRISTIAN CHURCH, ZION CHRISTIAN CHURCH FOUNDATION

CERTIFICATE HOLDER NORTH WOODWARD COMMUNITY FOUNDATION 1120 E. LONG LAKE SUITE 205 TROY MI 48065	CANCELLATION 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

DEPARTMENT OF THE TREASURY - BUREAU OF ALCOHOL, TOBACCO AND FIREARMS



LICENSE/PERMIT (18 U.S.C. CHAPTER 40, EXPLOSIVES)

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 556) you may engage in the activity specified in this license/permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder until the expiration date shown. See "WARNING" and "NOTICES" on back.

DIRECT ATF
CORRESPONDENCE
TO:

Christopher R. Reeves
Chief, Federal Explosives Licensing Center (FELC)
Bureau of Alcohol, Tobacco, Firearms and Explosives
244 Needy Road
Martinsburg, West Virginia 25405
Telephone: 1-877-283-3352 Fax: 1-304-816-4401

PERMIT
NUMBER
EXPIRATION
DATE

4-IN-091-51-1L-00872

November 1, 2011

NAME

PLANET PROD/MAD BOMB FWKS/NIGHT MAG
DISP/SKY MAJ

Premises Address CHANGES? You must notify the FELC at least 10 days before the mo
3999 HURP RD MIDWEST WAREHOUSING BLDG R-3-1
KINGSBURY, IN 46345-

TYPE OF LICENSE OR PERMIT

51-IMPORTER OF FIREWORKS (DISPLAY)

Specimen

CHIEF, FEDERAL EXPLOSIVES LICENSING CENTER (FELC)

Christopher R. Reeves
Christopher R. Reeves

PURCHASING CERTIFICATION

I certify that this is a true copy of a license/permit issued to me to engage in the activity specified.

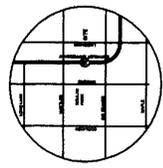
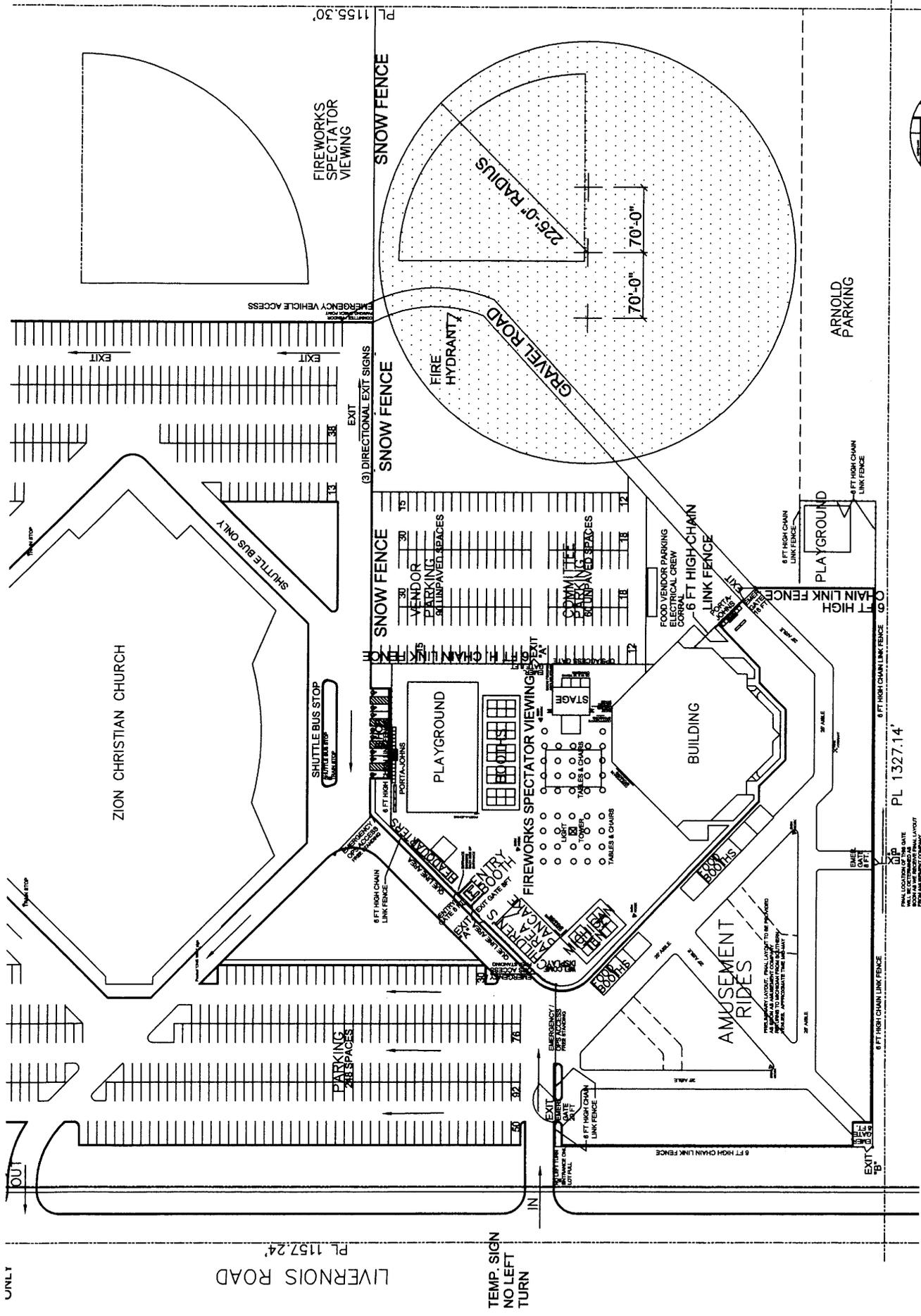
Specimen

(SIGNATURE OF LICENSEE/PERMITEE)

Mailing Address CHANGES? You must notify the FELC at least 10 days before the chan

MIAND INC
PLANET PROD/MAD BOMB FWKS/NIGHT MAG
DISP/SKY MAJ
PO BOX 418
KINGSBURY, IN 46345-

The licensee/permittee named herein shall use a reproduction of this license/permit to assist a transferor of explosives to verify the identity and status of the licensee/permittee as provided in 27 CFR Part 556. The signature on each reproduction must be an ORIGINAL signature.



TROY FAMILY DAZE
SITE PLAN

2014

PL 1327.14'

PL 1155.30'

PL 1157.24'

PL 1155.30'

PL 1157.24'

PL 1155.30'

PL 1157.24'

PL 1155.30'

PL 1157.24'