

June 27, 2006

TO: John M. Lamerato, Acting City Manager

FROM: Brian P. Murphy, Assistant City Manager/Services
William Nelson, Fire Chief
Carol K. Anderson, Parks and Recreation Director

SUBJECT: Agenda Item – Fireworks Permit – Troy Daze Festival

On June 5, 2006, a permit application from Mad Bomber Fireworks, Inc. of Kingsbury, Indiana was received by the City of Troy for a public fireworks display to be conducted at the close of this year's Troy Daze Festival.

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.

With this in mind, Mad Bomber Fireworks Productions, Inc. is requesting that City Council grant a permit for a public fireworks display to occur on Sunday, September 17, 2006 at Boulan Park.

RECOMMENDATION

The Fire Prevention Division has reviewed the permit application and recommends that City Council issue a fireworks permit to Mad Bomber Fireworks Productions, Inc. Attached for Council's review is the permit application along with the permit to be signed and issued.

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:	1968 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 MCLASLAND AGE (18 or over) 34

ADDRESS 530 TIMBER LAKE DR., LOWELL, IN 46356

NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION
FIREWORKS PARTNERS INC., DBA MAD BOMBER PRODUCTIONS

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

NUMBER AND TYPES OF FIREWORKS

360 2.5" DISPLAY SHELLS
376 3" DISPLAY SHELLS
2916 SHOT BARRAGE BOXES

EXACT LOCATION OF DISPLAY
BOULAN PARK, 3671 CROOKS RD.

CITY, VILLAGE, TOWNSHIP TROY DATE 09/17/06 TIME DARK

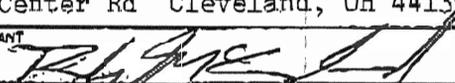
BOND OR INSURANCE FILED
 Yes No AMOUNT \$1M

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)

Application for Fireworks Display Permit
 Michigan Department of Labor & Economic Growth
 Bureau of Construction Codes & Fire Safety
 P.O. Box 30700
 Lansing, MI 48909
 517-373-3413

Authority: Compliance: Penalty:	1868 PA 358 Voluntary Permit will not be issued	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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<input checked="" type="checkbox"/> Public Display		<input type="checkbox"/> Agricultural Pest Control	DATE OF APPLICATION 5/30/06
NAME OF APPLICANT DBA Mad Bomber Fireworks Productions		ADDRESS P.O. Box 418 Kingsbury, IN 46345	AGE (18 or over)
IF A CORPORATION, NAME OF PRESENT Andrew James		ADDRESS 14509 Clark St. Crown Point, IN 46307	
IF A NON-RESIDENT APPLICANT, NAME OF MICHIGAN ATTORNEY OR RESIDENT AGENT John Granato		ADDRESS 303 Brotherton Wakefield, MI 49968	TELEPHONE NUMBER 906-224-9871
NAME OF PYROTECHNIC OPERATOR Randy McCasland		ADDRESS 530 Timberlake Dr. Lowell, IN 46356	AGE (18 or over) 34
NO. YEARS EXPERIENCE 16	NO. DISPLAYS 300+	WHERE MI, IL, IN, IA, MN, MD, FL, WI, MO	
NAME OF ASSISTANT Mike Gardner		ADDRESS Griffith, IN	AGE 25
NAME OF OTHER ASSISTANT Rick James		ADDRESS Dyer, IN	AGE 44
EXACT LOCATION OF PROPOSED DISPLAY Boulan Park, Crooks Road Troy, MI			
DATE OF PROPOSED DISPLAY September 17th, 2006		TIME OF PROPOSED DISPLAY Evening, Dusk	
NUMBER OF FIREWORKS	KIND OF FIREWORKS TO BE DISPLAYED		
360	2.5" Display Shells		
376	3" Display Shells		
2916 shot	Barrage Boxes		
MANNER AND PLACE OF STORAGE PRIOR TO DISPLAY (Subject to Approval of Local Fire Authorities) Kingsbury Industrial Park High X Bunker Area			
AMOUNT OF BOND OR INSURANCE (To be set by local government) \$5,000,000		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 			

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/20/2006

PRODUCER (440)248-4711 FAX (440)248-5406
Britton-Gallagher and Associates, Inc.
6240 SOM Center Rd.
Cleveland, OH 44139

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Fireworks Partners Inc. dba
Mad Bomber Fireworks Productions
P.O. Box 418
Kingsbury, IN 46345

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Co.	
INSURER B: Granite State Insurance Co.	
INSURER C: Arch Specialty Ins Company	
INSURER D: Liberty Mutual Ins. Group	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	7410451	01/05/2006	01/05/2007	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	
B	AUTOMOBILE LIABILITY	CA32790354	01/05/2006	01/05/2007	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AUTO ONLY: AGG	\$
C	EXCESS/UMBRELLA LIABILITY	ULP000396501	01/05/2006	01/05/2007	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC7345311836	12/25/2005	12/25/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	OTHER				E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
This Insured has a total of \$5,000,000 coverage.

Operation: Fireworks Display
Additional Insured: City of Troy & Troy Daze Committee including Architects & Engineers, All elected and appointed officials, all employees & volunteers additional insured on ISO form B of Broaden.

CERTIFICATE HOLDER

City of Troy
500 W. Big Beaver Rd.
Troy, MI 48084

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jeanne Kearney