City of Troy

CITY COUNCIL AGENDA ITEM

Date: August 18, 2016

To: Brian Kischnick, City Manager

From: David Roberts, Fire Chief
Richard C. Riesterer, Asst. Fire Chief

Subject: Fireworks Permit for Troy Family Daze 2016 (Introduced by: Chief Roberts. Presented by: Asst. Chief Riesterer)

The Fire Department has received a permit application from North Woodward Community Foundation of Troy together with Great Lakes Fireworks, LLC of Eastpointe, Michigan, for a public fireworks display to be conducted at the Troy Family Daze Festival at the Troy Civic Center Complex, near the intersection of Town Center Dr. and Civic Center Dr. for September 17, 2016.

Background

Michigan 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.

North Woodward Community Foundation of Troy together with Great Lakes Fireworks, LLC, therefore, are requesting that the Troy City Council grant a permit for a public fireworks display to occur at the Troy Family Daze Festival on the evening of Saturday, September 17, 2016, or the rain date of Sunday, September 18, 2016.

Great Lakes Fireworks, LLC has provided a certificate of liability insurance, and the resident agent is Mr. Barry J. Beltz of Eastpointe, Michigan. North Woodward Community Foundation will comply with the requirement to provide insurance, with the City of Troy as an additional named insured, no later than ten (10) business days before the event.

Recommendation

The Fire Department has met with the applicants and reviewed the permit application and supporting documentation, and recommends that City Council issue a fireworks permit to North Woodward Community Foundation of Troy together with Great Lakes Fireworks, LLC.

City Attorney's Review as to Form and Legality

_____ _____

Lori Grigg Bluhm, City Attorney Date

RCR\S:\Fire\TROY FAMILY DAZE\2016 Troy Family Daze Agenda Item 2016 rev

2016 Application for Fireworks Other Than Consumer or Low Impact

FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY

Authority: 2011 PA 256	The LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disability, or political beliefs. If you need assistance with ready, writing, hearing, etc. under the Americans with Disabilities Act, you may make you needs known to this Legislative Body of City, Village or Township Board.	DATE PERMIT(S) EXPIRE:

TYPE OF PERMIT(S) (Select all applicable boxes)

- ☐ Agricultural or Wildlife Fireworks
- ☐ Articles Pyrotechnic
- ■ Display Fireworks
- ☐ Public Display
- ■ Private Display
- ☐ Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes

NAME OF APPLICANT North Woodward Community Foundation (Troy Family Daze)	ADDRESS OF APPLICANT 1120 E. Long Lake Road, STE 205 Troy, MI 48085	AGE OF APPLICANT 18 YEARS OR OLDER ■ YES ☐ NO
NAME OF PERSON OR RESIDENT AGENT REPRESENTING CORPORATION, LLC, DBA OR OTHER ~~Tom Kaszubski~~, President JOSEPH SEMANY	ADDRESS OF PERSON OR RESIDENT AGENT REPRESENTING CORPORAITON, LLD, DBA OR OTHER	
IF A NON-RESIDENT APPLICANT (LIST NAME OF MICHIGAN ATTORNEY OR MICHIGAN RESDIENT AGENT)	ADDRESS (MICHIGAN ATTORNEY OR MICHIGAN RESDIENT AGENT)	TELEPHONE NUMBER
NAME OF PYROTECHNIC OPERATOR Great Lakes Fireworks LLC	ADDRESS OF PYROTECHNIC OPERATOR 24805 Marine, Eastpointe, MI 48021	AGE OF PYROTECHNIC OPERATOR 18 YEARS OR OLDER ■ YES ☐ NO
NO. YEARS EXPERIENCE: 20+ / NO. DISPLAYS: 100+	WHERE Throughout Michigan	
NAME OF ASSISTANT TBD	ADDRESS OF ASSISTANT	AGE OF ASSISTANT 18 YEARS OR OLDER ■ YES ☐ NO
NAME OF OTHER ASSISTANT TBD	ADDRESS OF OTHER ASSISTANT	AGE OF OTHER ASSISTANT 18 YEARS OR OLDER ■ YES ☐ NO
EXACT LOCATION OF PROPOSED DISPLAY Town Center Road West of Civic Center Drive, Troy, MI		
DATE OF PROPOSED DISPLAY September 17, 2016 (Rain: 9/18/16)	TIME OF PROPOSED DISPLAY Approx. 10:00 p.m.	
MANNER AND PLACE OF STORAGE, SUBJECT TO APPROVAL OF LOCAL FIRE AUTHORITIES, IN ACCORDANCE WITH NFPA 1123, 1124 & 1126 AND OTHER STATE OR FEDERAL REGULATIONS. PROVIDE PROOF OF PROPER LICENSING OR PERMITTING BY STATE OR FEDERAL GOVERNMENT Stored at federally licensed facility until date of display.		
AMOUNT OF BOND OR INSURANCE (TO BE SET BY LOCAL GOVERNMENT) $5,000,000	NAME OF BONDING CORPORATION OR INSURANCE COMPANY Allied Specialty Insurance Company	
ADDRESS OF BONDING CORPORATION OR INSURANCE COMPANY 10451 Gulf Boulevard, Treasure Island, FL 33706		

NUMBER OF FIREWORKS	KIND OF FIREWORKS TO BE DISPLAYED (Please provide additional pages as needed)
Approx. 500	3" Shells
Approx. 215	4" Shells
Approx. 2	Various barrage cakes 3" and smaller

SIGNATURE OF APPLICANT	DATE
Joseph A Semany	8-16-16

BFS-417 (Rev 09/15)

2016 Permit for Fireworks Other Than Consumer or Low Impact

Authority: 2011 PA 256	The LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, disability, or political beliefs. If you need assistance with ready, writing, hearing, etc. under the Americans with Disabilities Act, you may make you needs known to this Legislative Body of City, Village or Township Board.

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 an at the place listed below only through permit expiration date.

TYPE OF PERMIT(S) (Select all applicable boxes) ☐ Agricultural or Wildlife Fireworks ☐ Articles Pyrotechnic ■ Display Fireworks ☐ Public Display ■ Private Display ☐ Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes	FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY. PERMIT(S) EXPIRATION DATE (ENTER DATE OF EXPIRATION)
NAME OF PERSON PERMIT ISSUED TO North Woodward Community Foundation (Troy Family Daze)	AGE (18 YEARS OR OLDER) ■ YES ☐ NO
1120 E. Long Lake Road, Suite 205, Troy, MI 48082	
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION	
ADDRESS	
NUMBER AND TYPES OF FIREWORKS (Please attach additional pages if necessary) Approx. 500 3" Shells Approx. 215 4" Shells Approx. 2 Various barrage cakes 3" and smaller	
EXACT LOCATION OF DISPLAY OR USE Town Center Road West of Civic Center Drive	

CITY, VILLAGE, TOWNSHIP Troy	DATE September 17, 2016 (Rain: 9/18/2016)	TIME Approx. 10:00 pm
BOND OF INSURANCE FILED Yes		AMOUNT $5,000,000

Issued by action of the Legislative Body of a

☐ City ☐ Village ☐ Township of _____ on the _____ day of _____, 2016.

_____

(Signature and Title of Legislative Body Representative)

THIS FORM IS VALID UNTIL THE DATE OF EXPIRATION OF PERMIT

BFS-416 (Rev 09/15)

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/03/2016

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
Allied Specialty Insurance, Inc.
10451 Gulf Blvd
Treasure Island, FL 33706-4814

CONTACT NAME: Glenn Harris
PHONE (A/C, No, Ext): 727-547-3093 FAX (A/C, No):
E-MAIL ADDRESS: gharris@alliedspecialty.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : T.H.E. Insurance Company	12866
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Great Lakes Fireworks, LLC
24805 Marine
Eastpointe, MI 48021

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC OTHER:			CPP0100711-06	03/27/2016	03/27/2017	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ N/A
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Protection & Indemnity	$ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			CPP0100711-06	03/27/2016	03/27/2017	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[ ] UMBRELLA LIAB [X] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $			ELP0010168-06	03/27/2016	03/27/2017	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WCP0004594-006 Coverage is afforded in the State(s) of: MI & WI	06/25/2016	06/25/2017	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Excess Liability GL			ELP0011852-01	03/27/2016	03/27/2017	Ea Occur / Agg Limit	$ 4,000,000
	Inland Marine / Hull			CPP0100711-06	03/27/2016	03/27/2017	Hull Limit	$ 250,000
							Show Limit	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Display Date: September 17, 2016 Rain date: September 18, 2016 Location: Town Center Road West of Civic Center Drive, Troy, MI 48085
RE: General Liability, the following are named as additional insured in respects to the operations of the named insured only:

The City of Troy and all its elected and appointed officials, boards, committees, volunteers, and/or other authorities.

CERTIFICATE HOLDER

North Woodward Community Foundation
1120 E. Long Lake Road, STE 205
Troy, MI 48085

CERT # 16101

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
Carol A Serra

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