



CITY COUNCIL ACTION REPORT

August 1, 2008

TO: Phillip L. Nelson, City Manager

FROM: John M. Lamerato, Assistant City Manager/Finance and Administration
William Nelson, Fire Chief
Carol K. Anderson, Parks and Recreation Director

SUBJECT: Agenda Item – Fireworks Permit – Troy Daze Festival

Background:

- Michigan Fireworks Law requires that before anyone can conduct a fireworks display, they must apply to the local unit of government for a permit.
- On August 1, 2008, a permit application from Mad Bomber Fireworks Productions, 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. The law defines local unit of government as a council or commission of a city or village, or the township board of a township.
- Mad Bomber Fireworks Productions, Inc. is requesting that City Council grant a permit for a public fireworks display to occur on Sunday, September 14, 2008 at Boulan Park.
- 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.

Financial Considerations:

- Funding for the fireworks display is available in the Parks and Recreation Community Fair operating account #103.784.7889.010

Legal Considerations:

- none

Policy Considerations:

- The Troy Daze Festival attracts nearly 100,000 people annually to celebrate the community. A wide variety of activities provides fun for the entire family, and offers an opportunity for Troy business and community groups to showcase their organizations. (Outcome Statement I)

Options:

- City Management recommends that City Council issue a fireworks permit to Mad Bomber Fireworks Productions, Inc.

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 8-1-2008	
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 Grando		Address 303 Brotherton Wakefield MA 01968		Phone No. (906) 224 9871	
Name of Pyrotechnic Operator Randy McKeeland		Address 2953 Aron Quay Valparaiso IN 46385		Age (18 or over) 37	
No. Years Experience 19	No. Displays 500+	Where IN IL MI WI FL MN MO			
Name of Assistant: Mike Gardner		Address Valparaiso IN		Age 28	
Name of Other Assistant Terry Noort		Address Lansing IL		Age 23	
Exact Location of Proposed Display Boulan Park, Coaks Rd Troy MI					
Date of Proposed Display September 2008		Time of Proposed Display Evening Dusk			
No. Of Fireworks		Kind of Fireworks to be Displayed			
350		2.5" Display Shells			
360		3" Display Shells			
2800 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, etc.		
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: 1999 PA 35B Compliance: Voluntary but a permit will not be issued without an application
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ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 1/14/2008
PRODUCER Phone: 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 Mad Bomber Fireworks Productions PO Box 418 Kingsbury IN 46345		INSURERS AFFORDING COVERAGE INSURER A: Lexington Insurance Co INSURER B: Granite State Insurance Co. INSURER C: Arch Specialty Ins Co INSURER D: Liberty Mutual Insurance Co INSURER E:
		NAIC# 25035

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.

INGR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	1619303	1/5/2008	1/5/2009	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/PROP 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 <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	CA93487730	1/5/2008	1/5/2009	COMBINED SINGLE LIMIT (EA ACCIDENT) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	ULP000396503	1/5/2008	1/5/2009	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC7348311836	12/25/2007	12/25/2008	WC STATUTORY LIMITS 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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Operations: Fireworks Display
 Additional Insured (s): City of Troy & Troy Daze Committee including Architects and Engineers, All elected and appointed officials, all employees and volunteers, boards, commissioners and/or authorities and their board member, employees and volunteers additional insured on ISO form B of Broader

CERTIFICATE HOLDER City of Troy 500 W. Big Beaver Rd. Troy, MI 48084	CANCELLATION or materially changed SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BY THE INSURER'S FAILURE TO SEND SUCH NOTICE, THE INSURER SHALL BE DEEMED TO HAVE ACCEPTED THE POLICY AS A MATTER OF COURSE. AUTHORIZED REPRESENTATIVE
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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 358 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.

<input checked="" type="checkbox"/> Public Display <input type="checkbox"/> Agricultural Pest Control	
ISSUED TO RANDY McCASLAND	AGE (18 or over) 37
ADDRESS 2953 ARRAN QUAY TERRACE, VALPARAISO, IN 46385	
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION MAD BOMBER FIREWORKS PRODUCTIONS	
ADDRESS P.O. BOX 418, KINGSBURY, IN 46345	

350 2.5" DISPLAY SHELLS
 360 3" DISPLAY SHELLS
 2800 SHOT BARRAGE BOXES

EXACT LOCATION OF DISPLAY BOULAN PARK, 3671 CROOKS RD.		
CITY, VILLAGE, TOWNSHIP TROY	DATE 09/14/08	TIME DARK
BOND OR INSURANCE FILED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT \$5,000,000.00

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)