

## CITY COUNCIL ACTION REPORT

October 21, 2010

TO: John Szerlag, City Manager

FROM: William S. Nelson, Fire Chief  
David J. Roberts, Assistant Fire Chief

SUBJECT: Macy's Fireworks Display

### Background:

Macy's at Oakland Mall along with Zambelli Fireworks, Inc., of New Castle, Pennsylvania, have submitted a permit application for a public fireworks display to celebrate the beginning of their holiday shopping season. Macy's and Zambelli are requesting the Troy City Council grant a permit for an approximate fifteen-minute public fireworks display to occur on Friday, November 5, 2010, at 7:00 PM in their west parking lot. Macy's west parking lot will accommodate the necessary distances required for the display.

### Legal Considerations:

Michigan's Fireworks Law requires 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. City Council has previously granted permission for a fireworks display for previous years' events at Oakland Mall. Furthermore, Troy City Code Chapter 93, Section 105.6.15.1, requires an operational permit for the public display (and retail display and sale) of fireworks, to be issued by the Fire Department.

### Financial Considerations:

The Fire Department will arrange to have Fire Station #4 on standby at the event along with the necessary number of Fire Prevention Division staff member(s) to help ensure fire safety. Some Fire Department costs will be off-set by the \$125.00 Fireworks permit fee as required by ordinance.

## **City Council Action Report**

Page 2

### **Policy Considerations:**

The permitting process and inspection, and subsequent fire department standby during the event are consistent with City Council's goal of enhancing the safety of the community.

### **Options:**

Staff recommends that City Council issue a fireworks permit to Zambelli Fireworks, Inc., for a public fireworks display. Enclosed for Council's review are the permit application and permit to be signed and issued; certificate of insurance; and a request letter to Council from Urban Retail Properties, LLC.

Prepared by David Roberts, Assistant Fire Chief / Fire Marshal  
G:\Data\10-803\My Documents\Word\Macy's Fireworks Agenda Item.docx

Wednesday, October 5<sup>th</sup> 2010

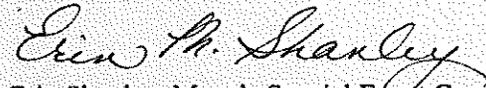
City Council  
Of the City of Troy  
500 W Big Beaver Rd  
Troy, MI 48084

**LETTER OF INTENT**

Ladies and Gentlemen of the Council,

Macy's Retail establishment wishes to utilize parking lot real estate from Urban Retail Properties, LLC located outside Macy's location at Oakland Mall on Friday, November 5th for our annual holiday parade and fireworks display. Zambelli Fireworks will control all aspects of fireworks display and safety, Performance Staging rental company will be on site to provide barricades and stanchions for the space, and Macy's, along with Oakland Mall officials will coordinate all aspects of event production. We find that both Macy's and the City of Troy benefit from the positive publicity this event brings.

Sincerely,

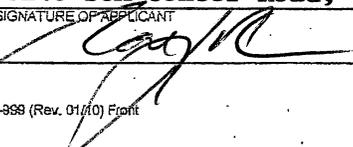


Erin Shanley, Macy's Special Event Coordinator

Application for Fireworks Display Permit  
 Michigan Department of Energy, Labor, & Economic Growth  
 Bureau of Fire Services  
 P.O. Box 30700  
 Lansing, MI 48909  
 (517) 241-8847

**2010**

Authority: Compliance: Penalty:	1988 PA 358 Voluntary Permit will not be issued	The Department of Energy, 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.
---------------------------------------	---	--

<input checked="" type="checkbox"/> Public Display		<input type="checkbox"/> Agricultural Pest Control	DATE OF APPLICATION <b>10/22/10</b>
NAME OF APPLICANT <b>Zambelli Fireworks Mfg. Co.</b>		ADDRESS <b>PO Box 1463 New Castle PA 16103</b>	AGE (18 or over)
IF A CORPORATION, NAME OF PRESENT <b>W. Douglas Taylor</b>		ADDRESS <b>same</b>	
IF A NON-RESIDENT APPLICANT, NAME OF MICHIGAN ATTORNEY OR RESIDENT AGENT		ADDRESS	TELEPHONE NUMBER
NAME OF PYROTECHNIC OPERATOR <b>Dave Evans</b>		ADDRESS <b>950 Wampum Ave. Ellwood City PA</b>	AGE (18 or over) <b>62</b>
NO. YEARS EXPERIENCE <b>15+</b>	NO. DISPLAYS <b>200+</b>	WHERE <b>throughout the US</b>	<b>16117</b>
NAME OF ASSISTANT <b>to be determined</b>		ADDRESS	AGE
NAME OF OTHER ASSISTANT		ADDRESS	AGE
EXACT LOCATION OF PROPOSED DISPLAY <b>parking lot of Oakland Mall - Troy, MI (see attached map)</b>			
DATE OF PROPOSED DISPLAY <b>11/5/10</b>		TIME OF PROPOSED DISPLAY <b>7 pm</b>	
NUMBER OF FIREWORKS	KIND OF FIREWORKS TO BE DISPLAYED		
<b>1200</b>	<b>3" Aerial Display Shells</b>		
<b>402</b>	<b>4" aerial Display Shells</b>		
<b>15</b>	<b>Barrage Cakes Shells</b>		
MANNER AND PLACE OF STORAGE PRIOR TO DISPLAY (Subject to Approval of Local Fire Authorities) <b>delivered on day of display</b>			
AMOUNT OF BOND OR INSURANCE (To be set by local government) <b>\$10 Million</b>		NAME OF BONDING CORPORATION OR INSURANCE COMPANY <b>Britton-Gallagher &amp; Associates</b>	
ADDRESS OF BONDING CORPORATION OR INSURANCE COMPANY <b>6240 SOM Center Road, Cleveland OH 44139</b>			
SIGNATURE OF APPLICANT 			

\* FORM IS VALID FOR YEAR SHOWN ONLY \*

### Instructions for Application for Fireworks Display Permit

Applications shall be made to the city or village council or commission of the township board. A permit shall be issued only as a result of legal action by the council, commission or board. A permit shall be valid only for use within the limits of the issuing political jurisdiction.

1. The applicant may be a person representing an organization, group, firm or corporation, or self. If the applicant is also the operator, enter the same name in Operator's section.
2. A non-resident applicant shall appoint a Michigan attorney or resident agent in writing to be the applicant's legal representative upon whom all process in any action or proceeding may be served.
3. The pyrotechnic operator is the person in charge of the display. The council, commission or board shall rule on the competency and qualifications of the operator before granting a permit and may require an affidavit from the applicant as to the operator's experience, former pyrotechnic accidents, criminal record, sobriety, etc.
4. Indicate the total amount of fireworks proposed for the display, such as 10 aerial bombs, 30 aerial rocket bursts, etc.
5. Indicate the manner and place of storage within the political jurisdiction of fireworks that are ready for display, just prior to the display in the area of exhibition. The council, commission or board shall obtain approval from the local fire authorities of the manner and place of storage before any permit is issued.
6. The issuing political jurisdiction shall set the amount of and proof of bond or insurance for the protection of the public to satisfy claims for damages to property or personal injuries arising out of any act or omission on the part of the person, firm or corporation, or any agent or employee of the applicant. The applicant shall assure the bond or insurance required is provided.
7. The application is valid for the year shown at the top right corner only.

Permit for Fireworks Display  
 Michigan Department of Energy, Labor & Economic Growth  
 Bureau of Fire Services  
 Office of the State Fire Marshal  
 P.O. Box 30700  
 Lansing, MI 48909  
 (517) 241-8847

2010

Authority: Compliance: Penalty:	1968 PA 356 Required Misdemeanor	The Department of Energy, 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.
---------------------------------------	--	--

*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 <b>Zambelli Fireworks Mfg. Co.</b>	AGE (18 or over)	
ADDRESS <b>PO Box 1463 New Castle PA 16103</b>		
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION <b>Macy's</b>		
ADDRESS <b>111 North State Street, Chicago, IL 60602</b>		
NUMBER AND TYPES OF FIREWORKS  <div style="margin-left: 40px;"> <b>1200 3" Aerial Display Shells</b>  <b>402 4" Aerial Display Shells</b>  <b>15 Barrage Cakes</b> </div>		
EXACT LOCATION OF DISPLAY <b>parking lot of Oakland Mall - Troy, MI</b>		
CITY, VILLAGE, TOWNSHIP <b>Troy, MI</b>	DATE <b>11/5/10</b>	TIME <b>7 pm</b>
BOND OR INSURANCE FILED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT <b>\$10 Million</b>

Issued by action of the <input type="checkbox"/> council <input type="checkbox"/> commission <input type="checkbox"/> board of <input type="checkbox"/> city <input type="checkbox"/> village <input type="checkbox"/> township of _____ on the _____ day of <div style="text-align: center; margin-top: 10px;">_____ 20 _____</div>			
_____ (Signature and Title of Council/Commission/Board Representative)			

\*THIS FORM IS VALID FOR THE YEAR SHOWN ONLY\*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/6/2010

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).

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 440-248-4711      FAX (A/C, No): 440-544-1234 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	
	<b>INSURED</b> Zambelli Fireworks Mfg. Co., Inc. PO Box 1463 New Castle PA 16103-1463	
		<b>INSURER(S) AFFORDING COVERAGE</b>
		<b>INSURER A:</b> Lexington Insurance Co
		<b>INSURER B:</b> Granite State Insurance Co.      NAIC # 23809
		<b>INSURER C:</b> Arch Specialty Ins Co
		<b>INSURER D:</b> Liberty Mutual Insurance Co      NAIC # 25035
		<b>INSURER E:</b>
		<b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 1823757439      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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			1619391-02	2/1/2010	2/1/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <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			CA93488082	2/1/2010	2/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			UFP0031592	2/1/2010	2/1/2011	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC5348517601 (MI)	12/30/2009	12/30/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Display Date: November 5, 2010    Rain Date: n/a  
Location: parking lot of Macy's Mall  
City of Troy is included as an Additional Insured, as their interests may appear under the commercial  
See Attached...

<b>CERTIFICATE HOLDER</b>  City of Troy 500 West Big Beaver Fire Chief Dave Roberts Troy MI 48084	<b>CANCELLATION</b> 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 
--	---

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Britton-Gallagher and Associates, Inc.		NAMED INSURED Zambelli Fireworks Mfg. Co., Inc. PO Box 1463 New Castle PA 16103-1463	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

General Liability insurance policy, with regards to the actions of Macy's and its associates, affiliate's, contractors and subcontractors, in accordance with and to the extent of the term of a written agreement with Macy's, related to Holiday Fireworks in the parking lots of Macy's Oakland Mall taking place 11-5-10

RESIDUAL

CRASH OTT  
2,441 S.F.

RETENTION BASIN

PLAN PLATON

45' DIM

30' DIM

30' DIM

JC PENNEY  
(3 LEVEL)  
206,600 S.F. G.L.

TEA

ENCLOSURE HALL  
(2 LEVEL)  
271,000 S.F. G.L.

ENCLOSURE HALL  
(1 LEVEL)  
814,193 S.F. G.L.  
2,000,000 S.F.

MACY'S  
(3 LEVEL)  
176,217 S.F. G.L.

OAKLAND MALL

BOYCE

BOYCE

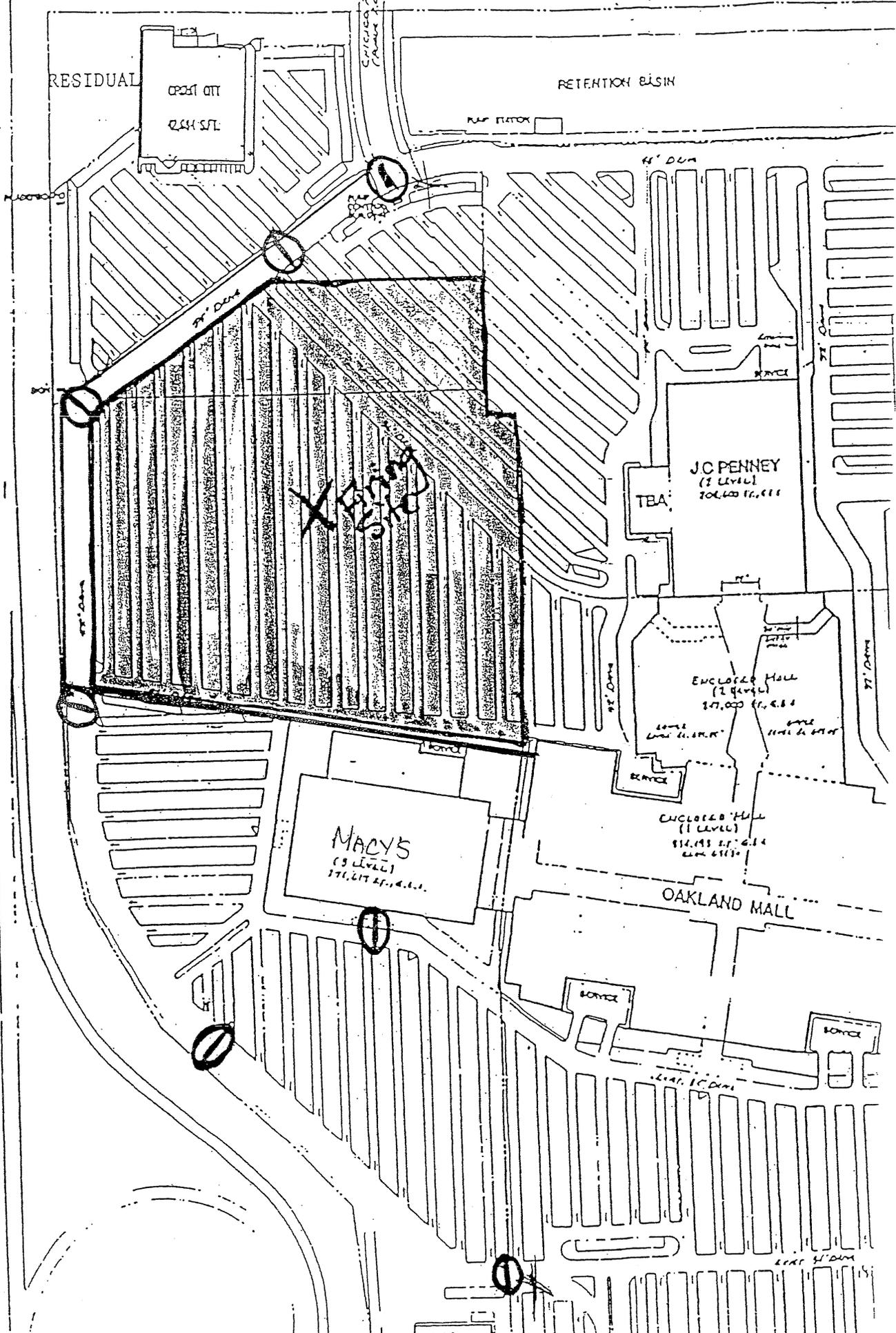
40' DIM

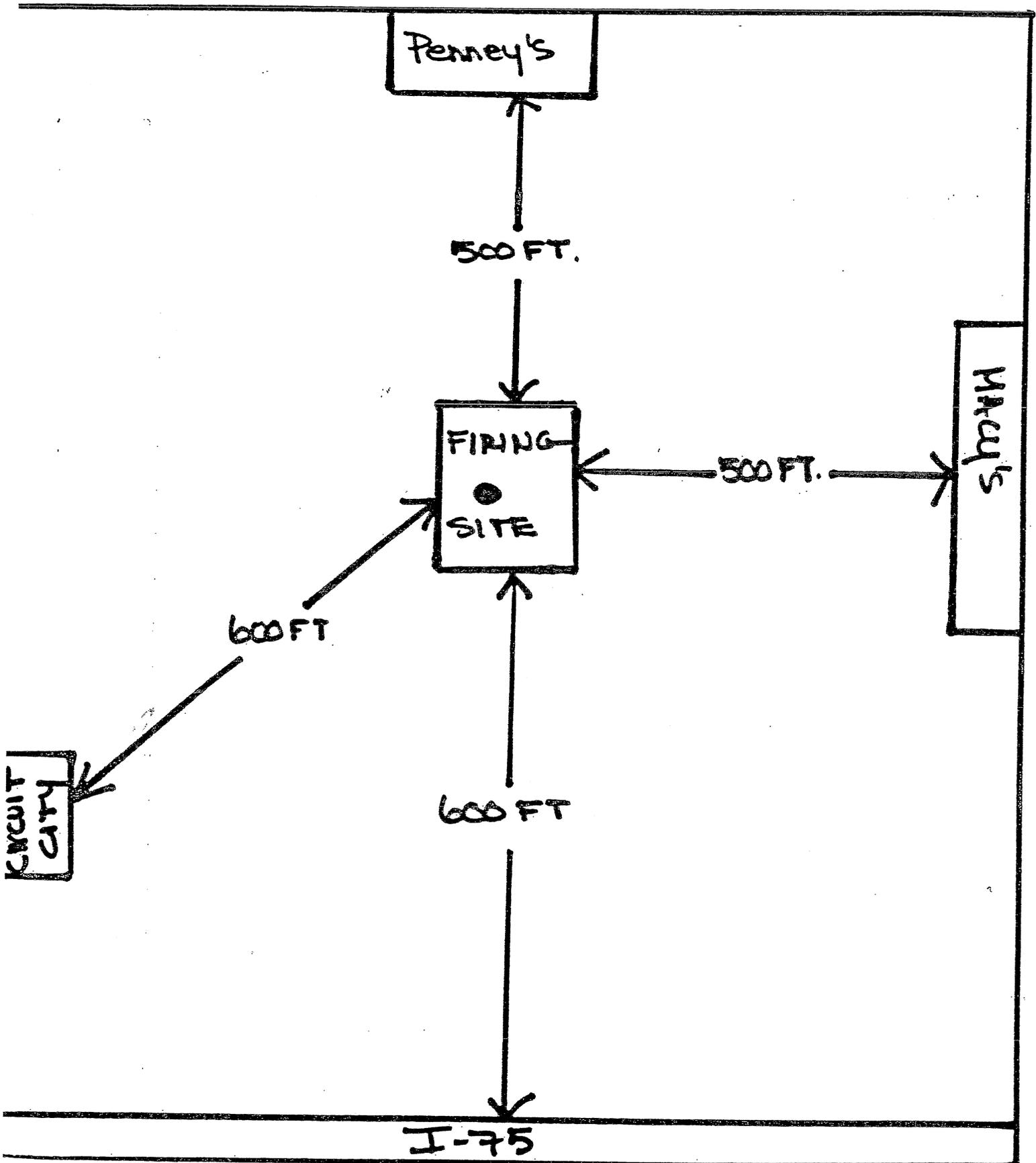
40' DIM

CHICAGO ROAD  
(10' DIM)

1-75

*Handwritten scribbles and markings in the center of the map.*





\* AREA WILL BE BARRICADED/NO ONE ALLOWED INSIDE SHOOTING AREA OTHER THAN ZAMBELL EMPLOYEES.

**To navigate in this form use the *TAB* key to move from field to field. **DO NOT** use the Enter key.**

**Electronic Certificate of Insurance Request Form**

This form must be utilized for all Certificate of Insurance requests. All Certificate requests will be fulfilled within 24 hours of submission. All relevant fields must be completed in order to submit a Certificate request. Failure to complete all fields will result in return of the request. All Certificates will be issued via email. Please ensure that valid email addresses are provided for all parties receiving a copy of each Certificate.

**When this request form has been completed, please save and forward as an email attachment to: [COIRequests@macys.com](mailto:COIRequests@macys.com)**

*\*If there are additional documents, such as a contract form specifying insurance obligations, that will accompany this certificate request, forward via FAX to 513-562-6646 Attn: Certificate of Insurance Requests.*

**Is this a new request, or a request for revision of a Certificate previously issued?**

New       Revision  (Complete Revision Information section only)

**Revision Information**

**If this is a request for revision of a Certificate issued between February 1, 2005 and present, please provide the following information:**

Date original Certificate was issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for revision: \_\_\_\_\_

Distribute Revised Certificate To The Following: \_\_\_\_\_ (Valid email addresses required)

**Requester Information**

Requester Name: \_\_\_\_\_

Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Requester Email Address: \_\_\_\_\_

***Would the Requester like a copy of the Certificate sent to the above Requester Email Address?***

Yes       No

**Location Information**

Division: \_\_\_\_\_

**Certificate Holder Information**

Certificate Holder Name: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_

Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Contact Email Address: \_\_\_\_\_

***One copy of the Certificate will be sent to the Contact Email Address noted above***

**Coverage Information/Description**

Property - (Includes Boiler and Machinery)



- 
- Liability - (Includes Commercial General Liability, Auto and Workers Compensation Coverage Information)  
 Other - \_\_\_\_\_

**Additional Insured/ Loss Payee Information**

- Additional Insured                       Loss Payee

Description: \_\_\_\_\_

**Special Event/Photo Shoot**

- Special Event/Photo Shoot    Begin Date: \_\_\_ / \_\_\_ / \_\_\_                      End Date: \_\_\_ / \_\_\_ / \_\_\_

**Description of Special Event, Photo Shoot, etc./ Additional Instructions:**

\_\_\_\_\_

**Renewal Information**

Will this Certificate require reissue at the next Insurance Renewal?

- Yes                       No

**Additional Distribution of Certificate**

Name: \_\_\_\_\_

Telephone Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone Number: \_\_\_ - \_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Copy of COI to be sent to: [COIRequests@macys.com](mailto:COIRequests@macys.com)**

Parties noted as an Additional Insured on this form will be displayed as an Additional Insured on the Certificate of Insurance, in accordance with an underlying Insured Contract. The obligation to recognize a party as an Additional Insured is created within a written contract meeting the policy definition of Insured Contract, which is signed and dated prior to the date of any loss. The notation of a party as an Additional Insured on a Certificate of Insurance does not amend, extend or alter coverage afforded by the underlying policies.

Parties noted as an Additional Interest or Loss Payee on this form will be displayed accordingly on the Certificate of Insurance, in accordance with the terms of an underlying contract or obligation. The obligation to recognize a party as an Additional Interest or Loss Payee is created within a written contract and demonstrated by the Certificate of Insurance. The Certificate of Insurance will not serve, in and of itself, to obligate any party to recognize another as an Additional Interest or Loss Payee.