



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: 08/16/2022

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Assistant City Manager
Peter E. Hullinger, Fire Chief
Paul H. Firth, Deputy Fire Chief

Subject: Fireworks Permit for Troy Family Daze 2022



The Fire Department has received a permit application from Great Lakes Fireworks, LLC of Eastpointe, Michigan, for a public firework 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.

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.

Great Lakes Fireworks, LLC, is requesting that the Troy City Council grant a permit for a public firework display to occur at the Troy Family Daze Festival on the evening of Saturday, September 17, 20122, or the rain date of Sunday, September 18, 2022.

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 firework permit to North Woodward Community Foundation of Troy together with Great Lakes Fireworks, LLC.

Legal Review

This item was submitted to the City Attorney for review pursuant to City Charter Section 3.17.



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FIREWORKS PERMIT APPLICATION

Fire Prevention Division
248.524.3419

This permit application is for the ignition, discharge, and use of consumer fireworks; agricultural or wildlife fireworks; articles pyrotechnic; display fireworks; or special effects fireworks, in the City of Troy, at the listed location as defined by Michigan Act 256, PA 2011, titled, "Michigan Fireworks Safety Act" and stipulated by Troy City Code, Chapter 93, titled "Fire Prevention." This application permit must be filed no less than 30 days prior to the intended date of such ignition, discharge, or use, and shall be accompanied by a site plan and product inventory. A **\$180.00** application fee is to be paid upon submittal of this application. Make check or money order payable to the City of Troy. The approved permit shall expire 10 days from the date of issue and shall be on site while fireworks are being used. **Fireworks shall not be discharged between the hours of 11PM and 8AM.**

Application Date: 08/11/22

Applicant Name: Troy Family Daze / Troy Community Foundation Date of Birth: _____

Applicant Address: P O Box 861 Troy, MI 48099 Phone: (313) 980-1573

Date(s) of Use: 09/17/22 to: 09/18/22 Time(s) of Use: 9:30 PM to: 10:00 PM

Address of where fireworks are to be used: 3179 Livernois, Troy, MI 48084

ITEMS TO SUBMIT *(Electronically, If Possible):*

Fireworks Description: ☒ Insurance Documents: ☒ Site Plan: ☒ HMIS: ☒

I hereby acknowledge that I have read this permit application and that the information given is correct. I understand that if approved, the permit is non-transferable. I further understand that the permit application fee is non-refundable and will not be returned if this application is denied.

This permit application shall include an approved Hazardous Materials Inventory Statement (HMIS) upon submittal and may be subject to associated fees, payable to the City of Troy, upon issuance of this permit. The HMIS, and its directions, can be found on the internet at: http://troymi.gov/departments/fire_department/permit_applications.php

Applicant Signature: Pete Shivers Date Signed: 8/11/22

(This section to be completed by Fire Department)

Inspection Date: _____ Requirements Met: Yes No

Inspector: _____ Permit Approved: Yes No Date: _____

Permit Issue Date: _____ Permit #: _____ Premise #: _____

Terms & Conditions: _____

2022 Application for Fireworks Other Than Consumer or Low Impact

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

ADDRESS OF ASSISTANT
ADDRESS OF ASSISTANT
ADDRESS OF ASSISTANT
ADDRESS OF ASSISTANT

DATE PERMIT(S) EXPIRE:
1seville MI 48066

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 reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.

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

☐ Agricultural or Wildlife Fireworks

☒ Public Display

☐ Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes

☐ Articles Pyrotechnic

☒ Display Fireworks

☐ Private Display

NAME OF APPLICANT

North Woodward Community Foundation

ADDRESS OF APPLICANT

P.O. Box 861 Troy, MI 48099

AGE OF APPLICANT 18 YEARS OR OLDER

☒ YES ☐ NO

NAME OF PERSON OR RESIDENT AGENT REPRESENTING
CORPORATION, LLC, DBA OR OTHER

Bruce Tyree

ADDRESS OF PERSON OR RESIDENT AGENT REPRESENTING CORPORATION, LLD, DBA OR OTHER

P.O. BOX 276 West Branch, MI 48661

IF A NON-RESIDENT APPLICANT (LIST NAME OF MICHIGAN ATTORNEY
OR MICHIGAN RESIDENT AGENT)

ADDRESS (MICHIGAN ATTORNEY OR MICHIGAN RESIDENT AGENT)

TELEPHONE NUMBER

NAME OF PYROTECHNIC OPERATOR

Great Lakes Fireworks, LLC

ADDRESS OF PYROTECHNIC OPERATOR

3275 W. M-76, PO Box 276
West Branch, MI 48661

AGE OF PYROTECHNIC OPERATOR 18 YEARS
OR OLDER

☒ YES ☐ NO

NO. YEARS EXPERIENCE

20+

NO. DISPLAYS

200+

WHERE

Throughout Michigan

NAME OF ASSISTANT

Dale VandeVrede

ADDRESS OF ASSISTANT

93 S. Wilson Blvd., Mt. Clemens, MI 48043

AGE OF ASSISTANT 18 YEARS OR OLDER

☒ YES ☐ NO

NAME OF OTHER ASSISTANT

Dave Wojciechowski

ADDRESS OF ASSISTANT

19315 Connecticut, Roseville, MI 48066

AGE OF OTHER ASSISTANT 18 YEARS OR
OLDER

☒ YES ☒ NO

EXACT LOCATION OF PROPOSED
DISPLAY

3179 Livernois, Troy, MI 48085 On athletic Field west of building

DATE OF PROPOSED DISPLAY

9/17/2022 (Rain:9/18/2022)

TIME OF PROPOSED DISPLAY

Approx. Dusk

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

Britton Gallagher

ADDRESS OF BONDING CORPORATION OR INSURANCE COMPANY

One Cleveland Center 1375 East 9th St, 30th Floor, Cleveland, OH 44114 USA

NUMBER OF FIREWORKS

Approx.

KIND OF FIREWORKS TO BE DISPLAYED (Please provide additional pages as needed)

Approx. 324

3" Shells

Approx. 108

4" shells

Approx. 5

Various barrage cakes 3" and smaller

SIGNATURE OF APPLICANT

Bruce Tyree

DATE

5/19/2022

2022 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 reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.
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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 an at the place listed below only through permit expiration date.

TYPE OF PERMIT(S) (Select all applicable boxes) <input type="checkbox"/> Agricultural or Wildlife Fireworks <input type="checkbox"/> Articles Pyrotechnic <input checked="" type="checkbox"/> Display Fireworks <input checked="" type="checkbox"/> Public Display <input type="checkbox"/> Private Display <input type="checkbox"/> 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		AGE (18 YEARS OR OLDER) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS OF PERSON PERMIT ISSUED TO 1120 E. Long Lake Rd. Troy, MI 48085		
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION		
ADDRESS		
NUMBER AND TYPES OF FIREWORKS (Please attach additional pages if necessary) Approx. 324 3" Shells Approx. 108 4" Shells Approx. 5 Various Barrage Cakes 3" and smaller		
EXACT LOCATION OF DISPLAY OR USE Atheletic Fields west side of building at 3179 Livernois, Troy, MI 48085		
CITY, VILLAGE, TOWNSHIP Troy	DATE 09/17/2022 (Rain date 09/18/2022)	TIME Approx. Dusk
BOND OF INSURANCE FILED Yes		AMOUNT \$5,000,000

Issued by action of the Legislative Body of a <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____ on the _____ day of _____, 2022. <div style="text-align: center; font-size: small;"> _____ (Signature and Title of Legislative Body Representative) </div>	
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THIS FORM IS VALID UNTIL THE DATE OF EXPIRATION OF PERMIT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2022

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. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 E-MAIL ADDRESS: info@brittongallagher.com FAX (A/C, No): 216-658-7101														
INSURED Great Lakes Fireworks LLC 3275 W M76 P.O. Box 276 West Branch MI 48661	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Everest Indemnity Insurance Co.</td><td>10851</td></tr><tr><td>INSURER B : Everest Denali Insurance Company</td><td>16044</td></tr><tr><td>INSURER C : Axis Surplus Ins Company</td><td>26620</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest Indemnity Insurance Co.	10851	INSURER B : Everest Denali Insurance Company	16044	INSURER C : Axis Surplus Ins Company	26620	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 2097580026

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	<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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	SI8GL01969-221	1/21/2022	1/21/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	SI8CA00273-221	1/21/2022	1/21/2023	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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	P-001-000798280-01	2/4/2022	1/21/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
Display Date: September 17, 2022 Rain Date: September 18, 2022 Location: Athletic Field to the west of building at 3179 Livernois Troy, MI

RE: General Liability, the Following are named as additional insured in respects to the negligence of the named insured:

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

CERTIFICATE HOLDER**CANCELLATION**

North Woodward Community Foundation 1120 East Long Lake Road Troy MI 48085	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
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Troy Daze fireworks site plan

Legend

3179 Livernois Rd



Google Earth

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