



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: 01/23/2023

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 Mon Jin Lau 2023



The Fire Department has received a permit application from Mon Jin Lau, to conduct a public firework display to support the celebration of the Chinese New Year. The restaurant is requesting the Troy City Council grant a permit for a public firework display to occur on January 29, 2023 from 6:00 PM to 9:00 PM. During this time, Consumer Grade Fireworks are planned to be discharged from the west side of the property which is located at 1515 East Maple Road. The site is large enough to accommodate the necessary distances for the display. Brandon Chin will be the fireworks operator and responsible individual for the event.

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. Mon Jin Lau has submitted the necessary documentation (including proof of insurance) required for the permit.

Recommendation

The Fire Department has reviewed the permit application and associated documents and recommends that City Council approves the fireworks permit for Mon Jin Lau.

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: _____
Applicant Name: _____ Date of Birth: _____
Applicant Address: _____ Phone: _____
Date(s) of Use: _____ to: _____ Time(s) of Use: _____ to: _____
Address of where fireworks are to be used: _____

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: Brandon Chin Date Signed: _____

(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: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/13/2023

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 Lighthouse, an Alera Group Company 56 Grandville Ave SW, Ste 300 Grand Rapids MI 49503	CONTACT NAME: Jace Maleport PHONE (A/C, No, Ext): (800) 344-3531 E-MAIL ADDRESS: jmaleport@lighthousegroup.com	FAX (A/C, No): (616) 455-9489
	INSURER(S) AFFORDING COVERAGE	
INSURED Mon Jin Lau Inc; 1515 E Maple Rd Troy MI 48083	INSURER A : Westfield Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 22-23 Master **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CWP010116W	10/27/2022	10/27/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 NMLW3 \$ 50,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CWP010116W	10/27/2022	10/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 0			CWP010116W	10/27/2022	10/27/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	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	CWP010116W	10/27/2022	10/27/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

The City of Troy is named as additional insured as per endorsement CG 2012 12-19. See following for policy wording.

CERTIFICATE HOLDER


The 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED -
STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION
OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Automatic status when required by written contract, agreement or permit.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury" "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.