



## NAPERVILLE FIRE DEPARTMENT FIREWORKS PERMIT

Permit #: 22-01

Issued: May 25, 2022

Fireworks Date: June 26, 2022 Time: 9:15 p.m. Rain date: N/A

Company: Pyrotecnico Fireworks, Inc.

Address P.O. Box 149, 299 Wilson Road, New Castle, PA 16103

Contact person: Riley Pakosz Phone: 219-393-5522

Display Location: Naperville Country Club

Address: 25W570 Chicago Avenue, Naperville, IL 60540

Launch Location: Please reference map attachment for location

This permit does not take the place of any license required by law and is not transferable.  
Any change in the use or the occupancy of premises shall require a new permit.

THIS PERMIT MUST BE POSTED AT ALL TIMES

  
\_\_\_\_\_  
Scott Scheller, Fire Marshal



# Naperville

## Fireworks Permit Application

Applicant (Organization): Naperville Country Club

Organization Address: 25 West 570 Chicago Ave. Phone: 630-355-6015

Naperville, Illinois

Contact person: Brad McMillan

Phone numbers: (work) 630-355-6015 (cell) \_\_\_\_\_

Firm Providing Fireworks: Pyrotecnico Fireworks, Inc Phone: 219-393-5522

Fireworks Firm Contact Person: Riley Pakosz

Fireworks Display Date: 6/26/2022 Rain Date: \_\_\_\_\_ Time: Approx. 9:15

Display Location: Naperville Country Club

**PLEASE ATTACH THE FOLLOWING TO THE COMPLETED APPLICATION:**

1. Map of display location and display set-up.
2. Liability Insurance (copy of insurance policy).

**Signatures (3 signatures are required)**

**One (1) of the signatures must be the Fireworks Operator**

Print name: <u>Wanda Schoof</u>	Signature: <u><i>Wanda Schoof</i></u>	Age: <u>52</u>
Print name: <u>Kim Mitzel</u>	Signature: <u><i>Kim Mitzel</i></u>	Age: <u>59</u>
Print name: <u>Brian Folliard</u>	Signature: <u><i>Brian Folliard</i></u>	Age: <u>27</u>

**All accidents must be reported to the Office of the State Fire Marshal within 36 hours of occurrence.**

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Completed application and attachments are submitted to the Naperville Fire Department at:  
 1380 Aurora Av. Naperville, IL. 60540  
 The Approved application is added to the Council Agenda for Council approval. (All Fireworks Permit Applications must be approved by Council).

**Note:** It is the responsibility of the applicant to coordinate with the Fire Department before and during the celebration.

Reviewed by Fire Department: *[Signature]*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2022

**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).**

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b> <b>PHONE (A/C, No., Ext):</b> 216-658-7100		<b>FAX (A/C, No):</b> 216-658-7101
	<b>E-MAIL ADDRESS:</b> info@brittongallagher.com		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Everest Indemnity Insurance Co.		10851
	<b>INSURER B :</b> Arch Speciality Ins Co		21199
	<b>INSURER c :</b> Everest Denali Insurance Company		16044

<b>INSURED</b> Pyrotecnico Fireworks Inc. Pyrotecnico F/X LLC P.O. Box 149 299 Wilson Road New Castle PA 16103	2299 <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
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**COVERAGES** **CERTIFICATE NUMBER:** 386039936 **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	Y		SIBLM00891-221	1/14/2022	1/14/2023	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 \$
C	<b>AUTOMOBILE LIABILITY</b> <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			SIBCA00141-221	1/14/2022	1/14/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UXP1035252-02	1/14/2022	1/14/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<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	N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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: June 26, 2022  
 LOCATION: Naperville Country Club, Naperville, Illinois  
 ADDITIONAL INSURED: Naperville Country Club; City of Naperville, Illinois; Naperville Fire Department

<b>CERTIFICATE HOLDER</b>  Naperville Country Club 25 West 570 Chicago Avenue Naperville IL 60540	<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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/23/2022

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**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>  Applied Risk Services, Inc. 10825 Old Mill Rd Omaha, NE 68154  <p style="text-align: right;">(877) 234-4420</p>	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): (877) 234-4420      FAX (A/C, No): (877) 234-4421 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Continental Indemnity Co.</td> <td>28258</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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: Continental Indemnity Co.	28258	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
<b>INSURED</b>  Pyrotecnico 299 Wilson Rd New Castle, PA 16101  <p style="text-align: right;">CTL 1273 1693597</p>															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input checked="" type="checkbox"/>		82-872096-04-24	06/07/2021	06/07/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**
 Naperville Country Club  
 25 W. 570 Chicago Ave.  
 Naperville, IL 60540

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

  
 100315706



Illinois Office of the State Fire Marshal  
Division of Fire Prevention

**THIS IS TO CERTIFY THAT**  
**KIM MITZEL**  
**Pyrotechnic Operator License**

Has completed all the requirements under the  
Pyrotechnic Distributor and Operator Act 225  
ILCS 227 and is employed by

**PYROTECNICO FIREWORKS INC**  
d/b/a:

**License #**

**IL21-OP-00036-01715**

**Expires: 10/21/2024**



Matt Perez

**STATE FIRE MARSHAL**



Show Name: Naperville Country Club  
Location: 25 W570 Chicago Ave. Naperville,  
IL Date Created: 07/09/21

Fall-Out Radius: 350'  
Distance To Audience: 675'



Launch Location:

Setup area Dimensions: 50'x50'

South end of rack banks are 30' North of driving range fairway. Box items just off fairway.

# Naperville Country Club

## June 26, 2022

### Product Summary

Approximately:

113 - 1" Aerial Display Shells  
158 - 2" Aerial Display Shells  
262 - 2 ½" Aerial Display Shells  
112 - 3" Aerial Display Shells  
43 - 4" Aerial Display Shells  
9 - 5" Aerial Display Shells  
14 Multi-Shot Box Items

### Operator

Kim Mitzel will be the operator for this display

We will provide two (2) fully charged fire extinguishers for the display.  
The operator will provide eye, ear and head protection for him and the crew.  
Unfired shells will be shunted and put in approved boxes and transported back to the plant. The crew will sweep the area after the show



**STATE OF ILLINOIS  
OFFICE OF THE STATE FIRE MARSHAL  
DIVISION OF FIRE PREVENTION**

1035 Stevenson Drive • Springfield, IL 62703-4259



***Pyrotechnic Distributor License***

**PYROTECNICO FIREWORKS INC  
299 WILSON ROAD  
NEW CASTLE, PA 16101**

**IL07-OPF-00036**

**License #**

A handwritten signature in black ink, appearing to read "Matt Perez".

**Matt Perez  
STATE FIRE MARSHAL**

**06/15/2022**

**ISSUE DATE**

**OPF**

**EXPIRATION DATE**

This license may be revoked by the Office of the State Fire Marshal for failure to comply with the lawful rules regulating this program.