



Naperville

Fireworks Permit Application

Applicant (Organization): The Exchange Club of Naperville

Organization Address: P.O. Box 4164 Phone: _____

Naperville, IL 60567

Contact person: Joel Carlson

Phone numbers: (work) _____ (cell) 630-245-6011

Firm Providing Fireworks: Melrose Pyrotechnics, Inc. Phone: 219-393-5522

Fireworks Firm Contact Person: Robert Wynn Cramer

Fireworks Display Date: 7/4/19 Rain Date: _____ Time: 9:30 pm

Display Location: Knoch Park, Naperville, IL

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: Bob Smalley Signature: [Signature] Age: 55

Print name: Bob Kerns Signature: [Signature] Age: 60

Print name: Wanda Schoof Signature: [Signature] Age: 48

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

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]

EXCHANGE CLUB OF NAPERVILLE

July 4, 2019

SHELL SUMMARY

Approximately:

27 – 2 ½” – 3” Roman Candles

770 – Aerial Display Shells ranging in size from 2 1/2” to 6”

27 – Multi-Shot Box Items

OPERATOR

Gregory Smalley “Bob”

ADDITIONAL INFORMATION

We will provide two fully charged fire extinguishers for the display and the operators will bring eye, ear, and head protection with them.

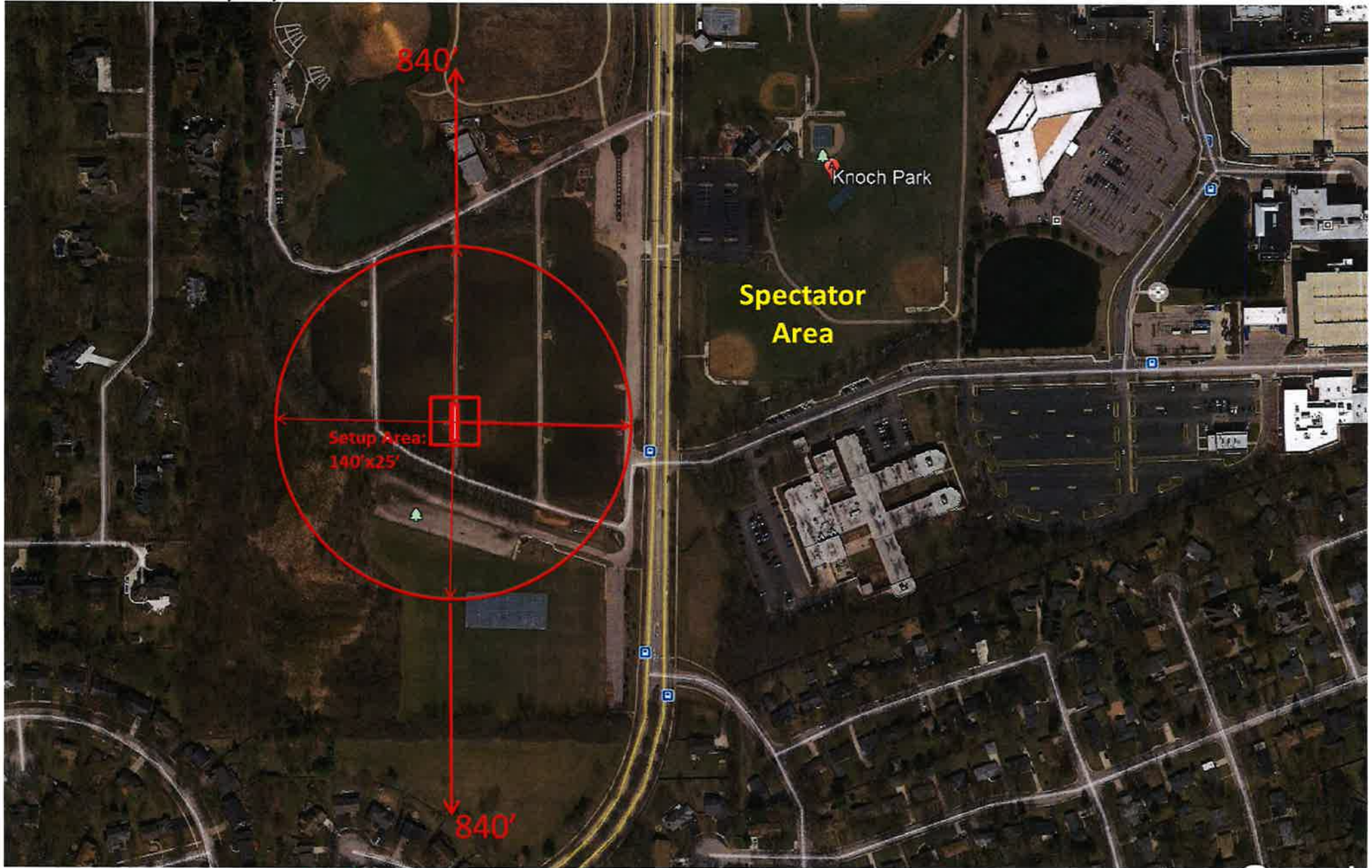
Carl Gorra of the Naperville Park District will be the person responsible for securing the area from the audience.

Shells will be shunted and put in approved boxes. The crew will sweep the area after the show.

The time of set-up for the Fire Department inspection prior to the show is 7:00 p.m.

Show Name: Naperville Exchange Club
Location: 811 S West St, Naperville, IL 60540
Date Created: 03/18/19

Fall-Out Radius: 420'
Distance To Audience: 750'



Launch Location: 

Setup area Dimensions: 140'x25'



NAPERVILLE FIRE DEPARTMENT FIREWORKS PERMIT

Permit #: 19-02

Issued: May 1, 2019

Fireworks Date: July 4, 2019 Time: 9:30 p.m. Rain date: _____

Company: Melrose Pyrotecnico, Inc.

Address Kingsbury Industrial Parkway, Heinold Complex, Kingsbury, IN 46345

Contact person: Wynn Cramer Phone: 219-393-5522

Display Location: The Exchange Club of Naperville

Address: P.O. Box 4164

Launch Location: Knoch Park, 724 S West Street, Naperville, IL 60540

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/12/2019

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 One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114 | CONTACT NAME: _____ | |
| | PHONE (A/C, No, Ext): 216-658-7100 | FAX (A/C, No): 216-658-7101 |
| E-MAIL ADDRESS: _____ | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : LM Ins Corp | | |
| INSURER B : Everest Indemnity Insurance Co. | | 10851 |
| INSURER C : Maxum Indemnity Company | | 26743 |
| INSURER D : Everest Denali Insurance Company | | 16044 |
| INSURER E : | | |
| INSURER F : | | |


COVERAGES **CERTIFICATE NUMBER:** 572482048 **REVISION NUMBER:**

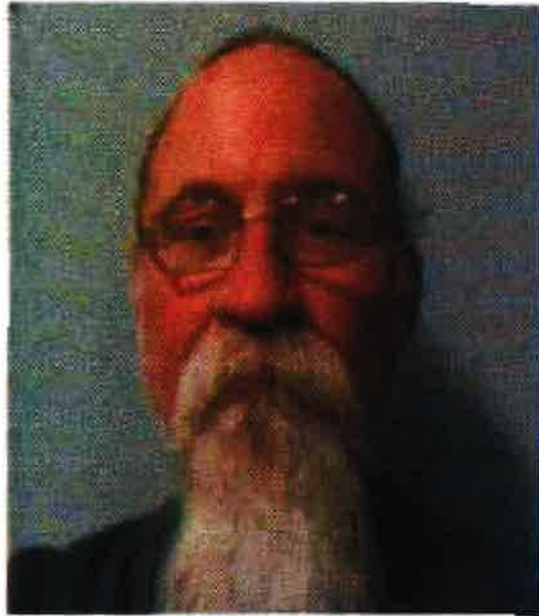
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|-------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B | 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 | | | SI8ML00042-191 | 1/15/2019 | 1/15/2020 | 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 \$ |
| D | 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 | | | SI8CA00025-191 | 1/15/2019 | 1/15/2020 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | EXC6017975 | 1/15/2019 | 1/15/2020 | EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ |
| 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 <input type="checkbox"/> N / A | WC734S381030 (IL) | 4/4/2019 | 4/4/2020 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER USL&H Included 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)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
DISPLAY DATE: July 3, 2019
LOCATION: Knoch Park - 724 S. West Street - Naperville, Illinois
ADDITIONAL INSURED: The Exchange Club Charitable Organization; Naperville Park District and City of Naperville, their Public Officials, Officers, Directors, Employees, Volunteers and Agents; Naperville Fire Department

| | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER Naperville Exchange Club P.O. Box 4164 Naperville IL 60567 | 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  |



Illinois Office of the State Fire Marshal
Division of Fire Prevention

**THIS IS TO CERTIFY THAT
GREGORY SMALLEY II
Pyrotechnic Operator License**

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

MELROSE PYROTECHNICS INC

d/b/a:

License #

IL06-O-00030-00434

Expires: 08/15/2021



Matt Perez

STATE FIRE MARSHAL

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF ATF - Chief, FELC
Correspondence To 244 Needy Road
 Martinsburg, WV 25405-9431

License/Permit
Number **4-IN-091-24-1A-00529**

Chief, Federal Explosives Licensing Center (FELC)
Christopher R. Reers

Expiration
Date **January 1, 2021**

Name
MELROSE PYROTECHNICS INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)
**HEINOLD BLDG. S-1-3 KINGSBURY INDUSTRIAL PARK
KINGSBURY, IN 46345-0000**

Type of License or Permit
24-IMPORTER OF EXPLOSIVES

Purchasing Certification Statement
The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)
MELROSE PYROTECHNICS INC
HEINOLD BLDG. S-1-3 KINGSBURY INDUSTRIAL
PARK
KINGSBURY, IN 46345-0000

Licensee/Permittee Responsible Person Signature

Position/Title

Printed Name

Date

ATF Form 5400.14/5400.15 Part 1
Revised October 2011

Previous Edition is Obsolete MELROSE PYROTECHNICS INC HEINOLD BLDG. S-1-3 KINGSBURY INDUSTRIAL PARK 46345-0000 4-IN-091-24-1A-00529 January 1, 2021 24-IMPORTER OF EXPLOSIVES

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)
244 Needy Road
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352
Fax Number: (304) 616-4401
E-mail: FELC@atf.gov

ATF Homepage: www.atf.gov

Change of Address (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. **(The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)**

Right of Succession (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here ✂

Federal Explosives License/Permit (FEL) Information Card

License/Permit Name: **MELROSE PYROTECHNICS INC**

Business Name:

License/Permit Number: **4-IN-091-24-1A-00529**

License/Permit Type: **24-IMPORTER OF EXPLOSIVES**

Expiration: **January 1, 2021**

Please Note: Not Valid for the Sale or Other Disposition of Explosives.