



Naperville

Fireworks Permit Application

Applicant (Organization): Naperville North High School

Address: 899 North Mill, Naperville IL 60540 Phone: 630-420-6480

Contact person: Jennifer Baumgartner - jbaumgartner@Naperville203.org

Phone numbers: (w) 630-420-6480 (c) _____

Firm Providing Fireworks: Central States Fireworks, Inc.

Address: 18034 Kincaid St, Athens, IL 62613 Phone: 217-636-7598

Contact Person: Larry Lefferts Phone: 217-306-4584

Fireworks Display Date: May 21, 2018 Rain Date: TBD Time: 8:30 pm

Display Location: South Field Of Football Stadium

PLEASE ATTACH THE FOLLOWING TO THE COMPLETED APPLICATION:

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

Signatures (3 signatures are required - 1 must be the Fireworks Operator)

<u>Lawrence H. Lefferts</u>	<u>Lawrence H. Lefferts</u>	<u>68</u>
Print name	Signature	Age
<u>Vivian W. Lefferts</u>	<u>Vivian W. Lefferts</u>	<u>61</u>
Print name	Signature	Age
<u>John Weitekamp</u>	<u>John Weitekamp</u>	<u>36</u>
Print name	Signature	Age

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

Submit completed application and attachments to:

Naperville Fire Department
1380 Aurora Ave. Naperville, IL. 60540

All Fireworks Permit Applications must be approved by Naperville City Council

Note: It is the responsibility of the applicant to coordinate with the fire department before and during the celebration.

Reviewed by Fire Department: Michael Kolbenich Date: 4/19/18

CENTRAL STATES FIREWORKS

FINEST IN DISPLAY FIREWORKS

18034 Kincaid Street, Athens, IL 62613

(217) 636-7598 FAX (217) 636-7618

NAPERVILLE NORTH HIGH SCHOOL FIREWORKS SPECTACULAR

***** MAY 21, 2018 *****

THE MAIN BODY OF THE PROGRAM WILL CONSIST OF:

SIZE	SHOTS	DESCRIPTION
2.5"	4	Titanium Salutes with Rising Silver Tails
2.5"	86	Mixed Peony and Chrysanthemum Shells and Effects
	90	TOTAL 2.5 INCH SHELLS
3 INCH	8	Titanium Salutes with Rising Silver Tails
3 INCH	82	All different hard breaking shells, most with tails
	90	TOTAL THREE INCH SHELLS
3 INCH	84	THE GRAND FINALE TO CONSIST OF : Color and Salute Fianale Shells

TOTAL PACKAGE VALUE IS \$3,100.00

LESS DISCOUNT FOR YOUR HIGH SCHOOL \$250.00

FINAL COST TO NAPERVILLE HS IS \$2,850.00

*PRICE INCLUDES \$5,000,000 INSURANCE EXTENTION,
EQUIPMENT, CREW AND COMPLETE PERFORMANCE.*

Central States Fireworks, Inc.
18034 Kincaid St.
Athens, IL 62613
Phone: 217-636-7598
Larry Lefferts, President

Naperville North High School
Graduation Fireworks Display
899 North Mill
Naperville, IL

280'



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2018

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): 216-658-7100FAX
(A/C, No):E-MAIL
ADDRESS:**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: Everest Indemnity Insurance Co. 10851

INSURER B: Everest National Insurance Company 10120

INSURER C: Axis Surplus Ins Company 26620

INSURER D:

INSURER E:

INSURER F:

INSURED

2218

Central States Fireworks Inc.
18034 Kincaid Street
Athens IL 62613

COVERAGES

CERTIFICATE NUMBER: 263959936

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 VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	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			SI8ML00047-171	12/20/2017	12/20/2018	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 - COM/PO/OP AGG \$2,000,000 \$
B	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			SI8CA00027-171	12/20/2017	12/20/2018	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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			EAU778320	12/20/2017	12/20/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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.
May 21, 2018 fireworks display; rain date tbd

Specific location: South field by football stadium

Additional insureds: Naperville District 203, Naperville Fire Department, City of Naperville, Naperville Park District

CERTIFICATE HOLDER

Naperville North High School
899 North Mill
Naperville IL 60540

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



DATE (MM/DD/YYYY)
04/16/2018

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 Stanley's Insurance Agency Inc 2215 Enterprise Dr Ste 1510 Westchester, IL 60154 (708) 540-2200	CONTACT NAME: PHONE (A/C, No, Ext): (877) 234-4420 E-MAIL ADDRESS: PRODUCER CUSTOMER ID#	FAX (A/C, No): (877) 234-4421
INSURED Central States Fireworks, Inc. 18034 Kincaid St Athens, IL 62613-7573 CTL 1273 1441611	INSURER(S) AFFORDING COVERAGE INSURER A Continental Indemnity Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 28258

COVERAGES

CERTIFICATE NUMBER:

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	
GENERAL LIABILITY		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$
		CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
									MED EXP. (any one person)	\$
									PERSONAL & ADV INJURY	\$
		GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$
		POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						PRODUCTS - COMPROP AGG	\$	
AUTOMOBILE LIABILITY		ANY AUTO							COMBINED SINGLE LIMIT (Ea accident)	\$
		ALL OWNED AUTOS							BODILY INJURY (Per person)	\$
		SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
		HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$
		NON-OWNED AUTOS								\$
UMBRELLA LIAB		OCCUR								\$
		EXCESS LIAB							EACH OCCURRENCE	\$
		DEDUCTIBLE							AGGREGATE	\$
		RETENTION \$								\$
										\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N						X WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y	N/A		46-306378-01-01	12/31/2017	12/31/2018	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DATE	TIME	LOCATION	VEHICLE	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)
01/01/2025	08:00	10000	2025	01/01/2025 08:00 10000 2025

CERTIFICATE HOLDER

Naperville North High School Dist 203
899 North Mill
Naperville, IL 60540

Attn: Liz Baron

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

94 - 3339969

Federal Explosives License/Permit
(18 U.S.C. Chapter 40)

ATF Form 5400.14-5400.15 Part 1
Revised October 2011

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

License/Permit
Number

3-IL-129-23-9H-00688

Chief, Federal Explosives Licensing Center (FELC)

Expiration
Date

August 1, 2019

Christopher L. Reeves

Name

CENTRAL STATES FIREWORKS INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

18034 KINCAID STREET
ATHENS, IL 62613-

Type of License or Permit

23-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.)

CENTRAL STATES FIREWORKS INC
18034 KINCAID STREET
ATHENS, IL 62613-

Lawrence H. Lifferts
Licensee/Permittee Responsible Person Signature

President
Position Title

Lawrence H. Lifferts
Printed Name

Date

Previous Edition is Obsolete
CENTRAL STATES FIREWORKS INC 18034 KINCAID STREET 62613-3-IL-129-23-9H-00688 August 1, 2019 23-IMPORTER OF EXPLOSIVES

ATF Form 5400.14-5400.15 Part 1
Revised October 2011

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 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.

Cut Here ✂

(Continued on reverse side)

Federal Explosives License/Permit (FEL) Information Card

License/Permit Name: CENTRAL STATES FIREWORKS INC

Business Name:

License Permit Number: 3-IL-129-23-9H-00688

License Permit Type: 23-IMPORTER OF EXPLOSIVES

Expiration: August 1, 2019

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



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

1035 Stevenson Drive • Springfield, IL 62703-4259



Pyrotechnic Distributor License

Central States Fireworks Inc
18034 Kincaid Street
Athens, IL 62613

IL06-OPF-00037

License #

Matt Perez

Matt Perez

STATE FIRE MARSHAL

08/15/2018

EXPIRATION DATE

OPF

CLASSIFICATION

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



Illinois Office of the State Fire Marshal
Division of Fire Prevention

THIS IS TO CERTIFY THAT
Zachary S Davis
Pyrotechnic Operator License

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

CENTRAL STATES FIREWORKS I
d/b/a:

License #

IL14-OP-00037-01146

Expires: 06/11/2020


Matt Perez
STATE FIRE MARSHAL



Illinois Office of the State Fire Marshal
Division of Fire Prevention

**THIS IS TO CERTIFY THAT
JOEL B EMBALABALA
Pyrotechnic Operator License**

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

CENTRAL STATES FIREWORKS I
d/b/a:

License #

IL11-O-00037-00857

Expires: 04/28/2020


Matt Perez

STATE FIRE MARSHAL



Illinois Office of the State Fire Marshal
Division of Fire Prevention

**THIS IS TO CERTIFY THAT
JOHN R WEITEKAMP**

Pyrotechnic Operator License

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

CENTRAL STATES FIREWORKS I
d/b/a:

**Group I Limited Flame
Effect**

License #

IL06-OPF-00037-00212

Expires: 11/15/2018


Matt Perez

STATE FIRE MARSHAL

CSF #1 Athens



Illinois
Department of
Natural Resources

Office of Mines and Minerals

Oper #: 1693

CENTRAL STATES FIREWORKS, INC.

18034 KINKAID STREET

ATHENS, IL 62613

HAS PAID THE REQUIRED FEE AND IS HEREBY ISSUED A

STORAGE CERTIFICATE

Not exceeding 5,000 pounds/count of explosives

Under the "Illinois Explosives Act"
Approved January 1, 2011

Effective Date: 3/1/2018

Certificate No.: 8394

Expires: Last day of February, 2019

Director
Office of Mines
and Minerals



U.S. Department of Transportation
Federal Motor Carrier Safety

1200 New Jersey Ave., S.E.

Administration

Washington, DC 20590

October 4, 2017

In reply refer to:
USDOT Number: 1022659

LARRY LEFFERTS
PRESIDENT
CENTRAL STATES FIREWORKS INC
18034 KINCAID STREET
ATHENS, IL 62613

HAZARDOUS MATERIALS SAFETY PERMIT
HM Safety Permit ID: US-1022659-IL-HMSP
Effective Date: October 4, 2017

Dear LARRY LEFFERTS:

The Hazardous Materials Safety Permit (HMSP) is verification of the motor carrier's permission to engage in the transportation of hazardous materials listed in 49 CFR 385.403 by motor vehicle in interstate, intrastate, or foreign commerce.

This HMSP will be effective beginning October 4, 2017 and remain effective through September 30, 2019 if your company maintains compliance with the requirements pertaining to the safe and secure movement of hazardous materials for the protection of the public (49 CFR 385 and other applicable Federal Motor Carrier Safety Regulations and Hazardous Material Regulations). Failure to maintain compliance will constitute sufficient grounds for suspension or revocation of this authority.

Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a Department of Transportation safety fitness rating less than "Satisfactory" or by other indicators, could result in a proceeding requiring the holder of this permit to show cause as to why this authority should not be suspended or revoked.

For questions regarding this document you may contact the FMCSA Hazardous Materials Division at 202-366-6121.

Sincerely,

Joseph P. DeLorenzo
Director, Office of Enforcement and Compliance