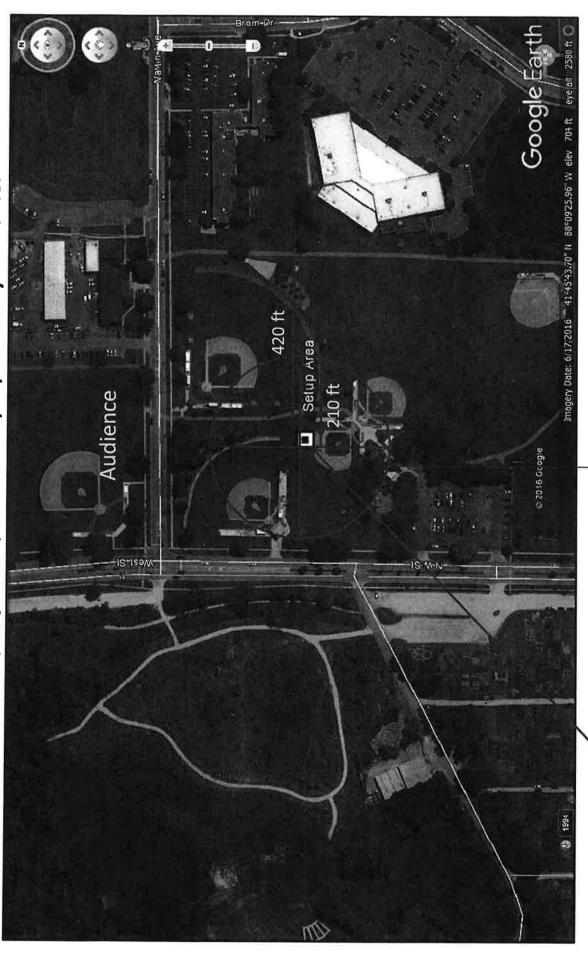


Fireworks Permit Application

Applicant (Organization):	Indian Outreach Organ	nazation	****										
Organization Address:	750 Shoreline Dr.	Phone: 630-864-7	7435										
	Aurora IL 60504												
Contact person:													
Phone numbers: (work) <u>630-864-7435</u> (cell)													
Firm Providing Fireworks: Melrose Pyrotechnics Inc. Phone: 219-393-5522													
Fireworks Firm Contact Person	on: Wynn Cramer												
Fireworks Display Date: August 12 2018 Rain Date:Time: 9:15													
Display Location: Koch Park													
PLEASE ATTACH THE FOLLOWING TO THE COMPLETED APPLICATION:													
 Map of display location and display set-up. Liability Insurance (copy of insurance policy). 													
Signatures (3 signatures are required) One (1) of the signatures must be the Fireworks Operator													
Print name: Wynn Cramer	Signatur	e: Uppm Craner	Age: 60										
Print name: Nick Prevecek	Signatu	re:XXX	Age:31										
Print name: Les Mayhew	11111												
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 Departm	nent:												

India Day Celebration 724 S. West St. (Knoch Park) Naperville, IL

3 inch Max Shell/ No Angles 4/27/2017 Wynn Cramer



Setup Area: 30'x 50' 420 ft from the Hospital. Launch Location:

Site Radius: 210 ft From Setup Area &



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/28/2018

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).

PR	ODUCER				CONTA NAME:	CT					
Britton Gallagher					PHONE (A/C, No, Ext):216-658-7100 FAX (A/C, No):216-658-7101						
One Cleveland Center, Floor 30				E-MAIL ADDRESS:							
	1375 East 9th Street				AUDRE					F	
Cleveland OH 44114					INSURER(S) AFFORDING COVERAGE					NAIC#	
_						INSURER A :Everest National Insurance Company				10120	
INS	INSURED					ERB:LM Ins (
	Melrose Pyrotechnics, Inc.			INSURER C :Everest Indemnity Insurance Co.					10851		
Kir	Kingsbury Industrial Parkway			INSURER D :Maxum Indemnity Company					26743		
Heinold Complex				INSURER E :							
Kingsbury IN 46345					INSURER F:						
<u></u>	OVERAGES CERT	TIEI	` A T E	E NUMBER: 2113361023		KF:		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.										
INSF			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	LIMITS		
C	GENERAL LIABILITY	Jr		SI8ML00042-181		1/15/2018	1/15/2019	EACH OCCURRENCE \$1,000,000		000	
	X COMMERCIAL GENERAL LIABILITY					1,10,2010	11 10/20 10	DAMAGE TO RENTED			
l .								PREMISES (Ea occurrence)	0.000,000,000,000,000,000,000,000,000,0		
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)			
								PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000		
ŀ								PRODUCTS - COMP/OP AGG	\$2,000,000		
	POLICY X PRO- JECT LOC								\$		
Α	AUTOMOBILE LIABILITY	SCHEDULED SIGNATURE SIGNAT		SI8CA00025-181	00025-181 1/15/2018		1/15/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
1	X ANY AUTO					BODILY INJURY (Per person)					
ı	ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	nt) \$				
1	X HIRED AUTOS X NON-OWNED							PROPERTY DAMAGE	\$		
ı	HIRED AUTOS AUTOS							(Per accident)			
	UMBRELLA LIAB X OCCUP	_	_	EV00047075		4/45/0040	4/45/0040				
۳	OCCOR	EXC6017975		EXC6017975		1/15/2018	1/15/2019	EACH OCCURRENCE \$4,000,000		,000	
1	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$4,000,000			
_	DED RETENTION \$								\$		
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC734S381029 (IL)		4/4/2018	4/4/2019	X WC STATU- OTH- TORY LIMITS ER	USL&	H Included	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$1,000,000			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE				
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$1,000		
	EGGINI FIGN OF OF EIGHTIONS DRIOW						EL DIGERGE - I GEIGT ENVIT	Ψ1,000,	,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: August 12, 2018 LOCATION: Koch Park, Naperville, Illinois											
ADDITIONAL INSURED: City of Naperville; Indian Community Outreach Organization; Naperville Park District											
	•			·	J						
ı											

CERTIFICATE HOLDER

Indian Community Outreach Organization
750 Shoreline Dr.
Aurora IL 60504

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

Indian Outreach

August 12, 2018

Product Summary: Approximately:

400 – 1" Aerial Display Shells 636–2 ½" Aerial Display Shells 41 – 3" Aerial Display Shells

Operator:

Nick Pravecek will be the operator for this display.

We will provide two (2) fully charged fire extinguishers for the display and the operators will bring eye, ear, and head protection with them.

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



Illinois Office of the State Fire Marshal
Division of Fire Prevention
THIS IS TO CERTIFY THAT
NICKOLAS PRAVECEK
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

STATE FIRE MARSHAL

IL12-OP-00030-01025 Expires: 04/24/2021

License #



STATE OF ILLINOIS

OFFICE OF THE STATE FIRE MARSHAL DIVISION OF FIRE PREVENTION

1035 Stevenson Drive • Springfield, IL 62703-4259



Pyrotechnic Distributor License

MELROSE PYROTECHNICS INC PO BOX 302 KINGSBURY, IN 46345

IL06-OPF-00030

License #

Matt Perez

STATE FIRE MARSHAL

02/15/2021

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.

DEPARTMENT OF JUSTICE



Bureau of Alcohol, Tobacco, Firearms and Explosives

Martinsburg, WV 25405

December 8, 2017

Melrose Pyrotechnics Inc. Heinold Bldg, S-1-3 Kingsbury Ir 901090:CRR/SCC

Heinold Bldg. S-1-3 Kingsbury Industrial Park

5400

Kingsbury, IN 46345

File Number: 4-IN-00529

Premises Address: Heinold Bldg. S-1-3 Kingsbury Industrial Park, Kingsbury, IN 46345

Dear Sir/Madam:

This letter acknowledges receipt of your timely application to renew your Federal explosives license/permit 4IN00529.

The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is not able to process your application prior to the expiration date of your license/permit. However, Federal law allows you to continue operations under your current license/permit until such time as ATF completes processing your application. See 5 U.S.C. § 558. This letter, or as explained below, a follow-up letter, will serve as your license/permit until we complete action on your renewal. It is referred to as a Letter of Authorization (LOA).

Since we have not completed processing your application, you may supply a copy of this letter to other licensees/permittees, e.g., your distributors, for the next six months (or until we complete action on your renewal, if that occurs in less than six months) as evidence of your licensed/permitted status. If we have not completed processing your application for renewal within six months of the date of this letter, we will send you another letter, which will also be valid for six months (or until we complete action on your renewal, if that occurs in less than six months). This is of course contingent upon your remaining entitled to continue operations under your current license/permit.

Please direct questions or concerns regarding this letter to Sandy Curtis at 304-616-4406.

Sincerely,

Christopher R. Reeves

Chief, Federal Explosives Licensing Center

Trustopher R. Reers

ATF web address: www.atf.gov