



## CITY of NOVI CITY COUNCIL

**Agenda Item C**  
**June 18, 2018**

**SUBJECT:** Approval of request for Fireworks Display Permit by Funfest Productions, Inc. to be operated by ACE Pyro, LLC on Tuesday, July 3, 2018 for the Stars and Stripes Festival.

**SUBMITTING DEPARTMENT:** City Clerk *CB*

**CITY MANAGER APPROVAL:** *PA*

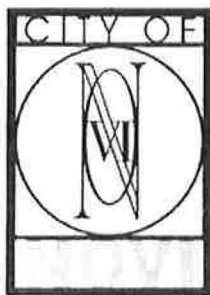
**BACKGROUND INFORMATION:**

The Stars and Stripes Festival will be held at the Suburban Collection Showplace June 28<sup>th</sup> through July 4<sup>th</sup>. The event is sponsored by Funfest Productions and will include live music, carnival rides, a BMX display and petting zoo. The festival will also include a fireworks display operated by ACE Pyro, LLC on Tuesday, July 3, 2018 at 10:00 p.m.

The Michigan Fireworks Safety Act requires the applicant to furnish adequate insurance coverage with the Fireworks Permit Application. The Certificate of Liability Insurance is acceptable and provides an endorsement listing the City of Novi as an Additional Insured. Final confirmation of coverage will be required the day of the event as well.

The Novi Fire Department has conducted a site inspection and an additional inspection will occur once the show is complete. Additional Police and Fire Department personnel will be assigned for the duration of the event to assure that all safety measures and process are adhered to according to the fireworks permit.

**RECOMMENDED ACTION:** Approval of request for Fireworks Display Permit by Funfest Productions, Inc. to be operated by ACE Pyro, LLC on Sunday, July 3, 2018 for the Stars and Stripes Festival.



June 12, 2018

TO: Cortney Hanson, Novi City Clerk

FROM: Kevin S. Pierce, Fire Marshal

**CITY COUNCIL**

**Mayor**  
Bob Gatt

**Mayor Pro Tem**  
Dave Staudt

Andrew Mutch

Wayne Wrobel

Laura Marie Casey

Gwen Markham

Kelly Breen

**City Manager**  
Peter E. Auger

**Director of Public Safety**  
**Chief of Police**  
David E. Molloy

**Director of EMS/Fire Operations**  
Jeffery R. Johnson

**Assistant Chief of Police**  
Erick W. Zinser

**Assistant Chief of Police**  
Scott R. Baetens

RE: Application for Fireworks Display Permit, Stars and Stripes Festival, on the grounds of Suburban Collections Showplace, 46100 Grand River July 3, 2018.

The permit application to conduct a fireworks display has been reviewed for compliance with the following laws and codes:

2012 International Fire Code (City adopted Fire Prevention Code)

P.A. 328 of 1931 as Amended, State of Michigan Fireworks Law  
NFPA 1123, Code for Fireworks Display

The above application is **Recommended for APPROVAL**

- 1) Vendor for the display is Ace Pyro, contact is Robert Vargo.
- 2) Absolutely no smoking or use of open flame in the safety zone.
- 3) All unauthorized personnel and the general public will be kept away from the fireworks firing area and the safe zone before, during and after the display, the safety zone for this event has to a minimum of 420' in diameter, and the launch pad MUST be in the middle of this and is subject to change due to weather and crowd conditions.
- 4) The storage method and location of the fireworks prior to the show shall be provided and shall be in compliance with NFPA 1123, at no time shall the storage of the fireworks be left unattended.
- 5) The firing method of the pyrotechnics devices shall be by electronic means only.
- 6) It shall be the responsibility of Ace Pyro to inspect the fallout area immediately after the show as well as the following morning (July 3, 2017) for any hazardous debris or unexploded shells.
- 7) The installation of the motor tubes and the racks or other launch devices shall be inspected prior to the loading of any pyrotechnic device by a fire department representative.

Novi Public Safety Administration  
45125 Ten Mile Road  
Novi, Michigan 48375  
248.348.7100  
248.347.0590 fax

cityofnovi.org

This fireworks show is proposed to have 3.0" shell as the largest shell to be shot off. This review and approval is based on this information and the submittal by Ace Pyro. **At no time shall a shell larger than 3.0" be used in this show.**

It shall be noted, that whenever, in the opinion of the Director of Fire and EMS Operations or his designee, any hazardous condition exists, the fireworks display shall be postponed until the condition is corrected. In addition, if high winds, precipitation, or other adverse weather condition prevail such that a significant hazard exists in the opinion of the Director of Fire and EMS Operations or his designee or the operator, the fireworks display shall be postponed until weather conditions improve to a reasonable level.

Sincerely

A handwritten signature in black ink, appearing to read 'KSP', with a long horizontal flourish extending to the right.

Kevin S. Pierce-Fire Marshal  
City of Novi Fire Department

2018 Application for Fireworks Other Than Consumer or Low Impact

FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY  
DATE PERMIT(S) EXPIRE:

Authnty 2011 PA 256	The LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.
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TYPE OF PERMIT(S) (Select all applicable boxes)

Agricultural or Wildlife Fireworks                       Articles Pyrotechnic                       Display Fireworks

Public Display     Private Display

Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes

NAME OF APPLICANT Nicole Coughlin	ADDRESS OF APPLICANT 9700 Burmeister Rd, Saline, MI 48176	AGE OF APPLICANT 18 YEARS OR OLDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF PERSON OR RESIDENT AGENT REPRESENTING CORPORATION, LLC, DBA OR OTHER Aaron Enzer	ADDRESS PERSON OR RESIDENT AGENT REPRESENTING CORPORATION, LLC, DBA OR OTHER 9700 Burmeister Rd, Saline, MI 48176
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IF A NON-RESIDENT APPLICANT (LIST NAME OF MICHIGAN ATTORNEY OR MICHIGAN RESIDENT AGENT)	ADDRESS (MICHIGAN ATTORNEY OR MICHIGAN RESIDENT AGENT)	TELEPHONE NUMBER
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NAME OF PYROTECHNIC OPERATOR Rob Vargo	ADDRESS OF PYROTECHNIC OPERATOR	AGE OF PYROTECHNIC OPERATOR 18 YEARS OR OLDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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NO YEARS EXPERIENCE 7	NO DISPLAYS 45+	WHERE Michigan
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NAME OF ASSISTANT Jonathan Sinda	ADDRESS OF ASSISTANT 9700 Burmeister Rd, Saline MI 48176	AGE OF ASSISTANT 18 YEARS OR OLDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF OTHER ASSISTANT	ADDRESS OF OTHER ASSISTANT	AGE OF OTHER ASSISTANT 18 YEARS OR OLDER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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EXACT LOCATION OF PROPOSED DISPLAY  
46100 Grand River Ave, Novi, MI 48374

DATE OF PROPOSED DISPLAY July 3, 2018	TIME OF PROPOSED DISPLAY 10:00 pm
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MANNER AND PLACE OF STORAGE SUBJECT TO APPROVAL OF LOCAL FIRE AUTHORITIES, IN ACCORDANCE WITH NFPA 1123, 1124 & 1126 AND OTHER STATE OR FEDERAL REGULATIONS. PROVIDE PROOF OF PROPER LICENSING OR PERMITTING BY STATE OR FEDERAL GOVERNMENT.

None, fireworks product will be brought from company storage in time for display setup.

AMOUNT OF BOND OR INSURANCE (TO BE SET BY LOCAL GOVERNMENT) \$1,000,000	NAME OF BONDING CORPORATION OR INSURANCE COMPANY The Partners Group Ltd
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ADDRESS OF BONDING CORPORATION OR INSURANCE COMPANY  
11225 SE 6th Street, Suite 110, Bellevue, WA 98004

NUMBER OF FIREWORKS	KIND OF FIREWORKS TO BE DISPLAYED (Please provide additional pages as needed)
Approximately 1,469	Assorted aerial display shells 2.5" - 3"

SIGNATURE OF APPLICANT <i>Nicole Coughlin</i>	DATE 6/1/18
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## 2018 Permit for Fireworks Other than Consumer or Low Impact

Authority: 2011 PA 256	The LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD will not discriminate against any individual or group because of race, sex, religion, age, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.
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*This permit is not transferable. Possession of this permit authorizes the herein named person to possess, transport and display fireworks in the amounts, for the purpose of and at the place listed below only through permit expiration date.*

TYPE OF PERMIT(S) (Select all applicable boxes)		<b>FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY.</b>	
<input type="checkbox"/> Agricultural or Wildlife Fireworks <input type="checkbox"/> Articles Pyrotechnic <input checked="" type="checkbox"/> Display Fireworks		PERMIT(S) EXPIRATION DATE (ENTER DATE OF EXPIRATION)	
<input type="checkbox"/> Public Display <input checked="" type="checkbox"/> Private Display			
<input type="checkbox"/> Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes			
NAME OF PERSON PERMIT ISSUED TO <b>Rob Vargo</b>			
ADDRESS OF PERSON PERMIT ISSUED TO <b>9700 Burmeister Rd, Saline, MI 48176</b>		AGE (18 YEARS OR OLDER) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION <b>ACE Pyro, LLC</b>			
ADDRESS <b>9700 Burmeister Rd, Saline, MI 48176</b>			
NUMBER AND TYPES OF FIREWORKS (Please attach additional pages if necessary)			
<b>Approximately 1,469 Assorted aerial display shells 2.5" - 3"</b>			
EXACT LOCATION OF DISPLAY OR USE <b>46100 Grand River Ave.</b>			
CITY, VILLAGE, TOWNSHIP <b>Novi, Michigan 48374</b>		DATE <b>7/3/18</b>	TIME <b>10:00pm</b>
BOND OR INSURANCE FILED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT	

Issued by action of the Legislative Body of a	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____ on the _____ day of _____	
_____ (Signature and Title of Legislative Body Representative)	

**\*THIS FORM IS VALID UNTIL THE DATE OF EXPIRATION OF PERMIT\***



FIREWORK  
BLAST ZONE  
OPTION A  
300' RADIUS

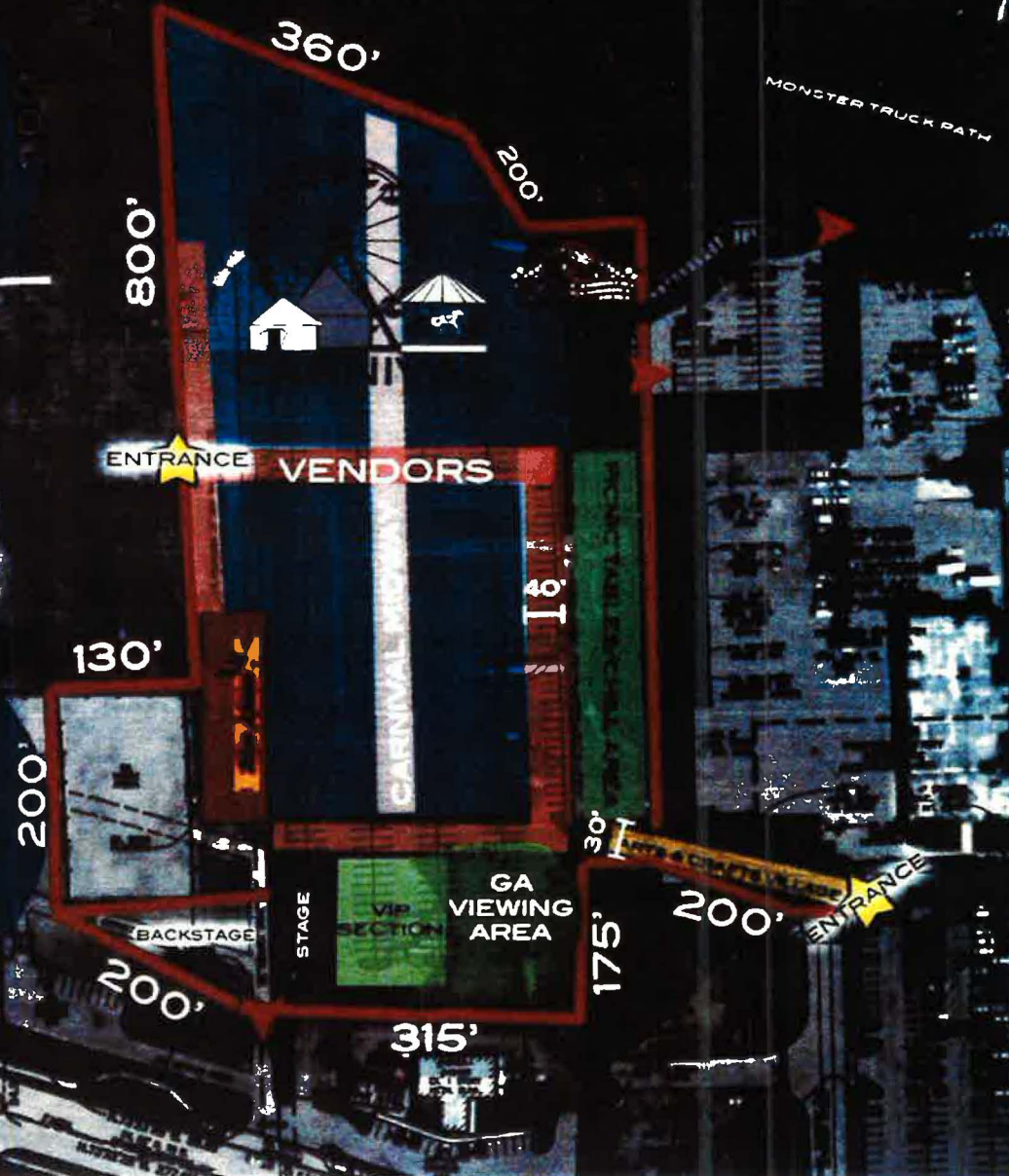
MONSTER TRUCK PATH

**LEGEND** *RELOCATED BLAST ZONE FOR 2018*

-  FENCE
-  ENTRANCE
-  EMERGENCY ENTRANCE/EXIT
-  CARNIVAL
-  VENDORS
-  BMX
-  ARTS & CRAFTS
-  STAGE/MUSIC
-  MONSTER TRUCK

**ADDITIONAL DIMENSIONS**  
 BMX 50'X150'  
 AISLEWAYS 20' WIDE IN MIDWAYS  
 VENDORS WILL BE ON BOTH SIDES OF PATH (10' DEEP BOOTHS)

FIREWORK  
BLAST ZONE  
OPTION A  
300' RADIUS







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2018

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).

<b>PRODUCER</b> The Partners Group Ltd 11225 SE 6th St., Suite 110 Bellevue WA 98004	<b>CONTACT NAME:</b> Janet Nau <b>PHONE (A/C, No, Ext):</b> 425-455-5640 <b>E-MAIL ADDRESS:</b> Jnau@tpgrp.com		<b>FAX (A/C, No):</b> 425-455-6727
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : T.H.E. Insurance Company		<b>NAIC #</b> 12866
<b>INSURED</b> 14372 Ace Pyro, LLC 13001 E. Austin Rd Manchester MI 48158	<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1214670459

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 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	Y		CPP010442903	11/1/2017	11/1/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ N/A
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<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)

The following are Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract:

Additional Insured: The City of Novi, The Suburban Collection, Boco Enterprises, Expo Productions  
 Event Location: 46100 Grand River Ave, Novi, MI 48374  
 Event Date: 7/3/2018  
 10 Day Notice of Cancellation for Non-Payment, 30 Day Notice of Cancellation any other reason.

**CERTIFICATE HOLDER****CANCELLATION**

FunFest Productions 48 Market Street Suite LL Mount Clemens MI 48043	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 – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<p><b>Name Of Additional Insured Person(s) Or Organization(s):</b>  Event Location: 46100 Grand River Ave, Novi, MI 48374  Event Date: 7/3/2018  Additional Insured: The City of Novi and The Suburban Collection</p> <p><b>BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAME INSURED.</b></p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>
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**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. 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.

**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 shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.