

CITY OF MARYSVILLE AGENDA BILL

EXECUTIVE SUMMARY FOR ACTION

CITY COUNCIL MEETING DATE: 6/23/2014

AGENDA ITEM: Approval of 2014 Fireworks Stand Permit	
PREPARED BY: Carol Mulilgan, Program Specialist DEPARTMENT: Community Development	DIRECTOR APPROVAL:
ATTACHMENTS: 1. Copy of Retail Firestand Stand Permit Application. 2. Copy of Washington State Fireworks License. 3. Copy of the Certificate of Insurance Naming the City as Co-insured. 4. Copy of Site Plan. 5. MMC 9.20.	
BUDGET CODE:	AMOUNT:

SUMMARY:

On February 27, 2012, City Council approved Ordinance #2890 which removed the limit on the number of fireworks stands that can be permitted. The City has received seven Fireworks Stand Permit Applications from TNT Fireworks for the following locations:

<u>Applicant</u>	<u>Location</u>
Calvary Chapel	8713 – 64 th Street NE (Walmart)
Kiwanis Club of Marysville	1631 – 4 th Street (Vacant Pad Next to Espresso Stand)
Kiwanis Club of Marysville	6610 – 64 th Street NE (Allen Creek Shopping Center)
Kiwanis Club of Marysville	1052 State Avenue (Gold’s Gym)
Kiwanis Club of Marysville	3711 – 88 th Street NE (Haggens)
Kiwanis Club of Marysville	1218 State Avenue (Safeway Plaza)
Mountain View Assembly of God	9925 State Avenue (Fred Meyer)

An eighth permit application was received from Western Fireworks, Inc. sponsored by full-time Marysville resident Joshua Barritt, for the location of 301 Marysville Mall (Albertson’s South).

All applicants meet requirements specified in MMC 9.20. Stand operators are provided with an information sheet on City regulations. These are laminated and to be displayed at each stand. They are also provided with copies for distribution to customers.

The Marysville Fire District inspects each stand and the Fire District distributes permits upon determining a satisfactory inspection.

Staff annually monitors parking at stand locations. There continues to be no apparent problems at the proposed locations.

RECOMMENDED ACTION: Staff recommends that the City Council approve the seven firework stand permit applications submitted by TNT Fireworks and approve the one firework stand permit application submitted by Western Fireworks.
COUNCIL ACTION:

APPLICATION
FOR RETAIL FIREWORKS STAND PERMIT

WWT2463

TO:	Governing body of city, town, or county in which fireworks stand will be located.	DATE OF APPLICATION:	DEC 30, 2013
Applicant Name: CALVARY CHAPEL		Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421	
Sponsor (If other than applicant): SUZZANNE SCHALO		Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421	
Location of proposed fireworks stand: [Enclose drawing of stand location] 8713 64 TH ST NE MARYSVILLE, WA WALMART			
Manner and place of storage prior, during, and after sales dates: ON SITE WITH SECURITY			
State Licensed Fireworks Supplier: American Promotional Events NW 2120 Milwaukee Way, Tacoma, WA 98421			

FIREWORKS STAND PERMIT

For The Fireworks Sales Year Of: 2014
(Must be conspicuously displayed at all times while the stand is open to the public)

By virtue of having been granted a license by the State of Washington and this permit from CITY OF MARYSVILLE the local governing authority, the named person, firm or organization is hereby authorized to sell U.N. 0336 1.4G Consumer fireworks at the location designated herein between the following date and times:

Sales For July 4th

Sales For December 31st

From: _____ From: _____

To: _____ To: _____

Sponsor: CALVARY CHAPEL

Location: WALMART 8713 64TH ST NE MARYSVILLE, WA

/s/ _____
Signature of Official Granting Permit

/s/ [Signature] FOR SUZZANNE SCHALO
Signature of Applicant

Title: _____ Agency: _____

Date: _____ Permit Number: _____

Licensee Name: CALVARY CHAPEL License Number: 12518

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

WST2403

15492

Fireworks Stand License

License is Non-Transferable and Valid for Only One Stand

Washington State Fireworks License

Licensee Information

Calvary Chapel Marysville
2120 Milwauke Way
Tacoma, WA 98421

License Number: WSPFL-02518

C.M. Duff
State Fire Marshal Signature

Detach this wallet card and carry with you for verification of certification.

Stand Information

Contact Person: Suzanne Schalo
Phone Number: (425) 931-1245
County: Snohomish
Stand Number: SN-08155

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal
15492

ANNUAL FIREWORKS STAND LICENSE

Licensee: Calvary Chapel Marysville
Contact Person: Suzanne Schalo
License Number: WSPFL-02518
Stand Number: SN-08155
Date of Expiration: January 31, 2015
Location: [Stamp: Valid For One Stand]

Stand Location:

[Stand Location To Be Completed By Licensee]

3000-420-012 (R 9/05)

C.M. Duff
State Fire Marshal Signature

Licensee Signature

SITE DIAGRAM

Date Drawn: May 22, 2014

Ordinance Of: City of Marysville

Address: 8713 - 64th Street NE

Store/Center/Lot: Wal-mart Superstore #3801

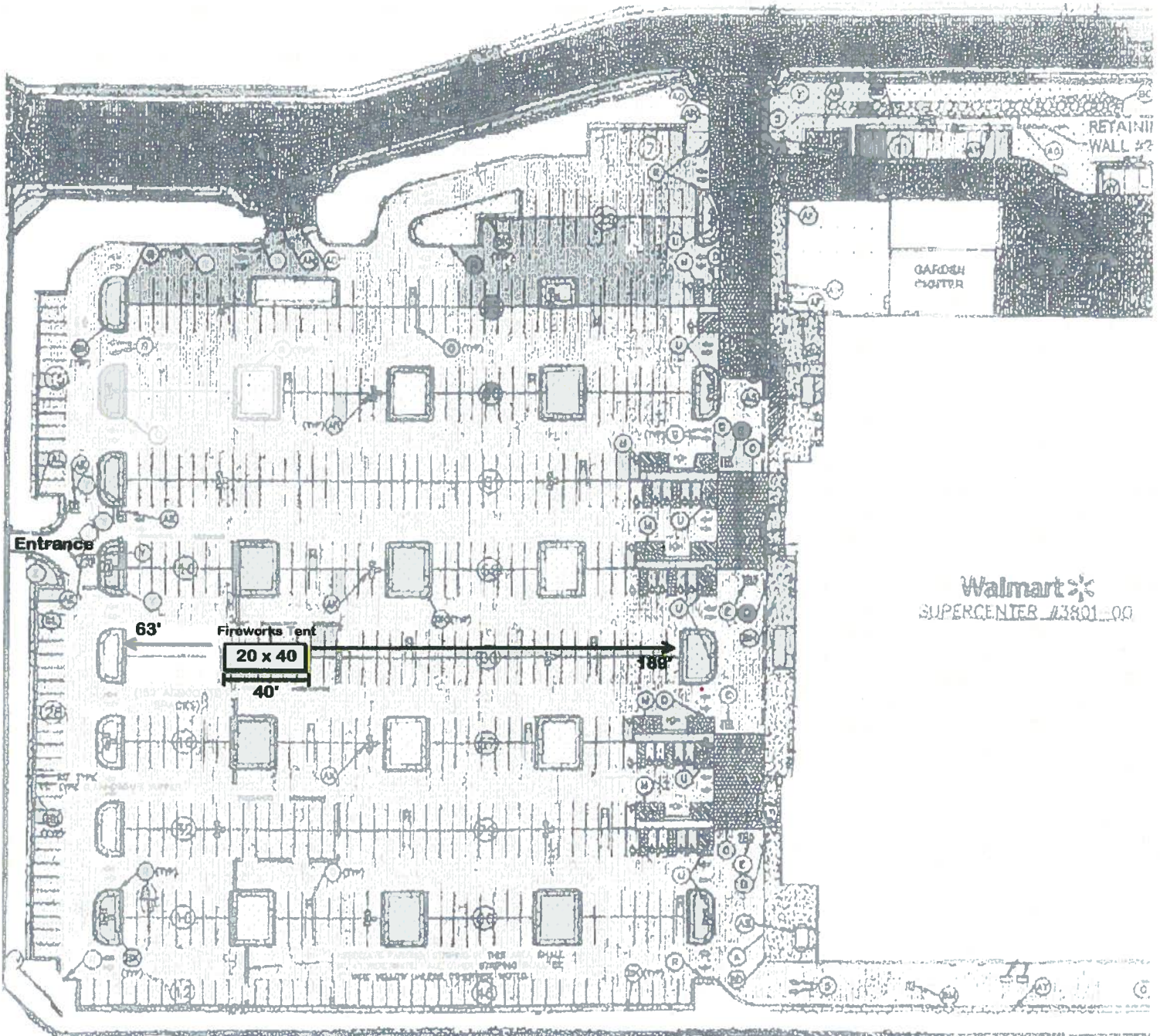
City & State: Marysville Washington 98270

Parcel No 30052500300100

Tent Faces The Direction Of: West

Tent Size: 20 X 40

Loc No: WWT2463



Hwy 9

SR-9 RIGHT OF WAY

WWT 2461

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

15473

Fireworks Stand License

Washington State Fireworks License

License is Non-Transferable and Valid for Only One Stand

Licensee Information

Marysville Kiwanis
2120 Milwaukee Way
Tacoma, WA 98421

License Number: WSPFL-00673


State Fire Marshal Signature

Detach this wallet card and carry with you for verification of certification.

Stand Information

Contact Person: Thomas Meehan
Phone Number: (360) 659-2497
County: Snohomish
Stand Number: SN-08137

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

15473

ANNUAL FIREWORKS STAND LICENSE

Licensee: Marysville Kiwanis
Contact Person: Thomas Meehan
License Number: WSPFL-00673
Stand Number: SN-08137
Date of Expiration: January 31, 2015
Location: [Valid For One Stand]

Date of Expiration: January 31, 2015
Date of Issue: January 3, 2014

Stand Location: 
State Fire Marshal Signature

Licensee Signature

Stand Location: [Stand Location To Be Completed By Licensee]

3000-420-012 (R 9/05)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/8/2014

11/1/2014

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 Lockton Companies, LLC 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Everest Indemnity Insurance Company		10851
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	


COVERAGES CERTIFICATE NUMBER: 12123477 REVISION NUMBER: XXXXXXXX

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	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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	N	S18GL00242-131	11/1/2013	11/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	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	N/A	NOT APPLICABLE			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 Additional Insured: Property located at the Pad at 1631 - 4th Street in Marysville, WA (Loc # WWT2461). Marysville Kiwanis Club. Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

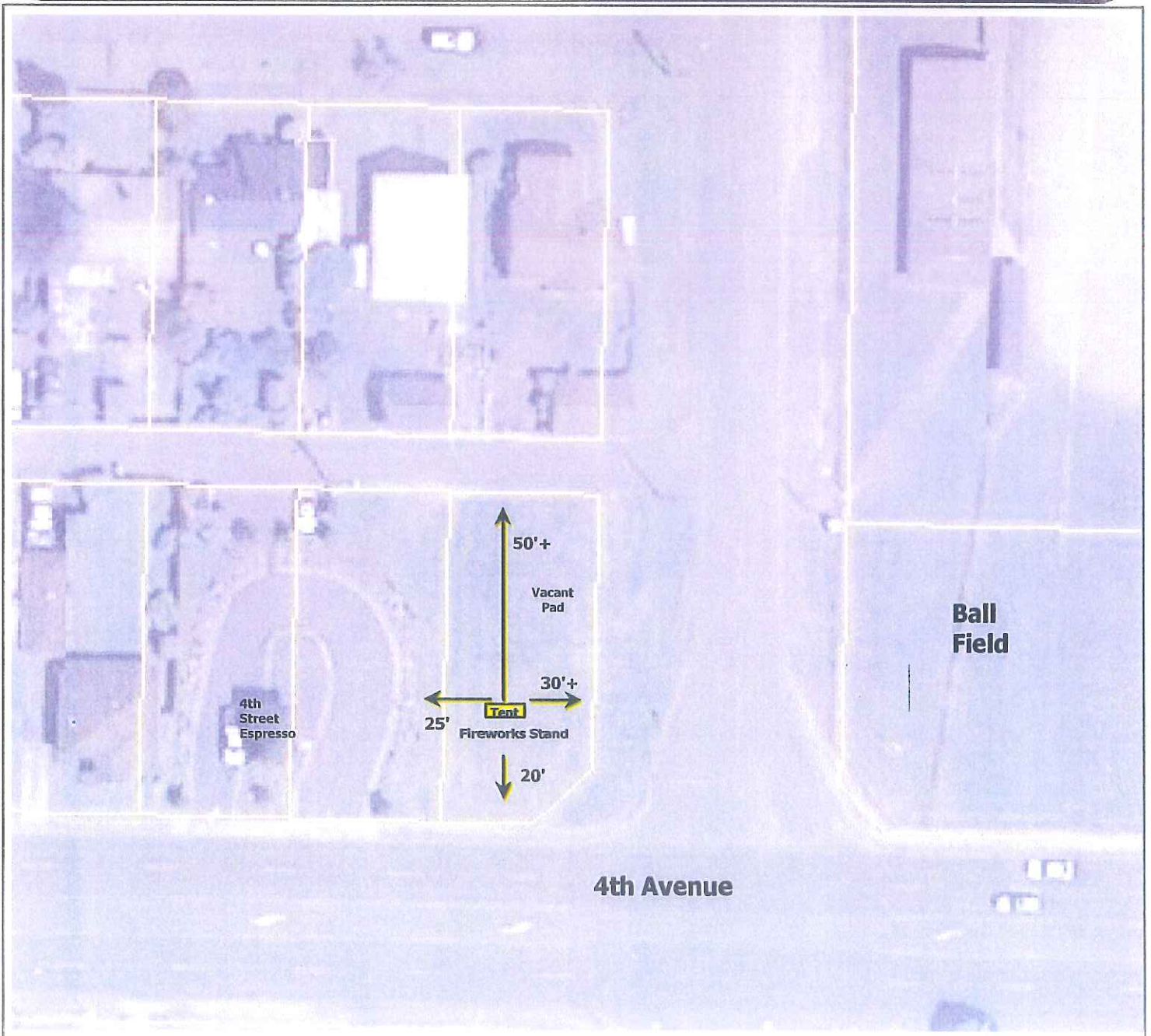
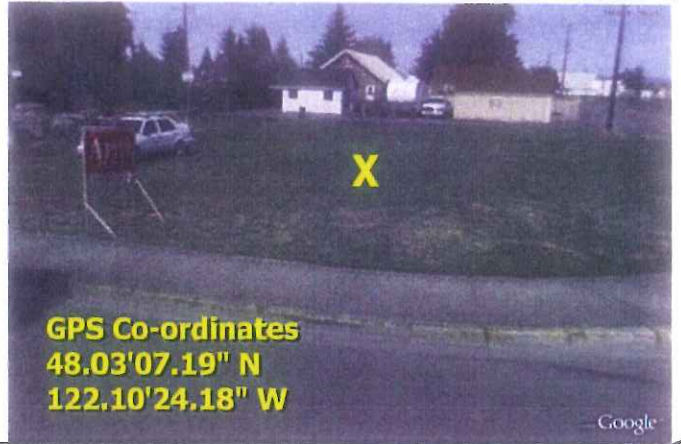
CERTIFICATE HOLDER**CANCELLATION**

12123477 City of Marysville Marysville Kiwanis Club 1049 State Avenue # 201 Marysville WA 98270	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 

SITE DIAGRAM

Date Drawn: September 9, 2009
Ordinance Of: City of Marysville
Address: 1631 4th Street
Store/Center/Lot: Vacant Lot next to 4th Street Espresso
City & State: Marysville Washington
Parcel No: 00528700701700
Tent Faces The Direction Of: Towards 4th Street
Tent Size: 20 x 40

Loc. No WWT-2461



**APPLICATION
FOR RETAIL FIREWORKS STAND PERMIT**

WWT2452

TO: Governing body of city, town, or county in which fireworks stand will be located.	DATE OF APPLICATION: DEC 31, 2013
Applicant Name: KIWANIS CLUB OF MARYSVILLE	Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421
Sponsor (If other than applicant): THOMAS MEEHAN	Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421
Location of proposed fireworks stand: [Enclose drawing of stand location] 6610- 64 TH ST NE MARYSVILLE, WA ALLEN CREEK S/C	
Manner and place of storage prior, during, and after sales dates: ON SITE WITH SECURITY	
State Licensed Fireworks Supplier: American Promotional Events NW 2120 Milwaukee Way, Tacoma, WA 98421	

FIREWORKS STAND PERMIT

For The Fireworks Sales Year Of: 2014
(Must be conspicuously displayed at all times while the stand is open to the public)

By virtue of having been granted a license by the State of Washington and this permit from CITY OF MARYSVILLE the local governing authority, the named person, firm or organization is hereby authorized to sell U.N. 0336 1.4G Consumer fireworks at the location designated herein between the following date and times:

Sales For July 4th

Sales For December 31st

From: _____ From: _____

To: _____ To: _____

Sponsor: MARYSVILLE KIWANIS

Location: ALLEN CREEK S/C 6610- 64TH ST NE MARYSVILLE, WA

/s/ _____ /s/ *Thomas Meehan* FOR THOMAS MEEHAN
Signature of Official Granting Permit Signature of Applicant

Title: _____ Agency: _____

Date: _____ Permit Number: _____

Licensee Name: MARYSVILLE KIWANIS License Number: 001073

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

WWT 2452

15472

Fireworks Stand License

Washington State Fireworks License

License is Non-Transferable and Valid for Only One Stand

Licensee Information
Marysville Kiwanis
2120 Milwaukee Way
Tacoma, WA 98421

License Number: WSPFL-00673

C.M. Duff

State Fire Marshal Signature
Detach this wallet card and carry with you for verification of certification.

Stand Information

Contact Person: Ray Harding
Phone Number: (360) 659-2497
County: Snohomish
Stand Number: SN-08136

Date of Expiration
January 31, 2015

Date of Issue
January 3, 2014

Stand Location:

[Stand Location To Be Completed By Licensee]

3000-420-012 (R 9/05)

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

15472

ANNUAL FIREWORKS STAND LICENSE

Licensee: Marysville Kiwanis
Contact Person: Ray Harding
License Number: WSPFL-00673
Stand Number: SN-08136
Date of Expiration: January 31, 2015
Location: *[Signature]*

[Signature]
State Fire Marshal Signature

Licensee Signature



CERTIFICATE OF LIABILITY INSURANCE

11/1/2014

DATE (MM/DD/YYYY)

10/31/2013

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PRODUCER Lockton Companies, LLC 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	INSURER A: Everest Indemnity Insurance Company NAIC # 10851	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 12123095 **REVISION NUMBER:** XXXXXXXX

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.

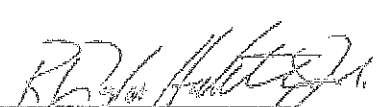
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	N	SI8GL00242-131	11/1/2013	11/1/2014	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	\$ XXXXXXXX
							BODILY INJURY (Per person)	\$ XXXXXXXX
							BODILY INJURY (Per accident)	\$ XXXXXXXX
							PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
								\$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			NOT APPLICABLE			EACH OCCURRENCE	\$ XXXXXXXX
							AGGREGATE	\$ XXXXXXXX
								\$ XXXXXXXX
	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	N/A	NOT APPLICABLE			WC STATU-TORY LIMITS	
							OTHER	
							E.L. EACH ACCIDENT	\$ XXXXXXXX
							E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX
							E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX

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

Additional Insured: Property located at Allen Creek S/C located at 6610 64th St NE in Marysville, WA (Loc # WW2452). Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

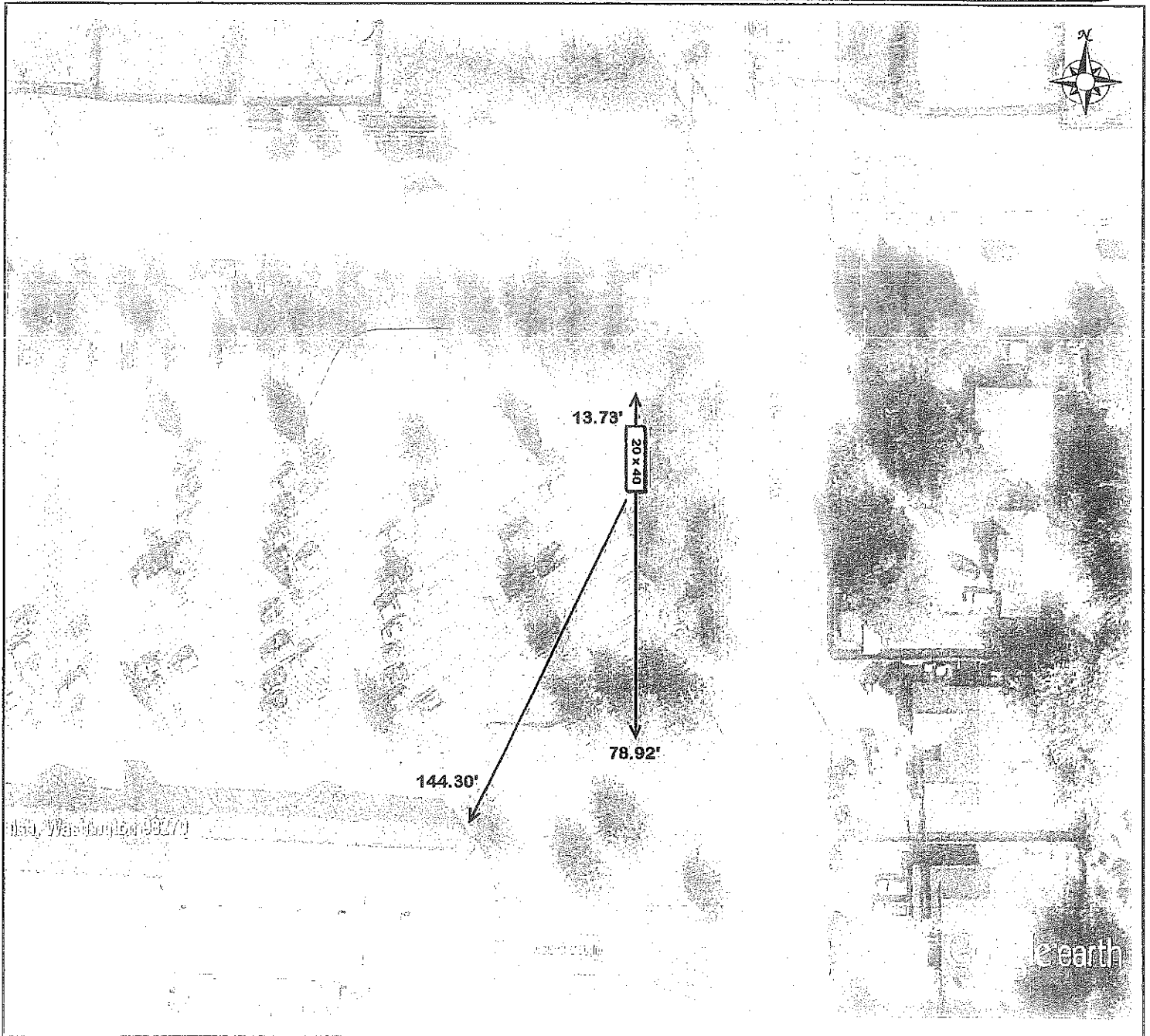
CANCELLATION

12123095 Kiwanis Club of Marysville Allen Creek Shopping Center City of Marysville 1049 State Avenue # 201 Marysville WA 98270	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 

SITE DIAGRAM

Date Drawn: April 4, 2013
Ordinance of: City of Marysville
Address: 6610 - 64th St. NE
Store/Center: Allen Creek S/C
City & State: Marysville, Washington
Tent Faces Direction of: Faces Center
Tent Size: 20 X 40
Parcel No: 30052700401100

Loc No: WWT-2452



**APPLICATION
FOR RETAIL FIREWORKS STAND PERMIT**

WWH2455

TO:	Governing body of city, town, or county in which fireworks stand will be located.	DATE OF APPLICATION:	JAN.02, 2014
Applicant Name: MARYSVILLE KIWANIS		Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421	
Sponsor (If other than applicant): THOMAS MEEHAN		Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421	
Location of proposed fireworks stand: [Enclose drawing of stand location] 1052 STATE ST MARYSVILLE, WA GOLD'S GYM			
Manner and place of storage prior, during, and after sales dates: ON SITE WITH SECURITY			
State Licensed Fireworks Supplier: American Promotional Events NW 2120 Milwaukee Way, Tacoma, WA 98421			

FIREWORKS STAND PERMIT

For The Fireworks Sales Year Of: 2014

(Must be conspicuously displayed at all times while the stand is open to the public)

By virtue of having been granted a license by the State of Washington and this permit from CITY OF MARYSVILLE the local governing authority, the named person, firm or organization is hereby authorized to sell U.N. 0336 1.4G Consumer fireworks at the location designated herein between the following date and times:

Sales For July 4th

Sales For December 31st

From: _____ From: _____

To: _____ To: _____

Sponsor: MARYSVILLE KIWANIS

Location: GOLD'S GYM 1052 STATE ST MARYSVILLE, WA

/s/ _____ /s/ *Thomas Meehan* FOR THOMAS MEEHAN
Signature of Official Granting Permit Signature of Applicant

Title: _____ Agency: _____

Date: _____ Permit Number: _____

Licensee Name: MARYSVILLE KIWANIS License Number: 001073

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

Washington State Fireworks License

Licensee Information

Marysville Kiwanis
2120 Milwaukee Way
Tacoma, WA 98421

License Number: WSPFL-00673

Stand Information

Contact Person: Ray Harding
Phone Number: (360) 659-2497
County: Snohomish
Stand Number: SN-08153

Date of Expiration Date of Issue
January 31, 2015 January 3, 2014

Stand Location: _____

[Stand Location To Be Completed By Licensee]

3000-420-012 (R 9/05)

WSPFL 15490
Fireworks Stand License

License is Non-Transferable and Valid for Only One Stand



State Fire Marshal, Signature
Detach this wallet card and carry with you for
verification of certification.

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

ANNUAL FIREWORKS STAND LICENSE

Licensee: Marysville Kiwanis
Contact Person: Ray Harding
License Number: WSPFL-00673
Stand Number: SN-08153
Date of Expiration: January 31, 2015
Location: _____

[Stand Location To Be Completed By Licensee]

State Fire Marshal Signature Licensee Signature



CERTIFICATE OF LIABILITY INSURANCE

11/1/2014

DATE (MM/DD/YYYY)

12/5/2013

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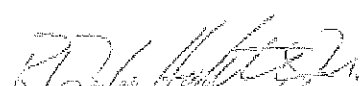
PRODUCER Lockton Companies, LLC 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Everest Indemnity Insurance Company</td> <td>10851</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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Everest Indemnity Insurance Company	10851	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Everest Indemnity Insurance Company	10851													
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630														

COVERAGES **CERTIFICATE NUMBER:** 12122776 **REVISION NUMBER:** XXXXXXXX

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	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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	N	SI8GL00242-131	11/1/2013	11/1/2014	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - CDM/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	\$ XXXXXXXX
							BODILY INJURY (Per person)	\$ XXXXXXXX
							BODILY INJURY (Per accident)	\$ XXXXXXXX
							PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
								\$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE	\$ XXXXXXXX
							AGGREGATE	\$ XXXXXXXX
								\$ XXXXXXXX
	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	NOT APPLICABLE			WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$ XXXXXXXX
							E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX
							E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX

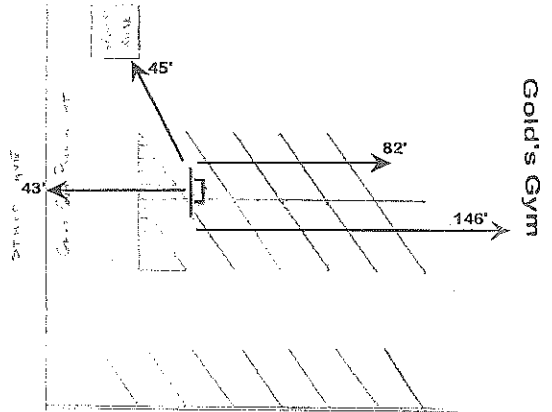
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 Additional Insured: Property located at Gold's Gym located at 1052 State St in Marysville, WA 98270 (Loc # WWH2455). Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER 12122776 City of Marysville Gold's Gym Kiwanis Club of Marysville 1049 State Ave #201 Marysville WA 98270	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 
---	--

SITE DIAGRAM

Date Drawn: October 31, 2011
 Ordinance of: City of Marysville
 Address: 1052 State Street
 Store/Center: Gold's Gym
 City & State: Marysville, Washington
 Stand Faces Direction of: Facing State St
 Stand Size: 24'
 Parcel No: _____

Loc No: WWH-2455



North



APPLICATION
FOR RETAIL FIREWORKS STAND PERMIT

WWH2457

TO: Governing body of city, town, or county in which fireworks stand will be located.	DATE OF APPLICATION:	DEC 09, 2013
Applicant Name: MARYSVILLE KIWANIS	Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421	
Sponsor (If other than applicant): THOMAS MEEHAN	Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421	
Location of proposed fireworks stand: [Enclose drawing of stand location] 3711 88 TH ST NE MARYSVILLE, WA HAGGENS		
Manner and place of storage prior, during, and after sales dates: ON SITE WITH SECURITY		
State Licensed Fireworks Supplier: American Promotional Events NW 2120 Milwaukee Way, Tacoma, WA 98421		

FIREWORKS STAND PERMIT

For The Fireworks Sales Year Of: 2014
(Must be conspicuously displayed at all times while the stand is open to the public)

By virtue of having been granted a license by the State of Washington and this permit from CITY OF MARYSVILLE the local governing authority, the named person, firm or organization is hereby authorized to sell U.N. 0336 1.4G Consumer fireworks at the location designated herein between the following date and times:

Sales For July 4th

Sales For December 31st

From: _____ From: _____

To: _____ To: _____

Sponsor: MARYSVILLE KIWANIS

Location: HAGGENS 3711 88TH ST NE MARYSVILLE, WA

/s/ _____ /s/ *Thomas Meehan* FOR THOMAS MEEHAN
Signature of Official Granting Permit Signature of Applicant

Title: _____ Agency: _____

Date: _____ Permit Number: _____

Licensee Name: MARYSVILLE KIWANIS License Number: 0302

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

WUWA0457

15491

Fireworks Stand License

License is Non-Transferable and Valid for Only One Stand

Washington State Fireworks License

Licensee Information

Kiwanis Club of Marysville
2120 Milwaukee Way
Tacoma, WA 98421

License Number: WSPFL-01322

C.M. Duff
State Fire Marshal Signature

Detach this wallet card and carry with you for verification of certification.

Stand Information

Contact Person: Thomas Meehan
Phone Number: (425) 359-6001
County: Snohomish
Stand Number: SN-08154

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

15491

ANNUAL FIREWORKS STAND LICENSE

Licensee: Kiwanis Club of Marysville
Contact Person: Thomas Meehan
License Number: WSPFL-01322
Stand Number: SN-08154
Date of Expiration: January 31, 2015
Location: [Valid For One Stand]

Stand Location:

[Stand Location To Be Completed By Licensee]

3000-420-012 (R 9/05)

C.M. Duff
State Fire Marshal Signature

Licensee Signature



CERTIFICATE OF LIABILITY INSURANCE

11/1/2014

DATE (MM/DD/YYYY)

12/5/2013

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 Lockton Companies, LLC 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Everest Indemnity Insurance Company</td> <td></td> <td>10851</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Everest Indemnity Insurance Company		10851	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A : Everest Indemnity Insurance Company		10851																			
INSURER B :																					
INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630																					

COVERAGES **CERTIFICATE NUMBER:** 12123485 **REVISION NUMBER:** XXXXXXX

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	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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	N	SI8GL00242-131	11/1/2013	11/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXX BODILY INJURY (Per person) \$ XXXXXXX BODILY INJURY (Per accident) \$ XXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXX \$ XXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXX AGGREGATE \$ XXXXXXX \$ XXXXXXX
	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	NOT APPLICABLE			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ XXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 Additional Insured: Property located at Haggens at 3711 - 88th Street NE in Marysville, WA (Loc # WWH2457). Marysville Kiwanis Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.


CERTIFICATE HOLDER

12123485
 City of Marysville
 Marysville Kiwanis
 Haggens
 1049 State Avenue # 201
 Marysville WA 98270

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.

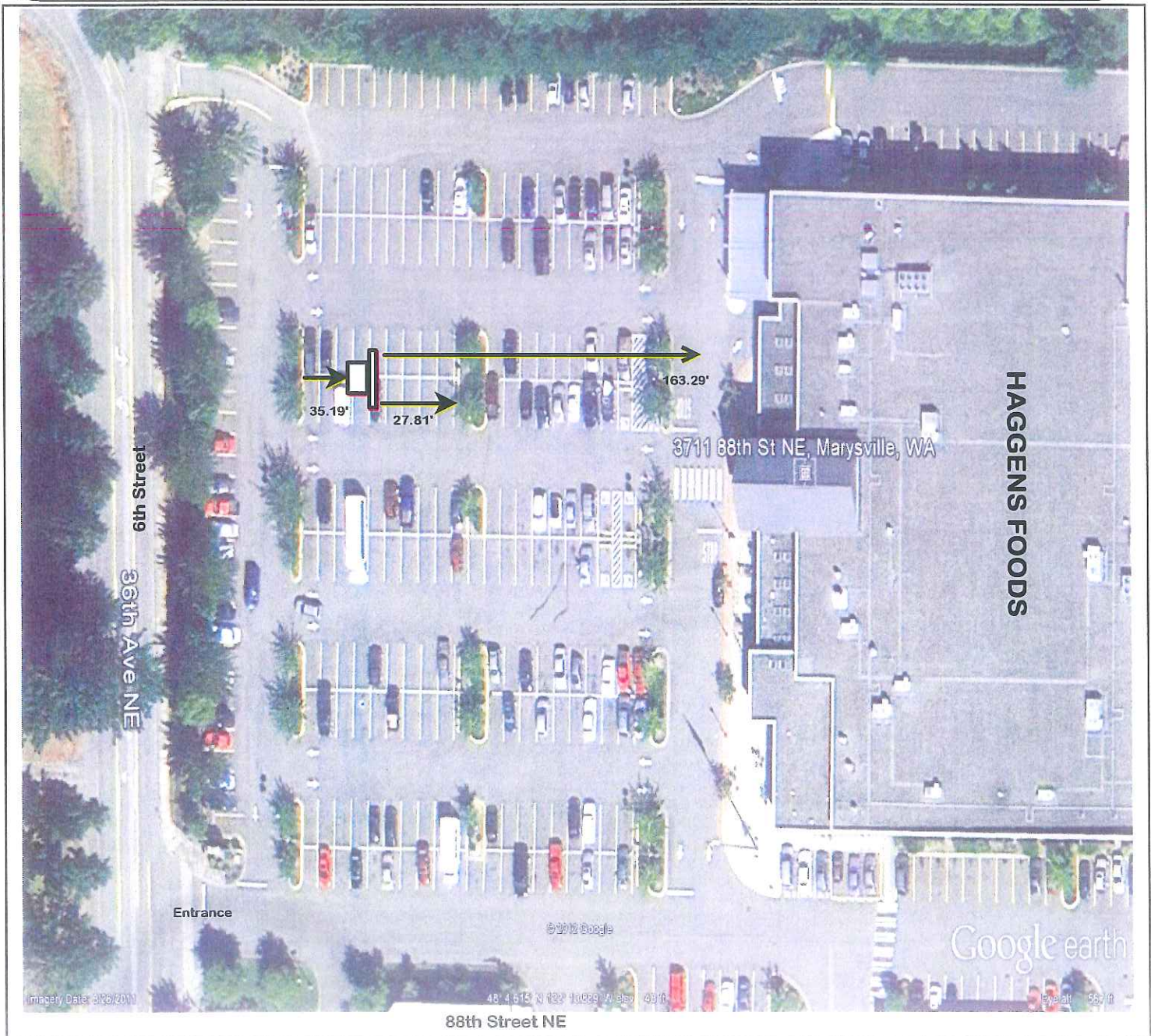
AUTHORIZED REPRESENTATIVE



SITE DIAGRAM

Date Drawn: December 27, 2012
 Ordinance of: City of Marysville
 Address: 3711 - 88th Ave NE
 Store/Center: Haggens Foods
 City & State: Marysville Washington
 Cross Streets: 6th St & 88th St. NE
 Parcel No: _____
 Tent/Stand Faces Direction of: Towards Haggens
 Tent /Stand Size: 24'

Loc No: WWH-2457



**APPLICATION
FOR RETAIL FIREWORKS STAND PERMIT**

WWH2451

TO: Governing body of city, town, or county in which fireworks stand will be located.	DATE OF APPLICATION: DEC 09, 2013
Applicant Name: KIWANIS CLUB OF MARYSVILLE	Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421
Sponsor (If other than applicant): THOMAS MEEHAN	Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421
Location of proposed fireworks stand: [Enclose drawing of stand location] 1218 STATE AVE MARYSVILLE, WA SAFEWAY PLAZA	
Manner and place of storage prior, during, and after sales dates: ON SITE WITH SECURITY	
State Licensed Fireworks Supplier: American Promotional Events NW 2120 Milwaukee Way, Tacoma, WA 98421	

FIREWORKS STAND PERMIT

For The Fireworks Sales Year Of: 2014

(Must be conspicuously displayed at all times while the stand is open to the public)

By virtue of having been granted a license by the State of Washington and this permit from CITY OF MARYSVILLE the local governing authority, the named person, firm or organization is hereby authorized to sell U.N. 0336 1.4G Consumer fireworks at the location designated herein between the following date and times:

Sales For July 4th

Sales For December 31st

From: _____ From: _____

To: _____ To: _____

Sponsor: KIWANIS CLUB OF MARYSVILLE

Location: SAFEWAY PLAZA 1258 STATE AVE MARYSVILLE, WA

/s/ _____ /s/ Gina Sprak FOR THOMAS MEEHAN
Signature of Official Granting Permit Signature of Applicant

Title: _____ Agency: _____

Date: _____ Permit Number: _____

Licensee Name: KIWANIS CLUB OF MARYSVILLE License Number: 01322

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

wwH451 15471

Washington State Fireworks License

Fireworks Stand License

License is Non-Transferable and Valid for Only One Stand

Licensee Information

Kiwanis Club of Marysville
2120 Milwaukee Way
Tacoma, WA 98421

License Number: WSPFL-01322

C.M. Duff
State Fire Marshal Signature
Detach this wallet card and carry with you for verification of certification.

Stand Information

Contact Person: Thomas Meehan
Phone Number: (360) 658-0400
County: Snohomish
Stand Number: SN-08135

Date of Expiration
January 31, 2015

Date of Issue
January 3, 2014

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal
15471

ANNUAL FIREWORKS STAND LICENSE

Licensee: Kiwanis Club of Marysville
Contact Person: Thomas Meehan
License Number: WSPFL-01322
Stand Number: SN-08135
Date of Expiration: January 31, 2015
Location: [Valid For One Stand]

C.M. Duff
State Fire Marshal Signature
[Stand Location To Be Completed By Licensee]
Licensee Signature

Stand Location: _____
[Stand Location To Be Completed By Licensee]



CERTIFICATE OF LIABILITY INSURANCE

11/1/2014

DATE (MM/DD/YYYY)

12/5/2013

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 Lockton Companies, LLC 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																				
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INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A: Everest Indemnity Insurance Company		10851																			
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630																					

COVERAGES WWH2451 **CERTIFICATE NUMBER:** 12284800 **REVISION NUMBER:** XXXXXXXX

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 CERTIFICATION 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	N	S18GL00242-131	11/1/2013	11/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ _____			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NOT APPLICABLE			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 Located at Safeway Plaza 1218 State Ave Marysville, WA (WWH2451) Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

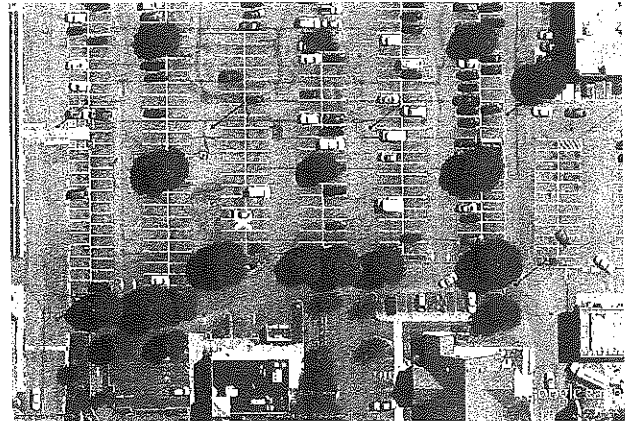
CANCELLATION

12284800 City of Marysville Kiwanis Club of marysville 1049 State Avenue #201 Marysville WA 98270	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
--	---

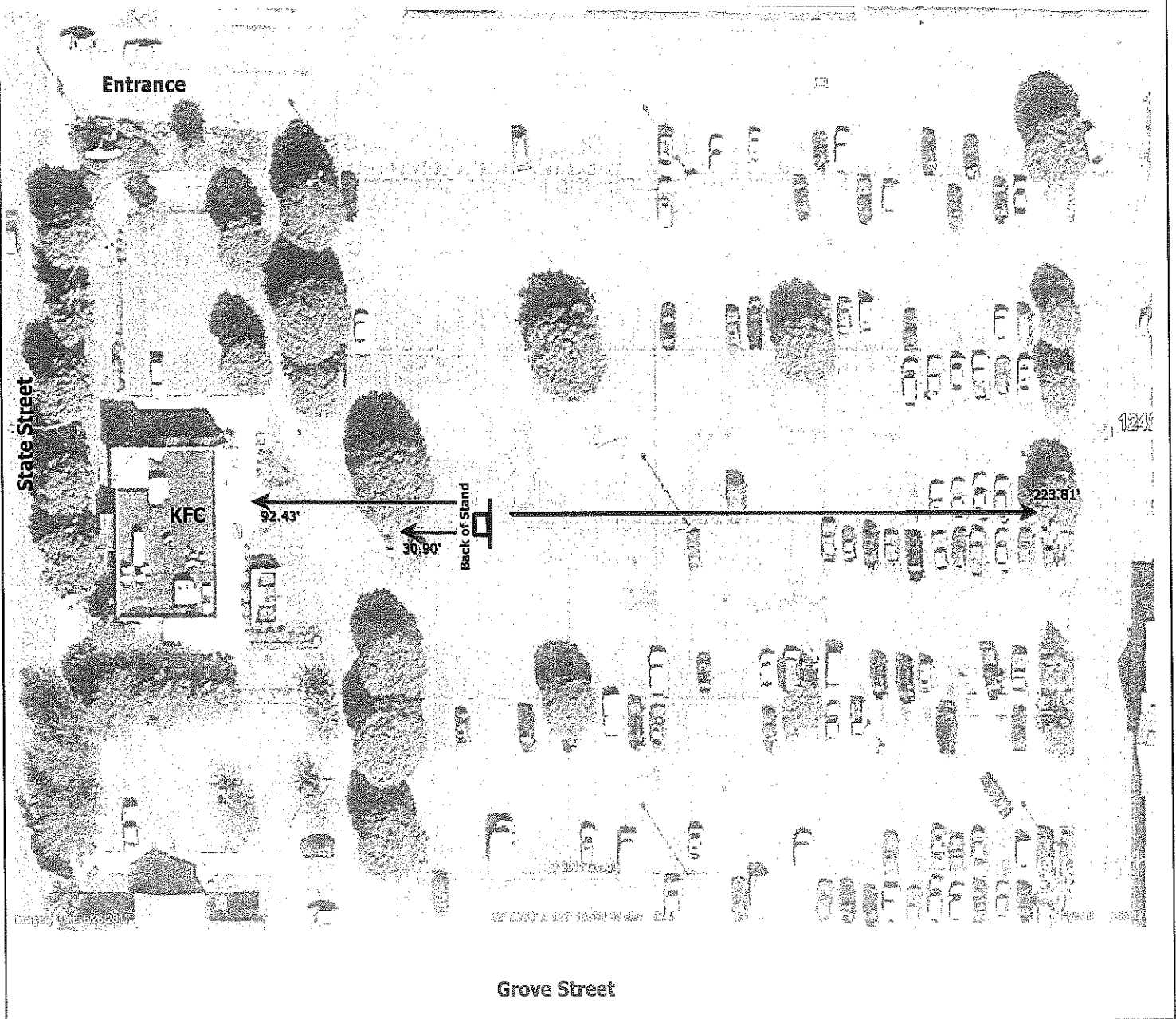
SITE DIAGRAM

Date Drawn: June 10, 2013
Ordinance Of: City of Marysville
Address: 1242 State Avenue
Store/Center/Lot: Plaza at Marysville/Safeway
City & State: Marysville Washington
Parcel No: 30052800202600
Stand Faces The Direction Of: Facing Safeway
Stand Size: 24'

Loc No: WWH-2451



GPS Co-ordinates - 48.3.733 N - 122.10.562 W



**APPLICATION
FOR RETAIL FIREWORKS STAND PERMIT**

WWT2450

TO:	Governing body of city, town, or county in which fireworks stand will be located.	DATE OF APPLICATION:	DEC 23, 2013
Applicant Name: MOUNTAIN VIEW A.O.G.		Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421	
Sponsor (If other than applicant): BRANDON HART		Address, City, State: 2120 MILWAUKEE WAY, TACOMA,, WA 98421	
Location of proposed fireworks stand: [Enclose drawing of stand location] 9925 STATE AVE MARYSVILLE, WA FRED MEYER			
Manner and place of storage prior, during, and after sales dates: ON SITE WITH SECURITY			
State Licensed Fireworks Supplier: American Promotional Events NW 2120 Milwaukee Way, Tacoma, WA 98421			

FIREWORKS STAND PERMIT

For The Fireworks Sales Year Of: 2014
(Must be conspicuously displayed at all times while the stand is open to the public)

By virtue of having been granted a license by the State of Washington and this permit from CITY OF MARYSVILLE the local governing authority, the named person, firm or organization is hereby authorized to sell U.N. 0336 1.4G Consumer fireworks at the location designated herein between the following date and times:

Sales For July 4th

Sales For December 31st

From: _____ From: _____

To: _____ To: _____

Sponsor: MOUNTAIN VIEW ASSEMBLY OF GOD

Location: FRED MEYER 9925 STATE AVE MARYSVILLE, WA

/s/ _____ /s/ *Gina Grick* FOR BRANDON HART
Signature of Official Granting Permit Signature of Applicant

Title: _____ Agency: _____

Date: _____ Permit Number: _____

Licensee Name: MOUNTAIN VIEW A.O.G. License Number: 01101

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

WWT2450 15489

Fireworks Stand License

License is Non-Transferable and Valid for Only One Stand

Washington State Fireworks License

Licensee Information

Mountain View Assembly of God
2120 Milwaukee Way
Tacoma, WA 98421

License Number: WSPFL-01101

C.M. Duff
State Fire Marshal Signature

Detach this wallet card and carry with you for verification of certification.

Stand Information

Contact Person: Brandon Hart
Phone Number: (425) 691-7464
County: Snohomish
Stand Number: SN-08152

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

15489

ANNUAL FIREWORKS STAND LICENSE

Licensee: Mountain View Assembly of God
Contact Person: Brandon Hart
License Number: WSPFL-01101
Stand Number: SN-08152
Date of Expiration: January 31, 2015
Location: *Valid For One Stand*

Date of Issue
January 3, 2014

Date of Expiration
January 31, 2015

Stand Location:

[Stand Location To Be Completed By Licensee]

3000-420-012 (R 9/05)

C.M. Duff
State Fire Marshal Signature
Licensee Signature

[Stand Location To Be Completed By Licensee]



CERTIFICATE OF LIABILITY INSURANCE

11/1/2014

DATE (MM/DD/YYYY)

10/31/2013

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 Lockton Companies, LLC 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Everest Indemnity Insurance Company</td> <td>10851</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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Everest Indemnity Insurance Company	10851	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Everest Indemnity Insurance Company	10851													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630														

COVERAGES CERTIFICATE NUMBER: 12123088 REVISION NUMBER: XXXXXXXX

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	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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	N	SI8GL00242-131	11/1/2013	11/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	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	N/A	NOT APPLICABLE			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

Additional Insured: Property located at Fred Meyer located at 9925 State Ave in Marysville, WA (Loc # WWT2450). Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

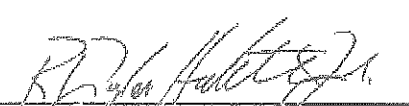
CERTIFICATE HOLDER

CANCELLATION

12123088
 Mountain View Assembly of God
 Fred Meyer
 City of Marysville
 1049 State Avenue # 201
 Marysville WA 98270

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

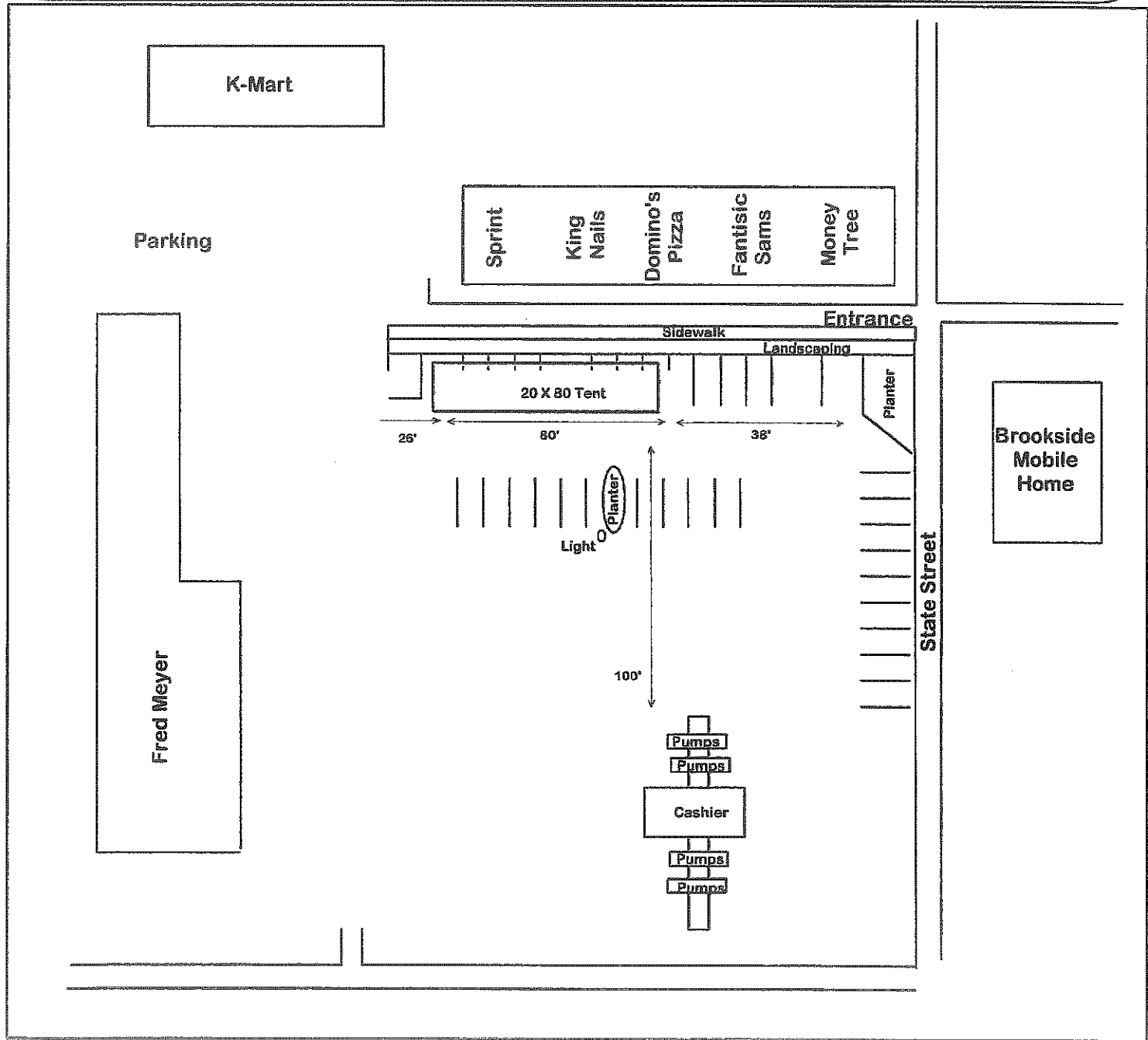
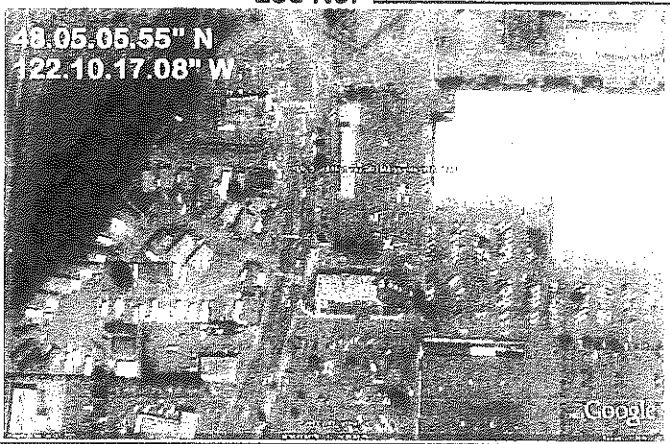
AUTHORIZED REPRESENTATIVE



SITE DIAGRAM

Date Drawn: April 28, 2009
 Ordinance of: City of Marysville
 Address: 9925 Old Hwy 99
 Store/Center: Fred Meyer
 City & State: Marysville, Washington
 Tent Size: 20 X 80
 Tent Faces Direction of: North
 Parcel No: 30051600402400
NO STAKES

Loc No: WWT-2450



Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal

Washington State Fireworks License

Licensee Information

Joshua Barritt
Post Office Box 426
Aurora, OR 97002

License Number: WSPFL-02636

Stand Information

Contact Person: Joshua Barritt
Phone Number: (503) 678-2378
County: Snohomish
Stand Number: SN-08820

Date of Expiration
January 31, 2015

Date of Issue
April 25, 2014

Stand Location: 301 MARYSVILLE MALL, MARYSVILLE WA
[Stand Location To Be Completed By Licensee]

3000-420-012 (R 9/05)

16463

Fireworks Stand License

License is Non-Transferable and Valid for Only One Stand


State Fire Marshal Signature
Detach this wallet card and carry with you for verification of certification.

Washington State Patrol
Fire Protection Bureau
Office Of The State Fire Marshal
16463

ANNUAL FIREWORKS STAND LICENSE

Licensee: Joshua Barritt
Contact Person: Joshua Barritt
License Number: WSPFL-02636
Stand Number: SN-08820 [Valid For One Stand]
Date of Expiration: January 31, 2015
Location: 301 MARYSVILLE MALL
[Stand Location To Be Completed By Licensee]

State Fire Marshal Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/14/2014

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 #	
INSURED Western Fireworks, Inc. P.O. Box 426 Aurora OR 97002	INSURER A: James River Insurance Co	
	INSURER B: Everest Indemnity Insurance Co. 10851	
	INSURER C: Everest National Insurance Company 10120	
	INSURER D:	
	INSURER E:	
INSURER F:		


COVERAGES **CERTIFICATE NUMBER: 203613184** **REVISION NUMBER:**

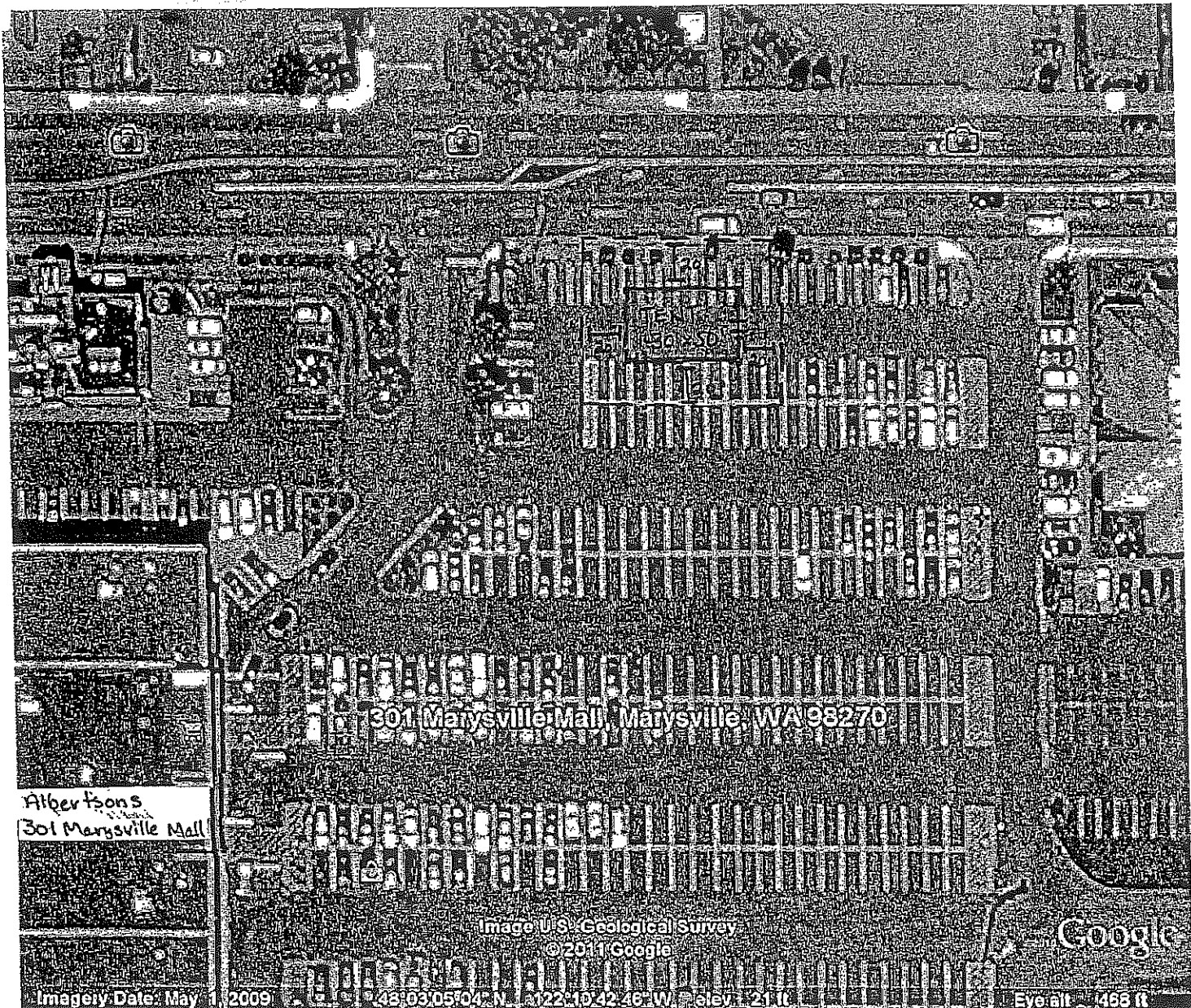
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			S18ML00104-141	3/1/2014	3/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S18CA00050-141	3/1/2014	3/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			00047211-3	3/1/2014	3/1/2015	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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)

Location: Marysville Albertson: 301 Marysville Mall, Marysville, WA 98270.
Additional Insured: Joshua Barritt; New Albertson's Inc. & Store #565 its owners, officers, directors, agents, & employees; The City of Marysville; MGP IX Marysville;

CERTIFICATE HOLDER City of Marysville 80 Columbia Avenue Marysville WA 98270	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 
--	--



30x50 Tent located in Albertsons
parking lot @ 301 Marysville Mall
All required signage posted - 20' perimeter
marked off - no parking within

Certificate of Flame Resistance



REGISTERED APPLICATION CONCERN No.
F419.01

ISSUED BY
Avalon Tent Manufacturing
14928 Shoemaker Ave.
Santa Fe Springs, CA 90670

Date treated or manufactured
04/27/2007

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR AA Party Rentals ADDRESS 6404 216th. Street SW
CITY Mountlake STATE WA 98043

Certification is hereby made that: (Check "a" or "b")

(a) The articles described below this certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.
Name of chemical used _____ Chem. Reg. No. _____
Method of application _____

(b) The articles described below hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA 701-96.
Trade name of flame-resistant fabric or material used LAM-TEX Reg. No. F419.01

The Flame Retardant Process Used Will Not Be Removed by Washing
(will or will not)

Vince Rosato By Cathy M. Kaplan Diaz
Name of Applicator or Production Superintendent Title Controller

CONTROL NO.	123219	6 Each	CT2020W	Canopy Top 20x20 1-pc White B/O
CUSTOMER ORDER NO.	AA Party Rentals	2 Each	CT2025W	Canopy Top 20x25 1-pc White B/O
CUSTOMER INVOICE NO.	304030607	6 Each	CT2030W	Canopy Top 20x30 1-pc White B/O
YARDS OR QUANTITY	9050	6 Each	CT2040W	Canopy Top 20x40 1-pc White B/O
COLOR	White B/O Polish	6 Each	CT2020W2	Canopy Top 20x20 2-pc White B/O Lace
STYLE	15-61	4 Each	CM205W	Canopy Middle 20x5 White B/O Lace
DATE PROCESSED	04-27-2007	12 Each	CM2010W	Canopy Middle 20x10 White B/O Lace
		8 Each	CM2020W	Canopy Middle 20x20 White B/O Lace
		3 Each	CT3030W	Canopy Top 30x30 1-pc White B/O
		2 Each	CM3010W	Canopy Middle 30x10 White B/O Lace
		8 Each	CM3015W	Canopy Middle 30x15 White B/O Lace
		3 Each	CT4040W2	Canopy Top 40x40 2-pc White B/O Lace
		2 Each	CM4010W	Canopy Middle 40x10 White B/O Lace
		8 Each	CM4020W	Canopy Middle 40x20 White B/O Lace
		10 Each	RG10W	Rain Gutter 10 Ft. White B/O
		10 Each	RG15W	Rain Gutter 15 Ft. White B/O
		10 Each	RG20W	Rain Gutter 20 Ft. White B/O
		10 Each	RG30W	Rain Gutter 30 Ft. White B/O
		10 Each	RG40W	Rain Gutter 40 Ft. White B/O
		15 Each	SW1015WW	Side Wall 10x15 White With Window
		42 Each	SW1020WW	Side Wall 10x20 White With Window

Chapter 9.20 FIREWORKS

Sections:

- 9.20.010 State statutes adopted.
- 9.20.015 Additional definitions.
- 9.20.020 Date and time limits for sale or discharge of consumer fireworks.
- 9.20.070 Permit procedure.
- 9.20.080 Action by city council.
- 9.20.090 Issuance of – Nontransferable.
- 9.20.110 Operation of fireworks stands.
- 9.20.120 Temporary fireworks stand specifications.
- 9.20.125 Enforcement – Revocation of permit.
- 9.20.130 Penalties for violations.

9.20.010 State statutes adopted.

The following sections of the State Fireworks Law (Chapter 70.77 RCW) are adopted by reference, including any amendments to the same which may hereafter be enacted by the state of Washington:

RCW

- 70.77.126 Definition of "fireworks."
- 70.77.131 Definition of "display fireworks."
- 70.77.136 Definition of "consumer fireworks."
- 70.77.138 Definition of "articles pyrotechnic."
- 70.77.141 Definition of "agricultural and wildlife fireworks."
- 70.77.146 Definition of "special effects."
- 70.77.160 Definition of "public display of fireworks."
- 70.77.165 Definition of "fire nuisance."
- 70.77.180 Definition of "permit."
- 70.77.190 Definition of "person."
- 70.77.205 Definition of "manufacturer."
- 70.77.210 Definition of "wholesaler."
- 70.77.215 Definition of "retailer."
- 70.77.230 Definition of "pyrotechnic operator."
- 70.77.255 Acts prohibited without a license.
- 70.77.285 Public display permit – Bond.
- 70.77.290 Public display permit.
- 70.77.295 Public display permit – Amount of bond.
- 70.77.311 Exemptions from licensing.
- 70.77.335 License authorizes activities of salesmen, employees.
- 70.77.405 Authorized sales of toy caps, tricks, novelties.
- 70.77.410 Public displays not to be hazardous.
- 70.77.415 Supervision of public displays.
- 70.77.420 Storage permit required.

- 70.77.425 Approved storage facilities required.
- 70.77.430 Sale of stock after revocation or expiration of license.
- 70.77.450 Examination, inspection of books and premises.
- 70.77.480 Prohibited transfers of fireworks.
- 70.77.485 Unlawful possession of fireworks – Penalties.
- 70.77.488 Unlawful discharge or use of fireworks – Penalty.
- 70.77.510 Sales or transfers of display fireworks – Penalty.
- 70.77.515 Sales or transfers of consumer fireworks – Penalty.
- 70.77.520 Unlawful to permit fire nuisance where fireworks kept – Penalty.
- 70.77.535 Articles pyrotechnic, special fireworks for entertainment media.
- 70.77.545 Violation a separate, continuing offense.
- 70.77.547 Civil enforcement not precluded.
- 70.77.580 Posting by retailers of lists of allowed fireworks.

(Ord. 2737 § 1, 2008; Ord. 2409 § 1, 2002; Ord. 1942 § 1, 1993; Ord. 1778 § 1, 1990; Ord. 1376 § 2, 1984).

9.20.015 Additional definitions.

The following additional definitions shall apply in this chapter:

“Permittee” means any person issued a fireworks permit in conformance with this chapter. (Ord. 2737 § 1, 2008; Ord. 2409 § 2, 2002).

9.20.020 Date and time limits for sale or discharge of consumer fireworks.

No fireworks shall be sold or discharged within the city except as follows:

- (1) The sale of consumer fireworks shall be allowed from 12:00 noon to 11:00 p.m. on June 28th and from 9:00 a.m. to 11:00 p.m. on June 29th through July 4th.
- (2) Consumer fireworks may be discharged July 4th only from 9:00 a.m. to 11:00 p.m. and December 31st from 9:00 a.m. to 2:00 a.m. on January 1st. (Ord. 2737 § 1, 2008; Ord. 2529 § 1, 2004; Ord. 2409 § 3, 2002; Ord. 2031 § 1, 1995; Ord. 1942 § 2, 1993).

9.20.070 Permit procedure.

Any adult person, firm, partnership, corporation or association may apply for a fireworks permit; provided, that the applicant must hold a current business license issued by the city, and must be, or be sponsored by, a person or entity which has a permanent address within the city limits. The application shall be filed with the business licensing specialist or designee.

The application shall include the following:

- (1) Proof that the applicant has been issued a fireworks license or permit by the Chief of the Washington State Patrol acting through the city’s fire marshal;
- (2) A description of the proposed location of the fireworks;

(3) Proof that the applicant has an insurance policy with bodily injury liability limits of \$50,000/ \$1,000,000 for each person and occurrence and \$50,000 for property damage liability for each occurrence. The city shall be named as an additional insured on the policy;

(4) An annual license fee of \$100.00;

(5) Subject to MMC 9.20.080, such permit shall be issued if the application meets the requirements of Chapter 70.77 RCW and all ordinances of the city of Marysville. (Ord. 2890 § 1, 2012; Ord. 2737 § 1, 2008; Ord. 2409 § 4, 2002; Ord. 2031 § 2, 1995; Ord. 1592, 1987; Ord. 1241 § 2, 1982; Ord. 1235 § 3, 1982).

9.20.080 Action by city council.

Upon seven days' advance written notice to the applicant, the city council shall hold a public meeting on the issuance of a fireworks permit. The city council shall have power, in its discretion, to grant or deny the application, subject to reasonable conditions, if any, as it shall prescribe. The decision of the city council with respect to an application shall be final. (Ord. 2890 § 2, 2012; Ord. 2737 § 1, 2008; Ord. 1241 § 3, 1982; Ord. 1235 § 4, 1982).

9.20.090 Issuance of – Nontransferable.

Upon approval by the city council of a fireworks permit, the city clerk shall issue the same to the applicant, who thereafter shall be the permittee. The permit shall be for a term of one year. No permit shall be transferable without express approval by the city council. (Ord. 2737 § 1, 2008; Ord. 2409 § 5, 2002; Ord. 1235 § 5, 1982).

9.20.110 Operation of fireworks stands.

The party holding the fireworks permit shall operate the fireworks stand exclusively by and through its employees, members or designees. At least one adult person (age 18 or over) shall be present at all times a fireworks stand is open to the public. No person under 16 years of age shall be allowed to sell fireworks or remain within a fireworks stand when it is open to the public. (Ord. 2737 § 1, 2008; Ord. 1778 § 2, 1990; Ord. 1241 § 4, 1982; Ord. 1235 § 6, 1982; Ord. 479 § 11, 1962).

9.20.120 Temporary fireworks stand specifications.

All retail sales of consumer fireworks shall be permitted only from a retailer at a retail fireworks stand or outlet that is temporary, and the sale from any other building or structure is prohibited.

A retail fireworks stand shall be subject to the following provisions, unless preempted by state-wide standards, in which event the state-wide standards shall apply:

(1) No retail fireworks stand shall be located within 25 feet of any other building, nor within 50 feet of any gasoline station.

(2) Retail fireworks stands shall be temporary and need not comply with the provisions of the building code of the city; provided, however, that all stands shall be erected under the supervision of the fire chief, as defined elsewhere in this code, who shall require that the stand be constructed in a manner which shall ensure the safety of attendants and patrons, shall be wired according to state or national electrical code, and shall satisfy any state-wide standards issued by the State Director of Fire

Protection. At least two approved fire extinguishers with 2.5 gallons apiece, or equivalent, shall be maintained at each stand at all times.

(3) Each stand must have two exits.

(4) No retail fireworks stand shall be located closer than 600 feet to another fireworks stand.

(5) All weeds and combustible material shall be cleared from the location of the stand, including a distance of at least 20 feet surrounding the stand.

(6) "No Smoking" signs shall be prominently displayed on the fireworks stand.

(7) Each retail fireworks stand shall be operated by adults only. No fireworks shall be left unattended in a stand.

(8) All unsold stock and accompanying litter shall be removed from the location by 12:00 noon on the sixth day of July of each year.

(9) The retail fireworks stand shall be disassembled and removed from the location by 12:00 noon on the sixth day of July of each year. (Ord. 2737 § 1, 2008; Ord. 2409 § 6, 2002; Ord. 1778 § 3, 1990; Ord. 479 § 12, 1962).

9.20.125 Enforcement – Revocation of permit.

The city fire marshal shall be authorized to enter and inspect all fireworks stands to assure compliance with the provisions of this chapter and to protect the public health, safety and welfare. The fire marshal is authorized to temporarily revoke any permit, for cause. Any party aggrieved by such revocation shall have the right to appeal the same to the city council within 10 days thereafter. The decision of the city council shall be final. (Ord. 2737 § 1, 2008; Ord. 1235 § 7, 1982).

9.20.130 Penalties for violations.

(1) Any person violating this chapter shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding \$1,000, or by imprisonment in the jail for a period not exceeding 90 days, or by both such fine and imprisonment. Further, the license shall be revoked.

(2) Any person violating portions of this chapter specifically designated by this chapter or by RCW as gross misdemeanor or misdemeanor, upon conviction shall be guilty and punished for gross misdemeanor by a fine not to exceed \$5,000 or by imprisonment in jail for a period not to exceed 365 days or by both such fine and imprisonment; for misdemeanor by a fine not to exceed \$1,000 or by imprisonment in jail for a period not to exceed 90 days or by both such fine and imprisonment.

(3) Civil Infraction.

(a) Violations involving possession or discharge of small quantities of fireworks, unless specifically designated in this chapter or RCW as gross misdemeanor or misdemeanor, is a civil infraction, and may be cited as a "civil infraction."

(i) Upon finding that a violation has been committed the person committing the act shall be assessed an amount not to exceed \$500.00 plus applicable statutory assessments.

(ii) Such penalty is in addition to any other remedies or penalties specifically provided by law; nothing in this section precludes the charging of a misdemeanor or gross misdemeanor crime as defined under this chapter or RCW.

(iii) Three or more of said "civil infractions" within any consecutive two-year period of time shall be cited as a misdemeanor as set forth in subsection (1) of this section.

(b) "Civil infraction" has the meaning given that term by Chapter 7.80 RCW, the Infraction Rules for Courts of Limited Jurisdiction ("IRLJ") and any local rule adopted by the Marysville municipal court. (Ord. 2737 § 1, 2008; Ord. 479 § 13, 1962).

The Marysville Municipal Code is current through Ordinance 2959, passed April 28, 2014.

Disclaimer: The City Clerk's Office has the official version of the Marysville Municipal Code. Users should contact the City Clerk's Office for ordinances passed subsequent to the ordinance cited above.

