For City Use Only:

Name of Special Event: I Know A Guy Fireworks

Date of Special Event: 6.15, 6.22, 6.23 9:30p - 10:30p

Note to Departments: You are requested to review this application and return it to the city Clerk's Office with any comments shown below. Comments should include pertinent laws and ordinances as well as notice of any required changes, fees, permits, and licenses.

Department Comments: _____

_____

_____

_____

_____

☐ Approved

☐ Denied

Department: _____

Signature/Initials: _____

CD ✓

FIRE ✓

HEALTH _____

LEGAL ✓

PARKS ✓

POLICE ✓

PW ✓

RISK M _____

INS CERT _____

COUNCIL special meeting 6.13.18

FORMS SENT OUT 6.12.18

Allison Head

From: noreply@civicplus.com
Sent: Tuesday, June 12, 2018 7:47 AM
To: Jodi Quakenbush; Allison Head
Subject: Online Form Submittal: Special Event Application

Special Event Application

Step 1

City Clerk's Office
(712) 328-4616

First Name	Chris
Last Name	Houston
Email Address	chris@torchsfireworks.com
Address1	*Field not completed.*
Address2	*Field not completed.*
City	BISMARCK
State	ND
Zip	58503
Phone Number	17014266700
Event Name	I KNOW A GUY FIREWORKS
Event Location	SOUTH SIDE OF HORSESHOE CASINO
Estimate of Number of Participants	51-100
Type of Event	Fireworks*
*Acknowledgement to Proceed	I Agree
Date of Event	06/15-~~6/16~~-6/22-6/23 A~~ND 6/27~~
Time of Event	9:30-10:30 PM
Set Up Date	Same day set up

Date Taken Down	Same day taken down
Brief Description of the Event	This days are weekends Friday and Saturdays with the exception ~~of one Wednesday~~ and are applied for in ~~duel days incase of rain~~. If rain hits it takes a day to dry out where my shoot zone is and with the days being weekends to keep from bothering the cities occupants. This is a demonstration of product that is for sale and product knowledge for the people that will be purchasing fireworks here in Council Bluffs IA as most of my product has never been seen because I am new to this market and my private label is only available from my company.
Additional permits required with event includes:	Fireworks, Requires permit from City Fire Department (712-328-4671)., Noise, If event includes music, a live band, or noise of any kind a request for a noise variance must be made.
Traffic Control	*Field not completed.*
Explain Police Assistance Needs	*Field not completed.*
Street Closures	*Field not completed.*
Upload File (Map, Street Closure Permission, etc.)	*Field not completed.*
Upload File (Map, Street Closure Permission, etc.)	*Field not completed.*
Please check any of the following boxes that apply to this event.	*Field not completed.*
If you checked any of the boxes above, please give a brief description below:	*Field not completed.*

After Talking to Fire Marshal and Understanding Process and Requirements, he Changed to 3 dates & will work with Fire if needed for Rain.

Insurance Requirements:
An Insurance Certificate is required in the amount of $1,000,000, for Liability coverage, listing the City of Council Bluffs as an additional insured, for all events.

Insurance Requirements	Iowa INS.pdf

PLEASE NOTE:
This request form must be submitted or returned to the City Clerk's Office, 209 Pearl Street, at least 10 business days prior to the event. If not returned within 10 business days the event will be denied. If you have any questions, please contact the City Clerk's Office (712) 328-4616.

Noise Variance Request

Application Date	6/15-16 6/22-23 6/27
Requesting Person: (Name, Mailing Address, Phone Number, Email Address)	Chris Houston 4726 Fairfax Loop Bismarck ND 58503 701.426.6700 chris@torchsfireworks.com
Organization/Event	Product KnowledgeDemonstration
Event Location	SOUTH SIDE
Event Date	6/15/2018 - 6/27/2018
Event Time	9:00 PM - 10:30 PM
Explain Source of Noise and Specific Hours of Noise	Approximately one hour of firework noise in total. Shoot on and explain product on every item. Each firework will shoot approximately 30-40 seconds and I will only be lighting up to 30 items on the permitted nights. This will NOT be an all night or party event and will be completed in a professional manner.

PLEASE NOTE:
**Letters of approval may be required from surrounding residents/businesses.*

Street Closure Permission

We the undersigned residents in the City of Council Bluffs, Iowa, DO NOT object to the closing of the following street for a special event:

Street:	*Field not completed.*
Event Date and Time	*Field not completed.*

**Only one name per household and only residents of a property affected by the closure will be considered as legitimate endorsers.*

Signer Information:	*Field not completed.*
Signer Information:	*Field not completed.*
Signer Information:	*Field not completed.*
Signer Information:	*Field not completed.*
Signer Information:	*Field not completed.*
Signer Information:	*Field not completed.*
Signer Information:	*Field not completed.*

Signer Information: *Field not completed.*

Email not displaying correctly? View it in your browser.

CERTIFICATE OF INSURANCE

ISSUE DATE 5/30/2018

PRODUCER

PROFESSIONAL PROGRAM INSURANCE BROKERAGE
371 BEL MARIN KEYS BLVD., SUITE 220
NOVATO CA, 94949-5662

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR LATER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURER(S) AFFORDING COVERAGE

INSURER A: LLOYD'S OF LONDON

INSURER B:

INSURER C:

INSURER D:

INSURED

Torch's Fireworks, LLC
4726 Fairfax Loop
Bismarck, ND 58503

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE NAMED INSURED ABOVE FOR THE 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY CLAIMS MADE GEN'L AGGREGATE LIMIT APPLIES PER POLICY	PY/18-0113	06/05/2018	06/05/2019	EACH ACCIDENT	$ 5,000,000
					MEDICAL EXP (Any one person)	$
					FIRE LEGAL LIABILITY	$ 50,000
					GENERAL AGGREGATE	$ 5,000,000
					PRODUCTS-COMP/OPS AGG	$ Included
	AUTOMOBILE LIABILITY — ANY AUTO = ANY OWNED AUTOS — SCHEDULED AUTOS | HIRED AUTOS | NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	EXCESS LIABILITY FOLLOWING FORM				EACH ACCIDENT	$
					AGGREGATE	$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER	$
					E.L.EACH ACCIDENT	$
					E.L. DISEASE-EA EMPLOYEE	$
					E.L. DISEASE-POLICY LIMIT	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Harveys BR Management as Property Owner is additional insured as respects the retail fireworks stand operated by the Named Insured, located at 2701 23rd Ave. Council Bluffs, IA 51501 operating from 6/13/2018 through 7/8/2018.

CERTIFICATE HOLDER

Harveys BR Management
2701 23rd Avenue
Council Bluffs, IA 51501

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Susan Peterson