



**Section III**

DISPLAY INFORMATION: ( Note: Indicate who provided this information:)

Applicant: XX Technician: \_\_\_\_\_ Both: \_\_\_\_\_

Indicate the type of display event:

Carnival: \_\_\_\_\_ Exhibition: \_\_\_\_\_ Fair: \_\_\_\_\_

Public Celebration: \_\_\_\_\_ Other: XX Proposed day and time of the event:

Day: 9/7, 9/21, 10/5, 10/19, 11/9 & 11/16/2019 Time: various - see below AM / PM

Proposed location or site: Campbell University / Baker-Lane Stadium(see attached)

Specify the type and quantity of the fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:

(48) 30mm x 50 foot "Close Proximity" Mines

(4) 15 second x 20 foot "Close Proximity" Stage Fountains

Start Times:

9/7 @ 6:00pm, 9/21 @ 6:00pm, 10/5 @ 1:00pm

10/19 @ 4:00pm, 11/9 @ 1:00pm, 11/16 @ 1:00pm



Estimated duration of the display:

**15 to 30 seconds**

Specify any safety precautions to be taken:

**Follow all NFPA 1126 , State of North Carolina and Harnett County  
guide lines.**

**Section IV**

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district:

**Buies Creek**

Location of the nearest fire station: Buies Creek VFD, 112 Marshbanks St

Name and location of the nearest medical facility:

Name: Central Harnett Hospital Location: Lillington, NC



**Section V**

FIRE DEPARTMENT COMMENTS: ( Note: To be completed by local fire department representing the district in which the discharge will take place.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:

Approve: \_\_\_\_\_

Disapprove: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section VI**

**FOR OFFICE USE ONLY**

FIRE MARSHAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

FINAL APPROVAL: APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

Conditional approval and/or special conditions: \_\_\_\_\_

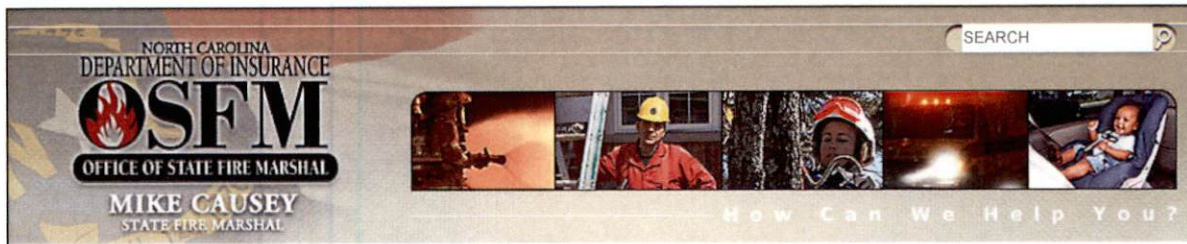
\_\_\_\_\_

Fire (Deputy) Marshal Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section VII**

Fireworks Permit No. \_\_\_\_\_



HOME ABOUT US OSFM DIVISIONS DEPARTMENT OF INSURANCE CONTACT US EMPLOYMENT OSFM 24

## Fire Safety Programs

PYROTECHNIC LICENSE INFORMATION

CONTACTS

STATE PROPERTY PERMITS

ONLINE LOGIN PYROTECHNIC LICENSE APPLY/RENEW

1.3g PYROTECHNIC LICENSES

1.4g PYROTECHNIC LICENSES

PROXIMATE AUDIENCE LICENSES

PYROTECHNIC INSTRUCTORS/DELIVERY AGENCIES

MUNICIPAL EMPLOYEE

CODE OFFICIALS

PYROTECHNIC EVENT EMPLOYEE

SPONSOR, VENUE AND PRODUCTION MANAGEMENT

FIRE SAFETY PROGRAMS » PYROTECHNIC LICENSE INFORMATION

### Pyrotechnic License Information

#### Current Pyrotechnic License Holders

Select License Type of Interest

- | License Type                                      | License Level                             |
|---|---|
| <input checked="" type="radio"/> Pyrotechnic 1.3G | <input checked="" type="radio"/> Operator |
| <input type="radio"/> Pyrotechnic 1.4G            | <input type="radio"/> Assistant           |
| <input type="radio"/> Proximate Audience          |   |

Get List

Get License Holder Information

Pyrotechnic License Number Driver's License Number

3025

Search for License

**Holder's Full Name:** Rodney Todd Eason  
**Business Name:** East Coast Pyrotechnics, Inc.  
**Government ID By:** North Carolina  
**Government ID Type:** Driver License  
**ID Number:** \*\*\*0921



**License Number:** 3025  
**License Type:** Proximate Audience  
**License Level:** Operator  
**License Status:** Valid  
**Expiration Date:** 04/29/2022



**License Number:** 1250  
**License Type:** 1.3G Pyrotechnic  
**License Level:** Operator  
**License Status:** Valid  
**Expiration Date:** 03/12/2022

Get a list of license holders by Last Name or Business/Employer

Last Name

Business/Employer

Search for List



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### Fire Safety Programs

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### Current Pyrotechnic License Holders

Select License Type of Interest

- | License Type                                      | License Level                             |
|---|---|
| <input checked="" type="radio"/> Pyrotechnic 1.3G | <input checked="" type="radio"/> Operator |
| <input type="radio"/> Pyrotechnic 1.4G            | <input type="radio"/> Assistant           |
| <input type="radio"/> Proximate Audience          |   |

Get List

Get License Holder Information

Pyrotechnic License Number Driver's License Number

3020

Search for License

**Holder's Full Name:** Lee Samuel Denning  
**Business Name:** East Coast Pyrotechnics, Inc.  
**Government ID By:** North Carolina  
**Government ID Type:** Driver License  
**ID Number:** \*\*\*\*\*2973

*Alternate operator*

*(910-814-7152) cell*



**License Number:** 3020  
**License Type:** Proximate Audience  
**License Level:** Operator  
**License Status:** Valid  
**Expiration Date:** 03/29/2022



**License Number:** 1159  
**License Type:** 1.3G Pyrotechnic  
**License Level:** Operator  
**License Status:** Valid  
**Expiration Date:** 03/12/2022

Get a list of license holders by Last Name or Business/Employer

Last Name

Business/Employer

Search for List



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/18/2019

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> Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 216-658-7100		FAX (A/C, No):
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> East Coast Pyrotechnics Inc. P. O. Box 209 Catawba SC 29704	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A :Maxum Indemnity Company		26743
	INSURER B :Everest Indemnity Insurance Co.		10851
	INSURER C :Everest Denali Insurance Company		
	INSURER D :Riverport Insurance Company		
	INSURER E : INSURER F :		

**COVERAGES**                      **CERTIFICATE NUMBER:** 989998848                      **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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SI8ML00005-191	3/30/2019	3/30/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <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			SI8CA00005-191	3/30/2019	3/30/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			EXC6020405	3/30/2019	3/30/2020	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
D	<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			SCARP304378 (MASTER)	9/30/2018	9/30/2019	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.  
FIREWORKS DISPLAY DATES: SEPTEMBER 7, 21, 2019; OCTOBER 5, 19, 2019; NOVEMBER 9, 16, 2019  
ADDITIONAL INSURED: 1)CAMPBELL UNIVERSITY INCORPORATED, 2)HARNETT COUNTY

**CERTIFICATE HOLDER**

**CANCELLATION**

CAMPBELL UNIVERSITY INCORPORATED PO BOX 97 BUIS CREEK NC 27506	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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Barker-Lane Stadium  
60 Wade Stewart Road  
Buies Creek, NC 27546

# Campbell University Pre-Game Football

Close Proximity





**DEPARTMENT OF JUSTICE**

Bureau of Alcohol, Tobacco,  
Firearms and Explosives

*Martinsburg, WV 25405*

March 25, 2019

East Coast Pyrotechnics Inc.  
P.O. Box 209  
Catawba, SC 29704

901090:CRR/SCC  
5400  
File Number: 1-SC-00223

Premises Address: 4652 Catawba River Road, Catawba, SC 29704

Dear Sir/Madam:

This letter acknowledges receipt of your timely application to renew your Federal explosives license/permit 1SC00223.

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

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

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

Sincerely,

Christopher R. Reeves  
Chief, Federal Explosives Licensing Center

ATF web address: [www.atf.gov](http://www.atf.gov)



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

44-RECORDED-14-11-2011 11:00:00 AM

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To ATF - Chief, FELC 244 Needy Road Martinsburg, WV 25405-9431	License Permit Number <b>1-SC-091-51-9E-00223</b>
Chief, Federal Explosives Licensing Center (FELC) <i>Christopher L. Reers</i>	Expiration Date <b>May 1, 2019</b>

Name  
EAST COAST PYROTECHNICS INC

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

4652 CATAWBA RIVER ROAD  
CATAWBA, SC 29704-

Type of License or Permit

51-IMPORTER OF EXPLOSIVES

Purchasing Certification Statement

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

EAST COAST PYROTECHNICS INC  
PO BOX 209  
CATAWBA, SC 29704-

*Tom Thompson*  
Licensee/Permittee Responsible Person Signature

*Pres*  
Position/Title

*Tom Thompson*  
Printed Name

*6-3-16*  
Date

ATF Form 5400 14/5400 15 Part 1  
Revised October 2011

Previous Edition is Obsolete EAST COAST PYROTECHNICS INC 4652 CATAWBA RIVER ROAD 29704-1 SC 091-51-9E-00223 May 1, 2019 51-IMPORTER OF EXPLOSIVES

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)  
244 Needy Road  
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352  
Fax Number: (304) 616-4401  
E-mail: FELC@atf.gov

ATF Homepage: www.atf.gov

**Change of Address (27 CFR 555.54(a)(1)).** Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. **(The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)**

**Right of Succession (27 CFR 555.59).** (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here ✂

<b>Federal Explosives License/Permit (FEL) Information Card</b>	
License/Permit Name:	EAST COAST PYROTECHNICS INC
Business Name:	
License/Permit Number:	1-SC-091-51-9E-00223
License/Permit Type:	51-IMPORTER OF EXPLOSIVES
Expiration:	May 1, 2019
Please Note: Not Valid for the Sale or Other Disposition of Explosives.	



**Section I**

**IMPORTANT: THIS APPLICATION MUST BE RETURNED NO LATER THAN FIVE  
(5) WORKING DAYS PRIOR TO EVENT TO ENSURE PERMIT PROCESSING.**

PLEASE TYPE OR PRINT

APPLICANT INFORMATION: (Note: The applicant is the person, group, corporation, association, or other entity sponsoring, holding or primarily responsible for the event or enterprise for which this permit is requested.)

Name: East Coast Pyrotechnics Telephone: 803-789-5733 home  
Address: P O Box 209 803-789-5733 work  
Catawba, SC 29704

For a corporate applicant, indicate the name and address of the registered agent for service of process:

Name: Joel Matthews / joel@eastcoastpyro.com

Address: P.O. Box 209  
Catawba, SC 29704

President or  
CEO: Tom Thompson

Indicate whether the applicant is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES XX NO \_\_\_\_\_

If covered, specify the source, amount, and coverage period of the insurance:

Source: Britton-Gallagher & Assoc Amount: \$ 5,000,000.00

Coverage

Period: 3/30/19 to 3/30/20



**Section II**

PYROTECHNICS TECHNICIAN INFORMATION: (Note: This is to be completed by the individual who will shoot and/or discharge the fireworks or pyrotechnics.)

Name: Rodney Eason Telephone: (910) 237-2298 home  
Address: 694 Miller Road (910) 237-2298 work  
Benson, NC 27504

Bureau of Alcohol, Tobacco and Firearms permit/license type and no.: 1-SC-091-51-9E-00223

Specify Pyrotechnicians' training and experience:

NC Licensed Operator #3025, over 8 years experience. Past displays  
Campbell University and NC State University

Indicate whether the technician is or will be insured with respect to the discharge of fireworks/pyrotechnics: YES XX NO \_\_\_\_\_

If covered, specify the source, amount, and coverage period of the insurance:

Source: Britton-Gallagher & Assoc Amount: \$ 5,000,000.00

Coverage

Period: 3/30/19 to 3/30/20