



## Fireworks Application

3 Shows  
@ Campbell

Attached you will find an application for a Fireworks Discharge Permit. This application must be completed and returned to Central Permitting prior to issuance of the permit. **Please allow thirty (30) calendar days for processing and Board of Commissioner approval.** There is a \$150.00 permit fee assessed per discharge event. Permit fees shall be paid prior to issuance of permits. If you have any questions, please feel free to contact us.

### Items required for permit issuance:

- All blanks must be completed on the application.
- Permit holder is required to obtain liability insurance in an amount sufficient to cover the claims of any person(s) who may be injured or otherwise damaged as a result of the display. The insurance must name the County of Harnett as an additional insured with a minimum amount of one million dollars (\$1,000,000). A copy of the Certificate of Insurance evidencing the coverage must accompany the application.
- A detailed site plan indicating the discharge and storage locations as well as distance.
- Manufacturer's technical data sheet of each type of pyrotechnic to be discharged.

### Application Index

- Section I: Information on the person, group, corporation, association, or entity sponsoring, holding, or primarily responsible for the event
- Section II: Information on the pyrotechnician
- Section III: Information on the actual display
- Section IV: Public safety information. (Name of fire district where the discharge will take place, address of the nearest fire station, and name and address of the nearest medical facility)
- Section V: Notarization of the application. (**APPLICATION SIGNATURES MUST BE NOTARIZED**)
- Section VI: Fire Department Comments. (Must be completed by the chief of the local fire department representing the district where the discharge will take place)
- Section VII: For Harnett County Fire Marshal use only
- Section VIII: Fireworks Permit Number.

**THE COMPLETED FIREWORKS PERMIT MUST BE ON SITE DURING THE DISCHARGE OF PYROTECHNICS**



I.

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.

Please type or print

Applicant: Pyro Shows East Coast, Inc  
Billing Address: P.O. Box 1776  
LAFOLLETTE <sup>TENN.</sup> ~~NC~~ 37746  
Contact Person: DAN DENNING  
Contact Email: D.DENNING@PYROSHOWS.COM  
Contact Phone: (910) 890-0651 ( ) - -  
President or CEO (for corporate applications): JESSE SALVESON  
Is the applicant insured with respect to the discharge of fireworks/pyrotechnics: Yes  No   
If covered, specify the source, amount, and coverage period of the insurance:  
Source: CERT ATTACHED Amount: \$ \_\_\_\_\_  
Coverage Period: 10-1-21/22



II.

PYROTECHNICIAN INFORMATION:

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

Technician Name: DAN DENNING

Billing Address: P.O. Box 1776  
LAFOLLETTE <sup>TENN</sup> ~~NC~~ 37766

Contact Email: D.DENNING@PYROSHOWS.COM

Contact Phone: (910) 890-0651 ( ) - -

Bureau of Alcohol, Tobacco and Firearms permit/license type and number: 1-5C-091-50-4L-00269

Pyrotechnicians' training and experience:  
OVER 30 YEARS  
NC LIC # 1158

Is the technician insured with respect to the discharge of fireworks/pyrotechnics: Yes  No

If covered, specify the source, amount, and coverage period of the insurance:  
Source: CERT. ATTACHED Amount: \$ \_\_\_\_\_  
Coverage Period: 10-1-21/22





III.

DISPLAY INFORMATION:

Who provided this information: Applicant:  Technician:  Both:

Type of display event: Carnival:  Exhibition:  Fair:

Public Celebration:  Other:

Proposed date and time of the event: MARCH 25, APRIL 8 + APRIL 28, 2022 9:00 a.m. / (p.m.)

Proposed location or site: IRWIN BEAR TRACK, BOLTON RD., BOLES CREEK, NC

Alternate date and time of the event: TRD a.m. / p.m.

(Above Alternate date and time will only be used if the event is cancelled due to inclement weather in lieu of secondary date approval and processing)

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

BOX ITEMS 1.25" - 2.50"  
SHELLS - 3"  
LIST INCLUDED

Estimated duration of the display: 5 MINUTES

Specify any safety precautions to be taken:

FIRED FROM FENCED IN TRACK AREA.  
CAMPBELL TO PROVIDE SECURITY FOR  
PERIMETER - NOTE SIDE PLAN -  
2 SMALL RED CIRCLES ARE PARKING  
LOTS CAMPBELL HAS AGREED TO KEEP  
CLEAR - SMALL YELLOW CIRCLE  
WILL NOT BE USED.



IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: BUYES CREEK

Location of the nearest fire station: 1/2 MILE

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGSTON - 5 MILES



V.

Applicant Printed Name: DAN DENNING

Applicant Signature: Dan Denning

Date: 3-3-2022

STATE OF NORTH CAROLINA

COUNTY OF Harnett

I, Cynthia H Clack, a Notary Public of the County and State aforesaid, do hereby certify that Den Denning signed and sworn to before me this day.

Witness my hand and official stamp, this the 3<sup>rd</sup> day of March, 2022

Cynthia H Clack

Notary Public

My Commission Expires: 04.21.2024





**VI.**

FOR OFFICE USE ONLY:

Fire Chief's Office Comments:

---

---

---

Fire Marshal's Office Comments:

---

---

---

Fire Marshal's Office Recommendation:

Approve:

Deny:

Fire Marshal's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Commissioner's Comments:

---

---

---

Final Board Approval:

Approved:

Denied:

Board of Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Commissioner's Representative (Printed Name): \_\_\_\_\_

**VII.**

Fireworks Permit Number: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/21/2022

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 and Associates, Inc. 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): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Everest Indemnity Insurance Co.	<b>NAIC #</b> 10851
<b>INSURED</b> Pyro Shows East Coast Inc. PO Box 1776 Lafollette TN 37766	INSURER B : Everest Denali Insurance Company      16044	
	INSURER C : Axis Surplus Ins Company      26620	
	INSURER D :	
	INSURER E :	
INSURER F :		

**COVERAGES**      **CERTIFICATE NUMBER:** 234234875      **REVISION NUMBER:**

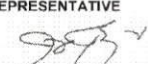
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S18ML02352-211	10/1/2021	10/1/2022	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 \$
B	<input checked="" type="checkbox"/> <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			S18CA00260-211	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			P-001-000698866-01	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<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						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess Liability #2			S18EX01800-211	10/1/2021	10/1/2022	Each Occ/ Aggregate Total Limits \$5,000,000 \$10,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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(s): Campbell University Baseball 2022 Season: 3/25/2022, 4/8/2022 and 4/22/2022.  
Additional Insured: Campbell University, Inc.; Harnett County, NC

### CERTIFICATE HOLDER

### CANCELLATION

Campbell University P.O. Box 10 Buies 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 
--	---



# Campbell University Campbell University Baseball 2022 Season Friday, April 22, 2022

*MARCH 25 + APRIL 08, 2022*

## MAIN BODY

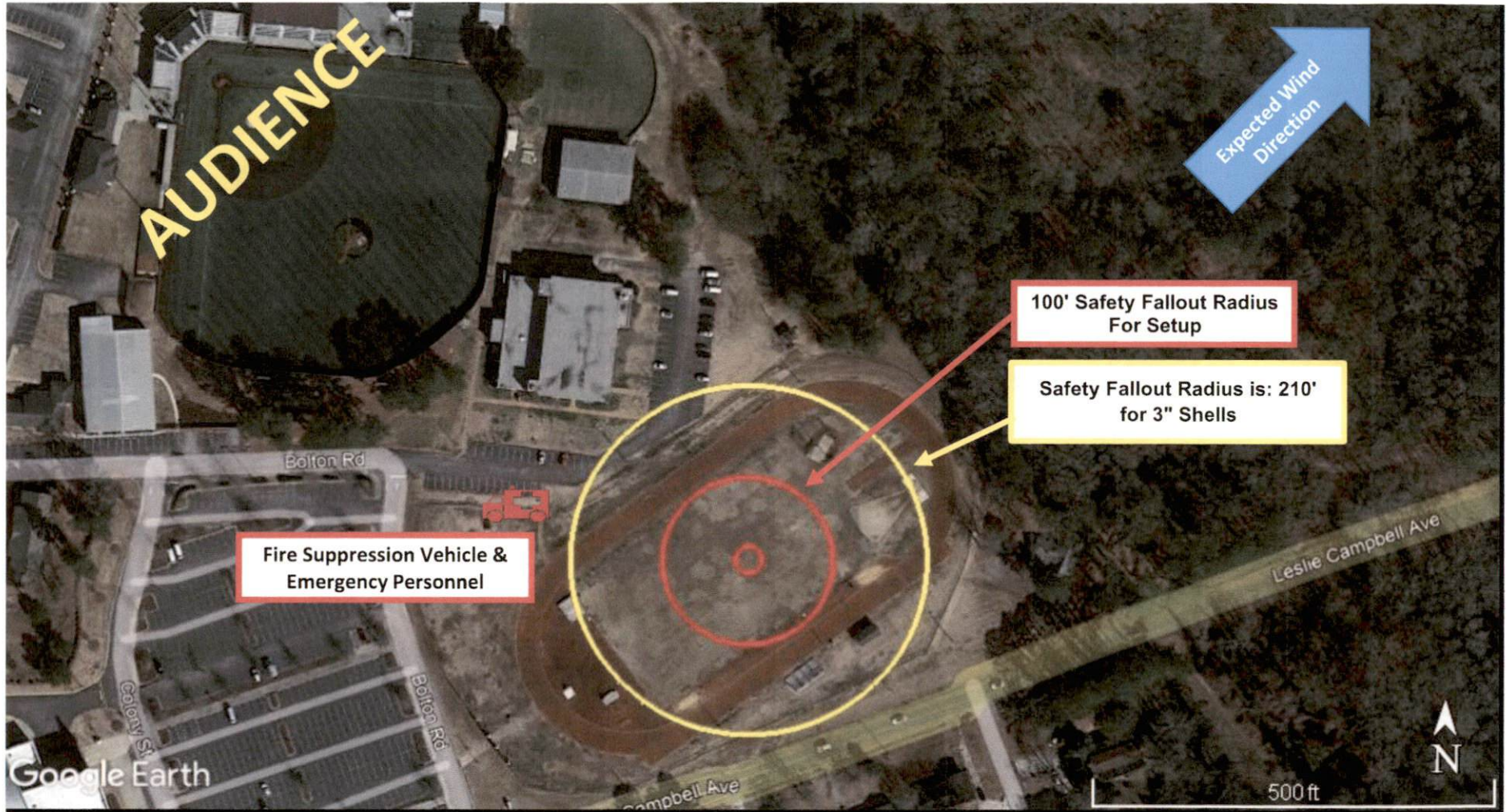
SHELL SIZE	DEVICE		QUANTITY	TOTAL
90 x 1.25"	Cakes		2	180
100 x 1.25"	Cakes		5	500
3"	Aerial Shell		60	60
<b>MAIN BODY DEVICE TOTAL</b>				<b>740</b>

## FINALE

SHELL SIZE	DEVICE		QUANTITY	TOTAL
36 x 2.5"	Cakes		3	108
<b>TOTAL FINALE DEVICES</b>				<b>108</b>

<b>TOTAL DEVICE COUNT - MAIN BODY AND FINALE</b>	<b>848</b>
--	------------

Fireworks 1.3 G Display  
 Largest Shell: 3  
 Safety Radius: 210'



Customer: Campbell University  
Show Date: Friday, April 22, 2022  
Show Address: Bolton Road Buies Creek, NC 27546  
Show Site Lat / Long: 35.408929, -78.733644  
Show Time: Post Game  
Rain Date: TBD

Show Name: Campbell University Baseball 2022 Season  
Maximum Device Size: 3  
Safety Fallout Radius: 210'  
Storage Required: 0  
Diagram Created: 02/21/22  
Diagram Created By: JDS



## Campbell University

site plans for show for baseball.  
small circle is for close prox from top of score board.  
Large circle is for 3" fired from middle of track.

Jim Perry Stadium

Nathan Johnson Memorial Natatorium

Cross Country Trail

Untitled Placemark

Irwin Beik Track

Leslie Campbell Ave

Duval Ln

Howard Dr

King Baron Rd

Colony St Parking

Leslie



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-091-50-4L-00269</b>
Chief, Federal Explosives Licensing Center (FELC)	<i>Maura Howard</i>	Expiration Date	<b>November 1, 2024</b>

Name  
PYRO SHOWS EAST COAST 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  
50-MANUFACTURER 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.)

PYRO SHOWS EAST COAST INC  
PO BOX 1776  
LA FOLLETTE, TN 37766-

Licensee/Permittee Responsible Person Signature	Position/Title
Printed Name	Date

ATF Form 5400.14/5400.15 Part I  
Revised September 2011

Previous Edition is Obsolete PYRO SHOWS EAST COAST INC-4652 CATAWBA RIVER ROAD-29704-1-SC-091-50-4L-00269-11/01/2024-50-MANUFACTURER 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 ✂**

**Federal Explosives License/Permit (FEL) Information Card**

License/Permit Name: PYRO SHOWS EAST COAST INC

Business Name:

License/Permit Number: **1-SC-091-50-4L-00269**

License/Permit Type: **50-MANUFACTURER OF EXPLOSIVES**

Expiration: **November 1, 2024**

Please Note: Not Valid for the Sale or Other Disposition of Explosives.