



Fireworks Application

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 seven to ten business days for processing.** There is a \$100.00 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.

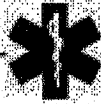
Items required for permit issuance:

- 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 Harnett County as an additional insured and a copy of the Certificate of Insurance evidencing the coverage must accompany the application.
 - ***Amounts will be determined by event***
- 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.

This application must be submitted no later than seven to ten working days prior to the event to ensure permit processing.

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 TENN 37746
MS

Contact Person: DAN DENNING

Contact Email: D. DENNING@PYROSHOWS.COM

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

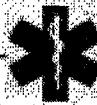
President or CEO (for corporate applications): JESSE SALVESON

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: 10-1-22 - 10-1-23



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

LAFOLETTE TECH 3776

Contact Email: D.DENNING@PYROSHOWS.COM

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

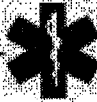
Bureau of Alcohol, Tobacco and Firearms permit/license type and number: _____

Pyrotechnicians' training and experience:
NC LIC # 1158

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

If covered, specify the source, amount, and coverage period of the insurance:
Source: CERT ATTACHED Amount: \$ _____

Coverage Period: 10-1-22 - 10-1-23



III.

DISPLAY INFORMATION:

Who provided this information: Applicant: _____ Technician: _____ Both: X

Type of display event: Carnival: _____ Exhibition: _____ Fair: _____
Public Celebration: _____ Other: _____

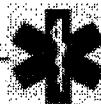
Proposed date and time of the event: 3/17, 3/31, 4/21, 5/12, 2003 9:00
a.m. (p.m.)

Proposed location or site: 193 BOLTON Rd, BULES CREEK

Type and quantity of fireworks/pyrotechnics to be used and the sequence of the discharge/shooting:
3" SHELLS & BOX ITEMS 100" - 2.5"

Estimated duration of the display: 8-10 MINUTES

Specify any safety precautions to be taken:
SITE IS FENCED - CAMPBELL STAFF
DISTRICT 8 FIRE



IV.

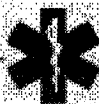
PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: DISTRICT 8

Location of the nearest fire station: 1/2 MILE

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON



V.

Applicant Printed Name: DAN DENNING

Applicant Signature: Dan Denning

Date: 1-30-2023

STATE OF NORTH CAROLINA

COUNTY OF Harnett

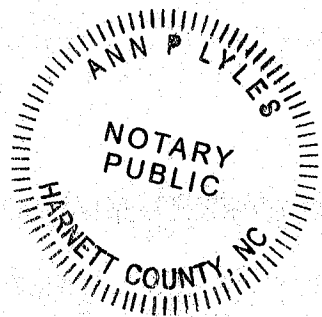
I, Ann Lyles, a Notary Public of the County and State aforesaid, do hereby certify that Dan Denning signed and sworn to before me this day.

Witness my hand and official stamp, this the 30 day of Jan., 2023

Notary Public

My Commission Expires: April 6, 2026

[SEAL]





VI.

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: _____

VII.

FOR OFFICE USE ONLY:

Fire Marshal's Office Comments:

Final Approval: Approved: _____ Denied: _____

Conditional approval and/or special conditions:

Fire Marshal's Office Signature: _____ Date: _____

VIII.

Fireworks Permit Number: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/27/2023

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 and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C No. Ext): 216-658-7100 E-MAIL ADDRESS: info@brittongallagher.com	FAX (A/C No.): 216-658-7101	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Pyro Shows East Coast Inc. PO Box 1776 Lafollette TN 37766	INSURER A : Everest Indemnity Insurance Co.		10851
	INSURER B : Everest Denali Insurance Company		16044
	INSURER C : Axis Surplus Ins Company		26620
	INSURER D : Accident Fund Ins. Co.		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 2095952640

REVISION NUMBER:

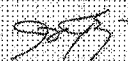
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> 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 OTHER:			SI8ML02352-221	10/1/2022	10/1/2023	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"/> 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			SI8CA00260-221	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			P-001-000698866-02	10/1/2022	10/1/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
D	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	DAP99000105100 (NC)	10/1/2022	10/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Excess Liability #2			SI8EX01800-221	10/1/2022	10/1/2023	Each Occ Aggregate \$5,000,000 Total Limits \$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 2023 Season: 3/17/2023, 3/31/2023, 4/21/2023, and 5/12/2023
 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 
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Federal Explosives License/Permit
(18 U.S.C. Chapter 40)

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
1-SC-091-50-4L-00269

Chief, Federal Explosives Licensing Center (FELC)

Expiration Date
November 1, 2024

Mama Howard

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

Previous Edition is Obsolete: PYRO SHOWS EAST COAST INC-4652 CATAWBA RIVER ROAD-29704-1-SC-091-50-4L-00269-50-MANUFACTURER OF EXPLOSIVES

ATF Form 5400.14/5400.15 Part 1
Revised September 2011

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)

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Federal Explosives License/Permit (FEL) Information Card

License/Permit Name: PYRO SHOWS EAST COAST INC

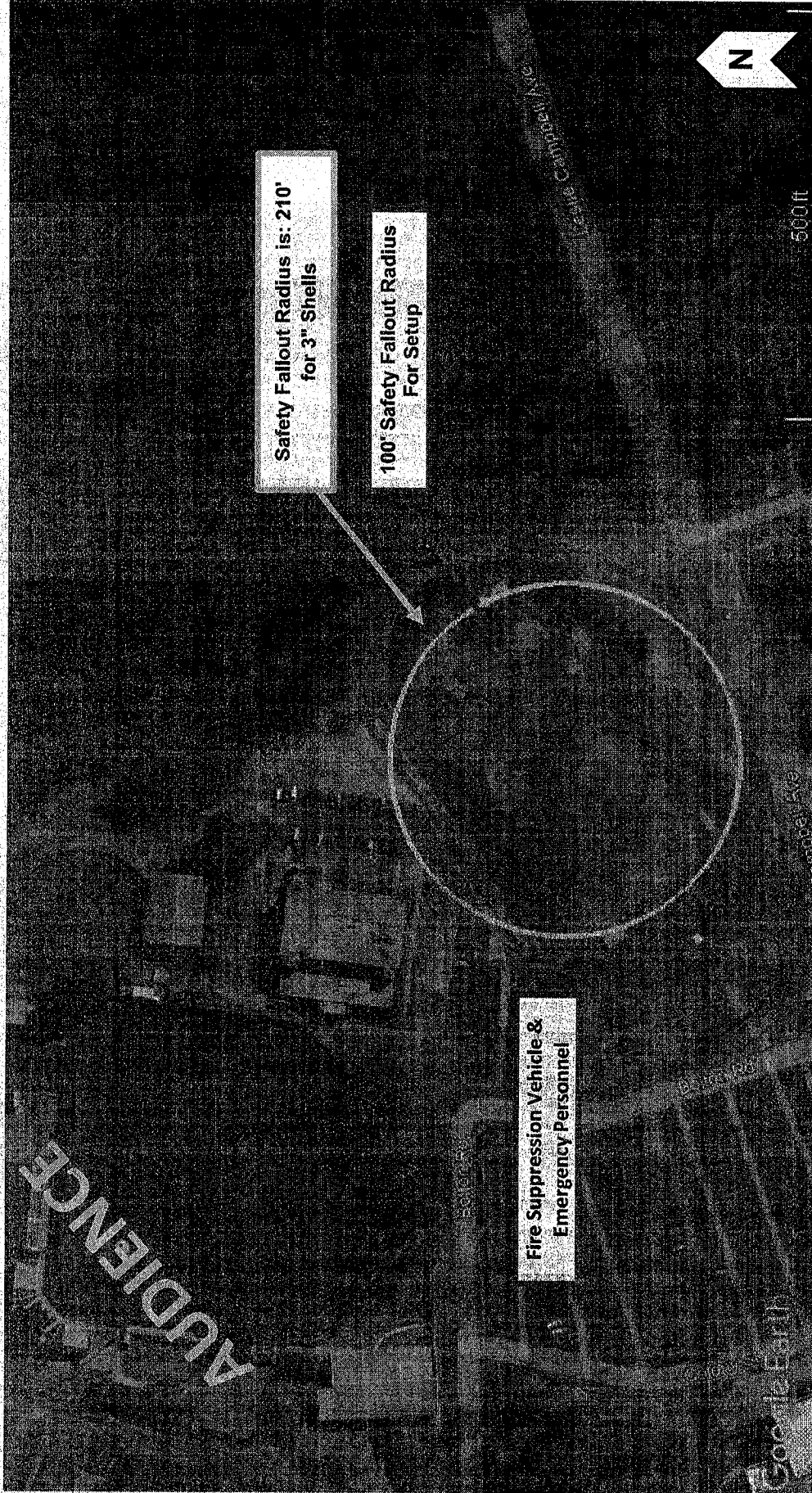
Business Name:

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

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

Expiration: **November 1, 2024**

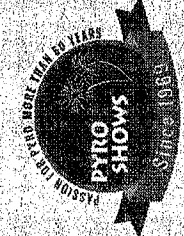
Please Note: Not Valid for the Sale or Other Disposition of Explosives.



Safety Fallout Radius is: 210'
for 3" Shells

100' Safety Fallout Radius
For Setup

Fire Suppression Vehicle &
Emergency Personnel



Customer: Campbell University
 Show Date: 2023 Season- 3/17; 3/31; 4/21; 5/12
 Show Address: Bolton Road, Butes Creek, NC 27546
 Show Site Lat / Long: 35.408929, -78.733644
 Show Time: Post Game
 Rain Date: TBD

Show Name: Campbell University Baseball 2023 Season
 Maximum Device Size: 3
 Safety Fallout Radius: 210'
 Storage Required: No
 Diagram Created: 01/27/23
 Diagram Created By: JDS