

Emergency Services Department  
www.harnett.org

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: 4652 CATAWBA RIVER ROAD  
CATAWBA SC 29704

Contact Person: DAN DENNING

Contact Email: D.DENNING@PYROSHOWS.COM

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

President or CEO (for corporate applications): JESSE SALVESON

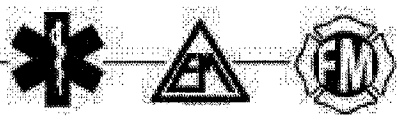
Is the applicant insured with respect to the discharge of fireworks/pyrotechnics: Yes  No

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

Source: CERT ATTACHED Amount: \$ 10 MIL

Coverage Period: 10-1-23 - 10-1-24

NEW COI WILL BE SENT AT RENEWAL



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 DEHNING

Billing Address: 4652 CATAWBA RIVER RD.  
CATAWBA, <sup>SC</sup>~~NC~~ 29704

Contact Email: DDENNING@PYROSHOWS.COM

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

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

Pyrotechnicians' training and experience:

25 PLUS YEARS

MC LIC # 3019

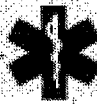
Is the technician insured with respect to the discharge of fireworks/pyrotechnics: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Source: CERT ATTORNEYS Amount: \$ 10 ML

Coverage Period: 10-1-23 — 10-1-24

RENEWAL WILL BE SENT



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: 9-21; 9-28; 10-5; 10-26; 11-9 <sup>11:23</sup> a.m. / p.m.  
<sub>TBD</sub>

Proposed location or site: FOOTBALL STADIUM WINSTON PEARCE LN

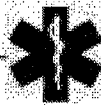
Alternate date and time of the event: TBD a.m. / p.m.

(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:  
30 MM MINES & COMETS  
PREGAME + SCORE SHOTS  
ALL CLOSE PROX

Estimated duration of the display: PREGAME 20 SEC - SCORES 8 SEC

Specify any safety precautions to be taken:  
DISTRICT 8 FD, CAMPBELL SECURITY & STAFF



IV.

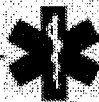
PUBLIC SAFETY INFORMATION:

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

Location of the nearest fire station: 1 MILE

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON, NC



V.

Applicant Printed Name: DAN DENNING

Applicant Signature: Dan Denning

Date: 8-7-2024

STATE OF NORTH CAROLINA

COUNTY OF Harnett

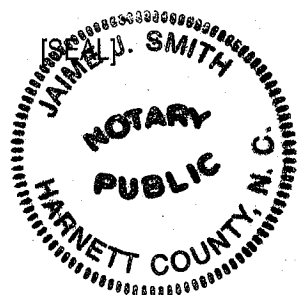
I, Jaime J. Smith, a Notary Public of the County and State aforesaid, do hereby certify that Dan Denning signed and sworn to before me this day.

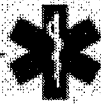
Witness my hand and official stamp, this the 7<sup>th</sup> day of Aug., 2024

Jaime J. Smith

Notary Public

My Commission Expires: July 28, 2025





**VI.**

**FOR OFFICE USE ONLY:**

**Fire Chief's Office Comments:**

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**Fire Marshal's Office Comments:**

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**Fire Marshal's Office Recommendation:**

Approve:

Deny:

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

**Board of Commissioner's Comments:**

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**Final Board Approval:**

Approved:

Denied:

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

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

**VII.**

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



US Hwy 421 S

US Hwy 421 S

Wade Stewart Rd

Stewart Rd

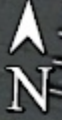
Don Phelps Cir

Perry Q Langston Ln

Perry Q Langston Ln

Barker-Lane Stadium

200 ft



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<br>Correspondence To                   | ATF - Chief, FELC<br>244 Needy Road<br>Martinsburg, WV 25405-9431 | License/Permit<br>Number | <b>1-SC-091-50-4L-00269</b> |
| Chief, Federal Explosives Licensing Center (FELC) | <i>Mama Howard</i>  | Expiration<br>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

Previous Edition is Obsolete

PYRO SHOWS EAST COAST INC:4652 CATAWBA RIVER ROAD:29704:1-SC-091-50-4L-00269:November 1, 2024:50-MANUFACTURER OF EXPLOSIVES

ATF Form 5400.14/5400.15 Part I  
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.



## WARNINGS

1. As provided in Title XI of the Organized Crime Control Act of 1970 (U.S.C. § 842(i)), it is unlawful for any person who (1) is under indictment for, or has been convicted in any court of, a crime punishable by imprisonment for a term exceeding 1 year, (2) is a fugitive from justice, (3) is an unlawful user of, or addicted to any controlled substance (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)), (4) has been adjudicated as a mental defective or has been committed to a mental institution, to ship, transport, or receive any explosive materials in interstate or foreign commerce, (5) is an alien, other than an alien who is lawfully admitted for permanent residence (as that term is defined in section 101(a)(20) of the Immigration and Naturalization Act), or meets any other exception under section 842(i)(5), (6) has been discharged from the armed forces under dishonorable conditions, or (7) having been a citizen of the United States, has renounced the citizenship of that person.
2. **Federal Regulation 27 CFR 555.53 - Licensees and permits issued under this part are not transferable to another person. In the event of the lease, sale, or other transfer of the business or operations covered by the license or permit, the successor must obtain the license or permit required by this part before commencing business or operations.**
3. **Alteration or Changes to the License or Permit. Alterations or changes in the original license or permit or in duplications thereof violates 18 U.S.C. 1001, an offense punishable by imprisonment for not more than 5 years and/or a fine of not more than \$250,000.**

## NOTICES

1. Any change in trade name or control of this business or operations **MUST** be reported within 30 days of the change to the Chief, Federal Explosives Licensing Center (FELC), 244 Needy Road, Martinsburg, WV 25405-9431. (27 CFR 555.56-555.57). A licensee or permittee who reports a Change of Control must, upon expiration of the license or permit, file an ATF Form 5400.13/5400.16.
2. Under § 555.46, Renewal of License/Permit, if a licensee or permittee intends to continue the business or operations described on a license or permit issued under this part during any portion of the ensuing year, the licensee or permittee shall, unless otherwise notified in writing by the Chief, FELC, execute and file with ATF prior to the expiration of the license or permit an application for a license or permit renewal, ATF Form 5400.14/5400.15 Part III, in accordance with the instructions on the form, and the required fee. In the event the licensee or permittee does not timely file an ATF Form 5400.14/5400.15 Part III, the licensee or permittee must file an ATF Form 5400.13/5400.16 as required by § 555.45, and obtain the required license or permit before continuing business or operations. A renewal application will automatically be mailed by ATF to the "mailing address" on the license or permit approximately 60 days prior to the expiration date of the license or permit. If the application is not received 30 days prior to the expiration date, the licensee or permittee should contact the FELC.  
**Note:** The user-limited permits are not renewable.
3. This license or permit is conditional upon compliance by you with the Clean Water Act (33 U.S.C. § 1341(a)).
4. **THIS LICENSE OR PERMIT MUST BE POSTED AND KEPT AVAILABLE FOR INSPECTION (27 CFR 555.101).**

ATF Form 5400.14/5400.15 Part I  
Revised October 2011

### Federal Explosives License (FEL) Customer Service Information

(Continued from front)

**Discontinuance of Business (27 CFR 555.61)(27 CFR 555.128).** Where an explosives materials business or operations is succeeded by a new licensee or permittee, the records prescribed by this subpart shall appropriately reflect such facts and shall be delivered to the successor, or may be, within 30 days following business discontinuance, delivered to the ATF Out-of-Business Records Center, 244 Needy Road, Martinsburg, WV 25405, or to any ATF office in the division in which the business was located. Where discontinuance of the business is absolute, the records shall be delivered within 30 days following the business discontinuance to the ATF Out-of-Business Records Center, 244 Needy Road, Martinsburg, WV 25405, or to any ATF office in the division in which the business was located.

Explosive materials must be stored in conformance with requirements set forth in 27 CFR, Part 55. It is unlawful for any person to store any explosive materials in a manner not in conformity with these regulations.

**TO REPORT LOST OR STOLEN EXPLOSIVES, YOU MUST IMMEDIATELY NOTIFY ATF:  
CALL TOLL FREE - (888) ATF-BOMB**

✂ Cut Here

Federal Explosives Licensing Center (FELC) Toll-free number: (877) 283-3352  
244 Needy Road Fax number: (304) 616-4401  
Martinsburg, WV 25405-9431 E-mail: FELC@atf.gov

#### ATF Hotline Numbers

Arson Hotline: 1-888-ATF-FIRE (1-888-283-3473)  
Bomb Hotline: 1-888-ATF-BOMB (1-888-283-2662)  
Report Illegal Firearms Activity: 1-800-ATF-GUNS (1-800-283-4867)  
Firearms Theft Hotline: 1-888-930-9275  
Report Stolen, Hijacked or Seized Cigarettes: 1-800-659-6242  
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Direct ATF Correspondence To: ATF - Chief, FELC  
244 Needy Road  
Martinsburg, WV 25405-9431

License/Permit Number: **1-SC-091-51-4L-00270**

Chief, Federal Explosives Licensing Center (FELC)  
*Mama Howard*

Expiration Date: **November 1, 2024**

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:  
**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."

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**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-091-51-4L-00270:November 1, 2024:51-IMPORTER OF EXPLOSIVES

ATF Form 5400.14/5400.15 Part I  
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(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-091-51-4L-00270**

License/Permit Type: **51-IMPORTER OF EXPLOSIVES**

Expiration: **November 1, 2024**

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Report Illegal Firearms Activity: 1-800-ATF-GUNS (1-800-283-4867)  
Firearms Theft Hotline: 1-888-930-9275  
Report Stolen, Hijacked or Seized Cigarettes: 1-800-659-6242  
Other Criminal Activity: 1-888-ATF-TIPS (1-888-283-8477)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/9/2024

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><br>Acrisure, LLC dba Britton Gallagher & Associates<br>One Cleveland Center, Floor 30<br>1375 East 9th Street<br>Cleveland OH 44114 | <b>CONTACT NAME:</b><br><b>PHONE (A/C. No. Ext):</b> 216-658-7100 |  | <b>FAX (A/C. No.):</b> 216-658-7101 |
|   | <b>E-MAIL ADDRESS:</b> info@brittongallagher.com                  |  |                                     |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   |  | <b>NAIC #</b>                       |
| <b>INSURER A :</b> Everest Indemnity Insurance Co.  |   |  | 10851                               |
| <b>INSURER B :</b> Everest Denali Insurance Company   |   |  | 16044                               |
| <b>INSURER C :</b> Axis Surplus Ins Company   |   |  | 26620                               |
| <b>INSURER D :</b> Accident Fund Ins. Co.   |   |  |                                     |
| <b>INSURER E :</b>  |   |  |                                     |
| <b>INSURER F :</b>  |   |  |                                     |

**COVERAGES** **CERTIFICATE NUMBER:** 1375485794 **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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | SI8ML02352-231      | 10/1/2023               | 10/1/2024               | 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><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS                                     |           |          | SI8CA00260-231      | 10/1/2023               | 10/1/2024               | 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<br><input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          | P-001-000698866-03  | 10/1/2023               | 10/1/2024               | EACH OCCURRENCE   | \$ 4,000,000                |
|          |   |           |          |                     |                         |                         | AGGREGATE   | \$ 4,000,000                |
|          |   |           |          |                     |                         |                         |   | \$                          |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | DAP99000105100 (NC) | 10/1/2023               | 10/1/2024               | <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   |           |          | SI8EX01800-231      | 10/1/2023               | 10/1/2024               | Each Occ/ Aggregate Total Limits  | \$5,000,000<br>\$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 - 2024 Football Season Date(s): 9/21, 9/28, 10/5, 10/26, 11/9, 11/23  
 Additional Insured: Campbell University, Inc.; Harnett County, NC

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Campbell University<br>P.O. Box 10<br>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<br>  |

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