

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

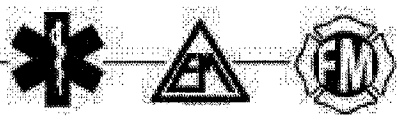
Is the applicant insured with respect to the discharge of fireworks/pyrotechnics: Yes No

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, ^{SC}~~NC~~ 2904

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

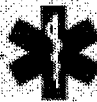
Is the technician insured with respect to the discharge of fireworks/pyrotechnics: Yes _____ No _____

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 ^{11:23} a.m. / p.m.
_{TBD}

Proposed location or site: FOOTBALL STADIUM WINSTON PEARCE LN

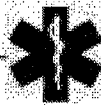
Alternate date and time of the event: TBD a.m. / p.m.

(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.

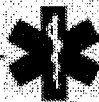
PUBLIC SAFETY INFORMATION:

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

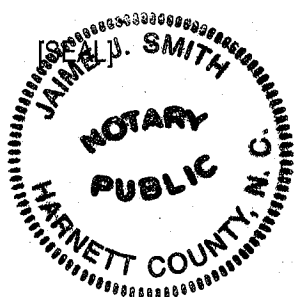
I, Jaime J. Smith, a Notary Public of the County and State aforesaid, do hereby certify that Dan Denning signed and sworn to before me this day.

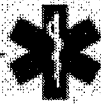
Witness my hand and official stamp, this the 7th day of Aug., 2024

Jaime J. Smith

Notary Public

My Commission Expires: July 28, 2025





VI.

FOR OFFICE USE ONLY:

Fire Chief's Office Comments:

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: _____