



Emergency Services Department

www.harnett.org

Reviewed for Fire Code Compliance



Leslie Jackson

05/22/2025 7:29:02 AM

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

Billing Address:

4652 CATAWBA RIVER RD

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 SANVESON

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: \$ 10,000,000

Coverage Period: 10-1-24 — 10-1-25



II.

PYROTECHNICIAN INFORMATION:

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

Technician Name:

LEE DENNING

Billing Address:

P.O. Box 126

LILLINGTON, NC 27546

Contact Email:

LDENNING@LIVE.COM

Contact Phone:

(910)-814-7152

( ) - -

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

ATTACHED

Pyrotechnicians' training and experience:

NC LIC # 1159

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: \$ 10,000,000

Coverage Period: 10-1-2024 — 10-1-2025



**Harnett**  
COUNTY  
NORTH CAROLINA



Emergency Services Department

www.harnett.org

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: 7-4-25 9:15 a.m. (p.m.)

Proposed location or site: 309 S. 1st St. LILLINGTON, NC

Alternate date and time of the event: 7-5-25 9:15 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:

3", 4", 5" SHELLS

BOX / ITEMS

Estimated duration of the display: 20-25 MIN

Specify any safety precautions to be taken:

FENCED SITE - PARK STAFF

LVFD + LPP



**Harnett**  
COUNTY  
NORTH CAROLINA



Emergency Services Department

[www.harnett.org](http://www.harnett.org)

IV.

PUBLIC SAFETY INFORMATION:

The display will occur within the following fire district: LILLINGTON

Location of the nearest fire station: 4 BLOCKS

Nearest medical facility:

Name: CENTRAL HARNETT Location: LILLINGTON



Emergency Services Department

www.harnett.org

V.

Applicant Printed Name:

DAN DENNING

Applicant Signature:

Dan Denning

Date:

2-19-25

STATE OF NORTH CAROLINA

COUNTY OF Harnett

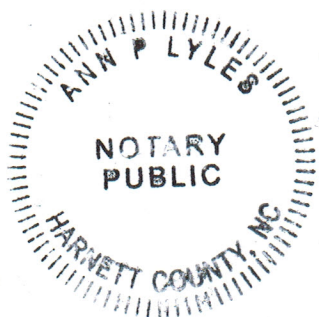
I, Ann Pyles, a Notary Public of the County and State aforesaid, do  
 hereby certify that Dan Denning signed and sworn to before me this day.

Witness my hand and official stamp, this the 14 day of Feb., 2025

Notary Public

My Commission Expires: April 6, 2026

[SEAL]







**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: ☐

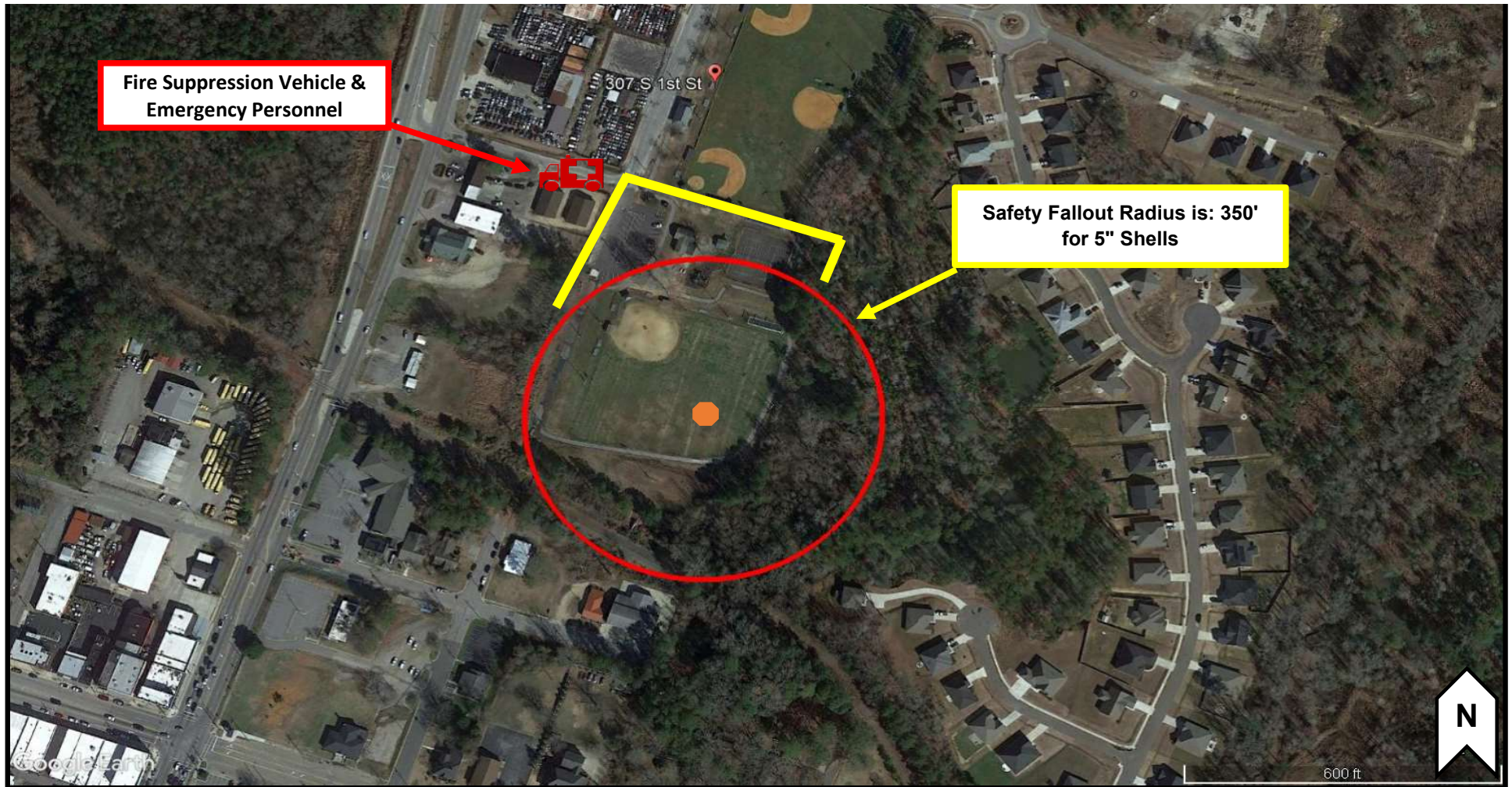
Denied: ☐

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

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

**VII.**

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



Customer: TOWN OF LILLINGTON  
Show Date: Thursday, July 4, 2024  
Show Address: 405 S. First Street Lillington, NC 27546  
Show Site Lat / Long: 35.400542, -78.812878  
Show Time: 9:15pm  
Rain Date: null

Show Name: Lillington 7-4-2024  
Maximum Device Size: 5  
Safety Fallout Radius: 350'  
Storage Required: No  
Diagram Created: 02/19/24  
Diagram Created By: JM



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

THIS DOCUMENT IS NOT VALID FOR SALE OR OTHER DISPOSITION OF EXPLOSIVES

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      ATF - Chief, FELC  
Correspondence To      244 Needy Road  
                                 Martinsburg, WV 25405-9431

License/Permit  
Number      **1-SC-091-50-7L-00269**

Chief, Federal Explosives Licensing Center (FELC)

Expiration  
Date      **November 1, 2027**

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

**Jesse Salvesson**

**10-28-2024**

Printed Name

Date

Previous Edition is Obsolete      PYRO SHOWS EAST COAST INC-4652 CATAWBA RIVER ROAD-29704-1-SC-091-50-7L-00269-November 1, 2027-50-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](http://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-091-50-7L-00269**

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

Expiration: **November 1, 2027**

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



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

SYSTEM GENERATED DOCUMENT - NO POSTAL NECESSARY IF MAILED IN THE UNITED STATES

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                      ATF - Chief, FELC  
Correspondence To        244 Needy Road  
   Martinsburg, WV 25405-9431

License/Permit  
Number

**1-SC-091-51-7L-00270**

Chief, Federal Explosives Licensing Center (FELC)

Expiration  
Date

**November 01, 2027**

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."

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

*Jesse Salvesson*

*President*  
*10-27-2024*

Printed Name

Date

Previous Edition is Obsolete

PYRO SHOWS EAST COAST INC;4652 CATAWBA RIVER ROAD;29704;1-SC-091-51-7L-00270;November 01, 2027;51-IMPORTER 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](http://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-091-51-7L-00270

License/Permit Type: 51-IMPORTER OF EXPLOSIVES

Expiration: November 01, 2027

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/14/2025

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 have **ADDITIONAL INSURED** provisions or 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> Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	<b>CONTACT NAME:</b> <b>PHONE (A/C, No. Ext):</b> 216-658-7100 <b>E-MAIL ADDRESS:</b> info@brittongallagher.com <b>FAX (A/C, No):</b> 216-658-7101														
<b>INSURED</b> Pyro Shows East Coast Inc. PO Box 1776 Lafollette TN 37766	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Everest Indemnity Insurance Company</td><td>10851</td></tr><tr><td>INSURER B : Everest Denali Insurance Company</td><td>16044</td></tr><tr><td>INSURER C : Accident Fund Insurance Company of America</td><td>10166</td></tr><tr><td>INSURER D : Everspan Indemnity Insurance Company</td><td>16882</td></tr><tr><td>INSURER E : AXIS Specialty Insurance Company</td><td>15610</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest Indemnity Insurance Company	10851	INSURER B : Everest Denali Insurance Company	16044	INSURER C : Accident Fund Insurance Company of America	10166	INSURER D : Everspan Indemnity Insurance Company	16882	INSURER E : AXIS Specialty Insurance Company	15610	INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Everest Indemnity Insurance Company	10851														
INSURER B : Everest Denali Insurance Company	16044														
INSURER C : Accident Fund Insurance Company of America	10166														
INSURER D : Everspan Indemnity Insurance Company	16882														
INSURER E : AXIS Specialty Insurance Company	15610														
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:** 1993754217**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
D	<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:			GCI0010001-241	10/1/2024	10/1/2025	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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			GCD0010001-241	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
E	<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-001-000698866-04	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
C	<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 Y / N <input type="checkbox"/> N / A			DAP99000105101 (NC)	10/1/2024	10/1/2025	<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			GCI0010002-241	10/1/2024	10/1/2025	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: July 4, 2025

Additional Insured: Town of Lillington, NC; Harnett County.

**CERTIFICATE HOLDER****CANCELLATION**Town of Lillington  
P.O. Box 296  
Lillington NC 27546

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

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



**License Number:** 1159  
**License Type:** 1.3G Pyrotechnic  
**License Level:** Operator  
**License Status:** Valid  
**Expiration Date:** 03/31/2028



**License Number:** 3020  
**License Type:** Proximate Audience  
**License Level:** Operator  
**License Status:** Valid  
**Expiration Date:** 07/31/2025