

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 thirty (30) calendar days for processing and Board of Commissioner approval. 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 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.







www.harnett.org

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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: | East Coast Pyrotechnics |
|-------------------------------------|---|
| Billing Address: | PO BOX 209 |
| · | CATAWBA, SC NG 29704 |
| Contact Person: | Joel Matthews |
| Contact Email: | joel o east coast pyro, com |
| Contact Phone: | (803)-789-5733 () |
| President or CEO (for corporate app | olications): Tom Thompson |
| | ect to the discharge of fireworks/pyrotechnics: YesNo |
| If covered, specify the source, am | ount, and coverage period of the insurance: |
| Source: Britton-GA | 11AgheZ Amount: \$ 5,000,000.00 |
| Coverage Period: $\frac{3}{30}$ | 20 to 3/30/21 |





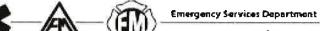




<u>H.</u>

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

| Technician Name: | Chris PZINC | e | | | | | | |
|--|--------------------------------------|----------|--------------|----|--|--|--|--|
| Billing Address: | 306 Womble | DRIVE | 3 | | | | | |
| | Lillington | , NC | 27546 | | | | | |
| Contact Email: | n/A | | | | | | | |
| Contact Phone: | (919)-324. 5096 | (919)- | 227 9417 | | | | | |
| Bureau of Alcohol, Tobacco and Fire | arms permit/license type and number: | 1-50-091 | - 51-9E-0022 | 33 | | | | |
| Pyrotechnicians' training and experience: NC License # 1927, OUER 10 YEARS experience | | | | | | | | |
| Is the technician insured with respect to the discharge of fireworks/pyrotechnics: YesNo | | | | | | | | |
| If covered, specify the source, amount, and coverage period of the insurance: | | | | | | | | |
| Source: BR, Hon-Gallagher Amount: \$ 5,000,000.00 | | | | | | | | |
| Coverage Period: $\frac{3/30/20}{-3/30/2/}$ | | | | | | | | |











| <u>III.</u> | | | | | | | |
|---|---------------------------|-----------------------------|--------------------|---------------|--|--|--|
| 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 even | 1 July 3, | 2020 09 | 1:30 | _ a.m. (p.m.) | | | |
| Proposed location or site: CARE | liNA LAKE | PAVILLION | | | | | |
| Alternate date and time of the event | · N/A | | | _ a.m. / p.m. | | | |
| (Above Alternate date and time will | only be used if the event | is cancelled due to incleme | nt 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: (7) 3/4" to 2 1/2" Caliber multi-shot Cakes | | | | | | | |
| 130 - 3" Calibez shells | | | | | | | |
| 80 - 4" CA | liber shell | (3 | | | | | |
| 100 - 3" CAL | iber Finalt | shells | | | | | |
| Estimated duration of the display: 14-15 minutes | | | | | | | |
| Specify any safety precautions to be taken: | | | | | | | |
| Follow All NFPA 1123, North CAROliNA and | | | | | | | |
| HARnett County | guide lines. | All technicia | ns will 1 |)AVE | | | |
| All PAF GEAR | | | | | | | |







Emergency Services Department

www.harnett.ord

<u>IV.</u>

| |
|---|
| PUBLIC SAFETY INFORMATION: |
| The display will occur within the following fire district: 5 prost 5 prings |
| Location of the nearest fire station: Station 1. Sport Springs |
| Nearest medical facility: |
| Name: Cape FRAR Valley Hogo talocation: Fryetterille, NC |











Applicant Printed Name: Joel Matthews

Applicant Signature: Joel Matthews

Date: 5/28/2020

STATE OF WORTH CAROLINA

COUNTY OF York

I, January Public of the County and State aforesaid, do hereby certify that County and State aforesaid, do hereby certify that County and State aforesaid, do

Witness my hand and official stamp, this the <u>as</u> day of <u>ma</u>, 20<u>a</u>o

Notary Public

My Commission Expires: 3.7.24

[SEAL]













| Fire Chief's Office Comments: | | |
|---|-----------|---------|
| 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 (Print | ed Name): | |
| <u>VII.</u> | | |
| Fireworks Permit Number: | | |



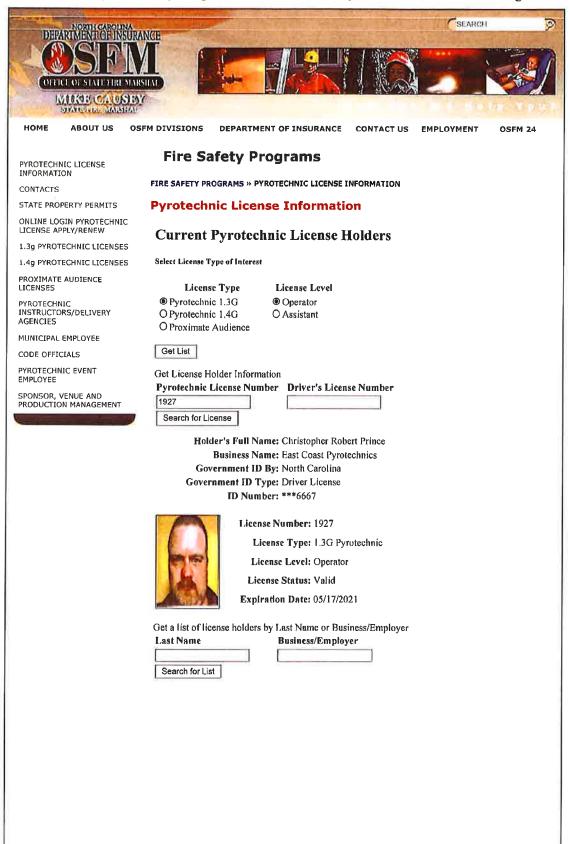
CERTIFICATE OF LIABILITY INSURANCE

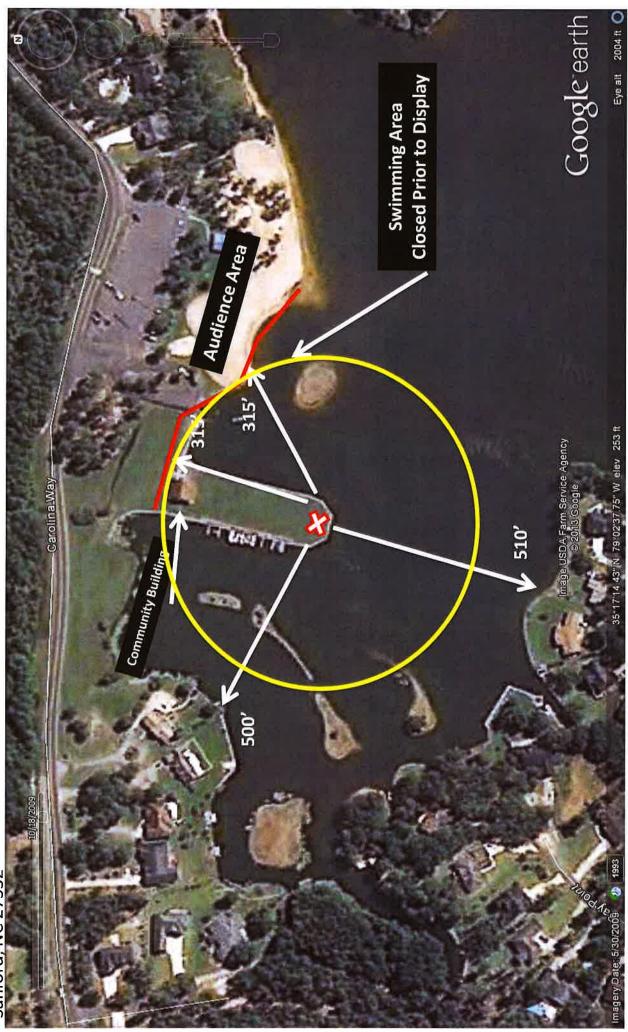
DATE (MM/DD/YYYY) 3/17/2020

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).

| C | certificate holder in lieu of such endorsement(s). | | | | | | | | | | |
|--|--|------|-------------|----------------------|---|----------------------------|----------------------------|-------------------------------------|----------------|--------------|-----------|
| | DUCER | | | | CONTA- | CT | | | | | |
| Bri | ton Gallagher | | | | PHONE (A/C, No, Ext): 216-658-7100 (A/C, No): | | | | | | |
| | e Cleveland Center, Floor 30 | | | | E-MAIL |), Ext): 210-030 | 5-7100 | | (A/C, NO); | | |
| | 75 East 9th Street eveland OH 44114 | | | | ADDRE | SS: | | | | | |
| CIE | veland On 44 i 14 | | | | - | INS | URER(S) AFFOR | DING COVERAGE | | | NAIC # |
| _ | | | | | INSURE | RA: Everest l | Indemnity Ins | urance Co. | | | 10851 |
| | RED | | | | INSURE | кв: Everest I | Denali Insura | nce Company | | | |
| | st Coast Pyrotechnics Inc. O. Box 209 | | | | INSURE | RC: Liberty M | lutual Insurar | nce Co | | | 25035 |
| | tawba SC 29704 | | | | INSURE | RD: Arch Spe | eciality Ins Co |) | | | 21199 |
| | | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| <u></u> | VERAGES CEF | TIEI | ATE | NUMBER: 1419182983 | INSORE | Kr. | | REVISION NUM | ADED. | | |
| | IIS IS TO CERTIFY THAT THE POLICIES | | | | VE BEE | N ISSUED TO | | | | IE POLI | CY PERIOD |
| | DICATED. NOTWITHSTANDING ANY RI | | | | | | | | | | |
| CI | ERTIFICATE MAY BE ISSUED OR MAY | PERT | AIN, | THE INSURANCE AFFORD | ED BY | THE POLICIES | S DESCRIBED | HEREIN IS SU | | | |
| | CLUSIONS AND CONDITIONS OF SUCH | | | | BEEN F | | | 7 | | | |
| NSR LTR | TYPE OF INSURANCE | INSR | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMITS | 8 | |
| Α | GENERAL LIABILITY | | | SI8ML00005-201 | | 3/30/2020 | 3/30/2021 | EACH OCCURRENCE | | \$ 1,000,0 | 000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | | DAMAGE TO RENT PREMISES (Ea occu | ED urrence) | \$ 500,000 | 0 |
| | CLAIMS-MADE X OCCUR | | | | | | | MED EXP (Any one | person) | \$ | |
| | | | | | | | i i | PERSONAL & ADV | | \$ 1,000,000 | |
| | | | | | | | | GENERAL AGGREC | | \$ 2,000,0 | |
| | OFFINIT A CORPORATE A MATE A CONTROL OFFI | | | | | | | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- | | | | | | | PRODUCTS - COMP | P/OP AGG | \$ 2,000,0 | .00 |
| В | | - | | SI8CA00005-201 | | 3/30/2020 | 3/30/2021 | COMBINED SINGLE | LIMIT | Φ | |
| | AUTOMOBILE LIABILITY | | | 510CA00005-201 | | 3/30/2020 | 3/30/2021 | (Ea accident) | | \$ 1,000,0 | 00 |
| X ANY AUTO ALL OWNED SCHEDULED | | | | | | | BODILY INJURY (Pe | - | | | |
| | AUTOS AUTOS | | | | | | BODILY INJURY (Pe | | \$ | | |
| | X HIRED AUTOS X NON-OWNED AUTOS | | | | | | | PROPERTY DAMAG (Per accident) | 3E | \$ | |
| | | | | , | | | | | | \$ | |
| D | UMBRELLA LIAB X OCCUR | | | Archbinder1234 | | 3/30/2020 | 3/30/2021 | EACH OCCURRENCE | CE | \$ 4,000,0 | 000 |
| | X EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ 4,000,0 | 000 |
| | DED RETENTION \$ | | | | | | | | | \$ | |
| Ç | WORKERS COMPENSATION | | | WC5-39S-727027-019 | | 9/30/2019 | 9/30/2020 | X WC STATU- TORY LIMITS | OTH- ER | | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | E.L. EACH ACCIDE | | \$ 1,000.0 | າດດ |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA I | - 54 | | |
| | If yes, describe under | | | | | | | | | | |
| _ | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POL | JCY LIMIT | \$ 1,000,0 | 00 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | | | | | | | | | | | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHIC litional Insured extension of coverage is | | | | | | | ny written aareer | ment | | |
| DIS | PLAY DATE: JULY 3, 2020 | | | • | | , , | • | , , | ileil. | | |
| ADI | DITIONAL INSURED: 1) HARNETT CO | UNT | (2) | CAROLINA LAKES PROPI | ERTY C | WNERS AS | SOCIATION 3 | 3) CAS, Inc. | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | CANCELLATION | | | | | | | |
| <u> </u> | THIOATE HOLDER | | | | CANC | LLLATION | | | | | |
| | | | | | SHO | ULD ANY OF 1 | THE ABOVE D | ESCRIBED POLIC | IES BE CA | NCELL | ED BEFORE |
| | | | | | THE | EXPIRATION | I DATE THE | REOF, NOTICE | | | |
| | CAS, Inc. | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | P.O. BOX 83 | | | | | | | | | | |
| | PINEHURST NC 28370 | | | | AUTHORIZED REPRESENTATIVE | | | | | | |





Note: Peninsula is 99 feet wide, all watercraft are to be cleared from surrounding Lake area before firing. No watercraft allowed to dock along Peninsula during load-in!

Fire Department is located beside the Community Building during display

DEPARTMENT OF JUSTICE



Bureau of Alcohol, Tobacco, Firearms and Explosives

Martinsburg, WV 25405

May 6, 2020

East Coast Pyrotechnics Inc. P.O. Box 209 Catawba, SC 29704 901090:CRR/SCC 5400

File Number: 1-SC-00223

Premises Address: 4652 Catawba River Road, Catawba, SC 29704

Dear Sir/Madam:

This letter acknowledges receipt of your timely application to renew your Federal explosives license/permit 1SC00223.

The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is not able to process your application prior to the expiration date of your license/permit. However, Federal law allows you to continue operations under your current license/permit until such time as ATF completes processing your application. See 5 U.S.C. § 558. This letter, or as explained below, a follow-up letter, will serve as your license/permit until we complete action on your renewal. It is referred to as a Letter of Authorization (LOA).

Since we have not completed processing your application, you may supply a copy of this letter to other licensees/permittees, e.g., your distributors, for the next six months (or until we complete action on your renewal, if that occurs in less than six months) as evidence of your licensed/permitted status. If we have not completed processing your application for renewal within six months of the date of this letter, we will send you another letter, which will also be valid for six months (or until we complete action on your renewal, if that occurs in less than six months). This is of course contingent upon your remaining entitled to continue operations under your current license/permit.

Please direct questions or concerns regarding this letter to Sandy Curtis at 304-616-4406.

Sincerely,

Christopher R. Reeves

Christopher R. Reeves
Chief, Federal Explosives Licensing Center

ATF web address: www.atf.gov

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

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

A ENTERNAL POST OF THE PROPERTY OF THE PROPERT

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-091-51-9E-00223

Chief, Federal Explosives Licensing Center (FELC

Expiration Date

May 1, 2019

Name

EAST COAST PYROTECHNICS 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 husiness or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

EAST COAST PYROTECHNICS INC PO BOX 209 CATAWBA, SC 29704-

Licensee/Permittee Responsible Person Signature

osition/Title

ATF Form 5400 14/5400 15 Part I Revised October 2011

Previous Edition is Obsolete

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC) 244 Needy Road

Toll-free Telephone Number: (877) 283-3352

(304) 616-4401

ATF Homepage: www.atf.gov

Martinsburg, WV 25405-9431

E-mail: FELC@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 assignce 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 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)

Federal Explosives License/Permit (FEL) Information Card License/Permit Name: EAST COAST PYROTECHNICS INC

Business Name:

License/Permit Number: 1-8C-091-51-9E-00223

License/Permit Type: 51-IMPORTER OF EXPLOSIVES

Expiration:

May 1, 2019

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