

**CHARLOTTE FIRE DEPARTMENT
& RURAL FIRE ASSOCIATION
111 E. Lawrence Avenue**

**CHARLOTTE
Ph. 517-543-0241**



**MICHIGAN
48813**

August 10, 2021

To: Manager LaPere & Charlotte City Council

From: Tyger Fullerton - Fire Chief

Re: Fireworks permit Melrose Pyrotechnics Inc.

We have reviewed the application for fireworks to be held at the Eaton County Fair Grounds on the night of September 12th 2021, for the Charlotte Frontier Days celebration. We have spoken with and the pyrotechnic operator meets all of our criteria and the location has been approved by our department. We will continue to work with the operator on the day/night of the show to provide any assistance necessary.

Therefore, we would recommend approval of the application.

A handwritten signature in black ink, appearing to read 'Tyger Fullerton', with a long horizontal flourish extending to the right.

Tyger Fullerton
Fire Chief
Charlotte Fire Department

FIREWORKS DISPLAY PERMIT
 Michigan Department of Energy, Labor, & Economic Growth
 Bureau of Fire Services
 P.O. Box 30700
 Lansing, MI 48909
 (517) 241-8847

2021

Authority: 1988 PA 358 Compliance: Voluntary Penalty: Permit will not be issued	The Department of Energy, Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, material status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American with Disabilities Act, you may make your needs known to this agency.
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This permit is not transferable. It authorizes the resident wholesale dealer or jobber named below to have in his or her possession fireworks of any type, for sale only to holders of permits for public display or agriculture control.

PUBLIC DISPLAY
 AGRICULTURAL PEST CONTROL

Issued To <i>Melrose Pyrotechnics, Inc.</i>	Age (18 or over)
Address <i>4369 E Summit Woods Dr NE, Rockford, MI 49341</i>	
Name of Organization, Group, Firm, or Corporation <i>Charlotte Frontier Days</i>	
Address <i>PO Box 68, Charlotte MI 48813</i>	
Number and Types of Fireworks <i>Approximately 1200 aerial display shells ranging in size from 1 1/4 inches to 4 inches in diameter.</i>	
Exact Location of Display <i>Eaton County Fairgrounds, 1025 Cochran Ave, Charlotte MI 48813</i>	
City, Village, Township <i>Charlotte, MI</i>	Date <i>September 12, 2021</i>
Bond or Insurance Filed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time <i>Approx. 8:45 pm</i> Amount <i>\$5,000,000.00</i>

Issued by action of : council commission board of the

city village township of _____

(Name of City, Village, Township)

on the _____ day of _____,

 (Signature and Title of Council/Commission/Board Representative)

APPLICATION FOR FIREWORKS DISPLAY PERMIT
 Michigan Department of Energy, Labor, & Economic Growth
 Bureau of Fire Services
 P.O. Box 30700
 Lansing, MI 48909
 (517) 241-8847

2021

Authority: 1988 PA 358 Compliance: Voluntary Penalty: Permit will not be issued	The Department of Energy, Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, material status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American with Disabilities Act, you may make your needs known to this agency.
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<input checked="" type="checkbox"/> PUBLIC DISPLAY	<input type="checkbox"/> AGRICULTURAL PEST CONTROL	Date of Application <i>8/5/2021</i>
Name of Applicant <i>Melrose Pyrotechnics, Inc.</i>	Address <i>PO Box 302, Kingsbury IN 46345</i>	Age (18 or over)
If a Corporation, Name of President <i>Michael Cartolano</i>	Address <i>PO Box 302, Kingsbury IN 46345</i>	
If a Non-resident Applicant: Name of MI Attorney or Resident Agent <i>Michael Falk</i>	Address <i>4369 E Summit Woods Dr NE, Rockford MI 49341</i>	Phone No. <i>(616) 427-0377</i>
Name of Pyrotechnic Operator <i>Randy Loveland</i>	Address <i>4369 E Summit Woods Dr NE, Rockford MI 49341</i>	Age (18 or over) <i>66</i>
No. Years Experience / No. Displays <i>20 years / 300+</i>	Where <i>Michigan</i>	
Name of Assistant: <i>Brian Loper</i>	Address <i>4369 E Summit Woods Dr NE, Rockford MI 49341</i>	Age <i>54</i>
Name of Other Assistant:	Address	Age
Exact Location of Proposed Display <i>Eaton County Fairgrounds, 1025 Cochran Ave, Charlotte MI 48813</i>		
Date of Proposed Display <i>September 12, 2021</i> Time of Proposed Display <i>Approx 8:45 pm</i>		

No. Of Fireworks	Kind of Fireworks to be Displayed
<i>Approximately 1200</i>	<i>Aerial display shells ranging in size from 1 1/4 inches to 4 inches in diameter.</i>

Manner & Place of Storage Prior to Display (Subject to Approval of Local Fire Authorities)
No storage necessary, delivered on date of display

Amount of Bond of Insurance (to be set by local gov't) <i>\$5,000,000.00</i>	Name of Bonding Corporation or Insurance Company <i>Britton-Gallagher & Associates</i>
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Address of Bonding Corporation or Insurance Company
One Cleveland Center, Floor 30; 1375 East 9th Street, Cleveland, Ohio 44114

Signature of Applicant

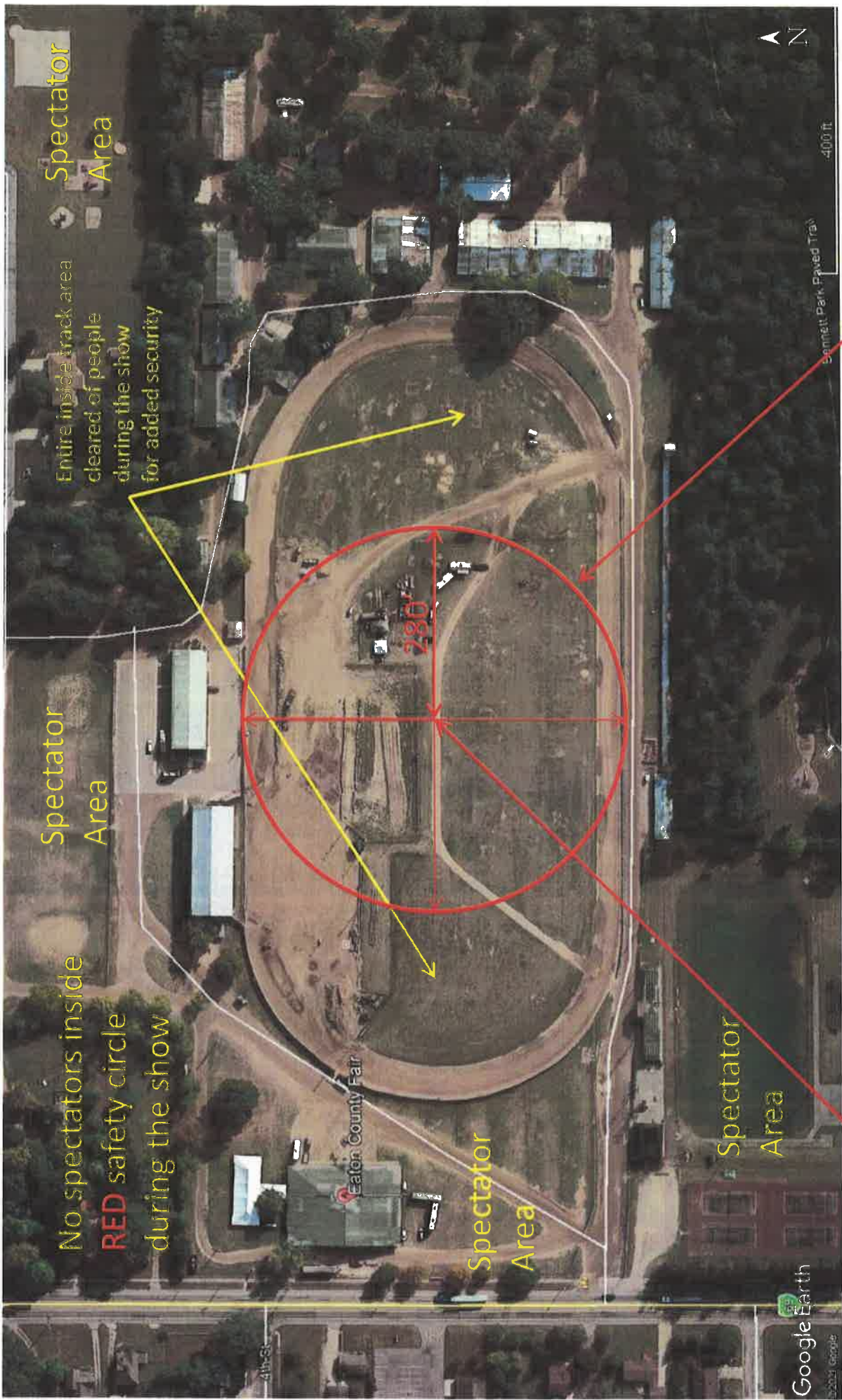
For Melrose Pyrotechnics, Inc.

Eaton County Fairgrounds

1025 Cochran Ave, Charlotte MI 48813

Melrose Pyrotechnics Inc.

5/21/2021 Michael Falk



Launch Location

Setup area: 50' X 50'

Radius from setup area: 280'



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/5/2021

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 One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No., Ext): 216-658-7100		FAX (A/C, No.):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Everest Indemnity Insurance Co.			10851
INSURER B: Travelers Indemnity Co			25658
INSURER C: Everest Denali Insurance Company			16044
INSURER D: Arch Specialty Insurance Company			
INSURER E:			
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 1331276497

REVISION NUMBER:

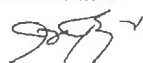
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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	Y		SI8ML00042-211	1/15/2021	1/15/2022	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 \$
C	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			SI8CA00025-211	1/15/2021	1/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UXP1035209-01	1/15/2021	1/15/2022	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	0323N491 (MI)	4/1/2021	4/1/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
 DISPLAY DATE: September 12, 2021
 LOCATION: Eaton County Fairgrounds, Charlotte, Michigan
 ADDITIONAL INSURED: Eaton County Fairgrounds; City of Charlotte; Charlotte Frontier Days Committee

CERTIFICATE HOLDER**CANCELLATION**

Charlotte Frontier Days 100 W. Lawrence Charlotte MI 48813	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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