PUBLIC HEALTH AND SAFETY AGENDA
CITY COUNCIL CHAMBERS
612 NORTH MAIN, MITCHELL, SD
DATE: MONDAY, AUGUST 1, 2016 - 6:30 PM

1. **CALL TO ORDER**

2. **APPROVE AGENDA**

3. **REQUEST FOR KERNEL BOWL FIREWORKS PERMIT**

   Documents:

   KERNEL BOWL REQUEST.PDF

CITY OF MITCHELL
DEPARTMENT OF PUBLIC SAFETY
FIREWORKS PUBLIC DISPLAY PERMIT
A PERMIT TO OPERATE A DISPLAY OF FIREWORKS

PERMIT NUMBER 2016-05

Name of Applicant All Star Fireworks Phone # 605-999-8882

Address 5000 S Nevada Ave City Sioux Falls State SD Zip 57108

PERSON(S) ACTUALLY IN CHARGE OF FIRING THE DISPLAY:

Name Jennifer Starr Address 5000 S Nevada Ave #213 State SD Zip 57108

Name _____ Address Sioux Falls State _____ Zip _____

Date of Display 8-27-2016 Time of Day After the Football Game

Exact Location of Display Joe Quintal Field - Kernel Bowl Football Game

A copy of the insurance certificate on file with Human Resources? _____ (yes or no)

TYPE OF FIREWORKS:

_____ Class B Explosive (Special Fireworks) ✓ Class C Common Fireworks

I, _____, declare and affirm under the penalty of perjury that this Fireworks Display Permit has been examined by me and to the best of my knowledge and belief is true and correct.

Dated this _____ day of _____, 20_____. x _____ Signature of Applicant

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20_____.

_____
Notary Public

My Commission expires: _____

Fire Marshall Reviewed: _____

Permit Authorized By: _____

Title: _____

Location of Issuing Authority: _____

Issued subject to all applicable laws and regulations, SDCL 34-36, SDCL 34-37 and National Fire Protection Association Pamphlet #1123 (2000 edition). This permit may not be assigned or transferred.

DEPARTMENT OF PUBLIC SAFETY
201 W 1ST AVE., MITCHELL SD 57301

COPIES: WHITE-Permit Holder; YELLOW-Fireworks Wholesaler; PINK-Issuing Authority

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/25/2016

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

Ryder Rosacker McCue & Huston (MGD by Hull & Compa
509 W Koenig St
Grand Island NE 68802

CONTACT NAME: Kristy Wolfe
PHONE (A/C, No, Ext): 308-382-2330 FAX (A/C, No): 308-382-7109
E-MAIL ADDRESS: kwolfe@ryderinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : SCOTTSDALE INS CO	41297
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Cam Starr & Company, Inc.
fka All Star Shows LLC dba All Star Fireworks
5000 Nevada Ave #213
Sioux Falls SD 57108

COVERAGES **CERTIFICATE NUMBER:** 66904960 **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**			CPS2261907	9/13/2015	9/13/2016	EACH OCCURRENCE	$2,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$2,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$2,000,000
	X POLICY PRO-JECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.
Additional Insured: City of Mitchell; Mitchell High School; Mitchell Athletic Booster Club
Location: 1st Annual Kernel Bowl, Mitchell High School
Date: 8/27/16

CERTIFICATE HOLDER

City of Mitchell
612 N Main St.
Mitchell SD 57301

CANCELLATION

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

Jodi Faulkner

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