

PUBLIC HEALTH AND SAFETY

MAY 7, 2018
6:00 PM

Committee meeting agendas are scheduled based on an estimated time of completion. If a meeting concludes prior to its scheduled time the next committee may start its proceedings early.

1. CALL TO ORDER

2. APPROVE AGENDA

3. Heart & Sole Fireworks Permit Application

Documents:

[HEART AND SOLE FIREWORKS PERMIT SUPPORTING DOCUMENTATION.PDF](#)

4. ADJOURN

Chairman: Steve Rice

Members: John Doescher, Marty Barington, Mel Olson, Susan Tjarks

The City of Mitchell invites all interested parties to give oral or written comments. If special accommodations are required, please notify the Public Works Department at 995-8433 at least 24 hours prior to the scheduled meeting.



Mitchell Dept. of Public Safety
 Fire Prevention Division
 Pyrotechnics or Open
 Flame Permit Application

Insurance Liability Certificate on file: yes-CPS2885767
 Permit No. 2018-02 App. 04/27/18 Date: 04/27/18
 Receipt No. 18-00361 Issue: _____ Date: _____
 Fee: \$ 50.00 Approved By: _____

Applicant's Information

Name/Business: Heart and Sole Cancer Walk
 Address: PO Box 236
 Mitchell, SD _____
 Phone No.: 605-645-2854

Person in Charge of Display

Name/Business: Jenn Starr - AllStar Fireworks
 Address: 5003 S. Greenstone Ave. #14
 City: Sioux Falls State: SD Zip: 57108
 Phone No.: 605-999-8882

PLEASE PRINT NEATLY

Discharge Location

Name/Business: Mitchell Middle School
 Address: 800 W 10th
 Mitchell, SD _____
 Phone No.: 605-305

Description of Activity (in detail)

Heart + Sole Cancer Walk - errd show

Pyrotechnics Open Flame

Insurance Company

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone No.: _____

Date and Time of Display

Start Date and Time: 4/28/18 - 9:30 pm approx.
 Finish Date and Time: 4/28/18 - 10:15 pm

Type of Display

Aerial Show With Class C/Division 1.4 With Class B/Division 1.3
 Ground Display With Class C/Division 1.4 With Class B/Division 1.3

Outdoor (see note below)
Indoors

Film or Stage Use Concert Public Show Private Show
 Film or Stage Use Concert Public Show Private Show

NOTICE

To help prevent confusion with citizens calling for emergency services during the time of outside pyrotechnic (fireworks) display, please call The Mitchell Department of Public Safety nonemergency number (605-995-8400) and inform them that you have a permit to discharge fireworks and state the time, location of discharge, and permit number. The permitted work as described herein shall meet the current requirements of the fire code.

Outdoor Displays

In accordance with City of Mitchell fire code, standby personnel and equipment may be required based on potential fire conditions and weather conditions both prior to and on the day of display/discharge. Should standby be deemed necessary, cost associated with standby will be billed to, and shall be paid by, the permittee. The Mitchell Department of Public Safety reserves the right to cancel permits based on fire potential, given determining factors such as atmospheric and foliage conditions.

NO WORK, DISPLAY, OR DISCHARGE SHALL COMMENCE WITHOUT A VALID PERMIT ISSUED BY FIRE PREVENTION DIVISION.

Applicant

I, the undersigned, do hereby affirm that the statements contained on this form are true and correct. I further agree to comply with the provisions of applicable ordinances of the City of Mitchell and all other requirements of this application. In addition, it is understood that the installation of permitted items shall be made only by persons properly trained and qualified to install and discharge the specific items being provided. The installer certifies to this authority that the installation and discharge is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved requirements.

Furthermore, I accept responsibility for costs associated with standby personnel and equipment, when required, that may be needed to conduct the display as noted on this permit application.

Signature: Darcey Sabers
 Name (print): Darcey Sabers
 Title: Resident
 Representing: Mitchell Heart + Sole

Dated this 27 day of April, 2018. Subscribed and sworn to (or affirmed) before me this 27 day of April, 2018.
 Notary Public: [Signature] My Commission Expires: 4-16-2024

Cindy Titze

From: Darcy Sabers <darcy@sabers.us>
Sent: Sunday, April 29, 2018 8:44 PM
To: Cindy Titze
Subject: RE: Attached is the Pyrotechnics Form

Hi Cindy - Jenn Said the Class C 1.4g should be the one checked.
If you need anything else, let me know!

Thanks so much!
-Darcy

-----Original Message-----

From: Cindy Titze <CindyT@mitchelldps.com>
Sent: Friday, April 27, 2018 4:16 PM
To: 'darcy@sabers.us' <darcy@sabers.us>
Subject: Attached is the Pyrotechnics Form

Hi Darcy!

Sorry to bother you. I have attached a copy of the pyrotechnics form, I just need to have you check to see which Type of Display you will have Class C /Division 1.4 or Class B/Division 1.3.

Thank you!
Cindy Titze | Secretary
Mitchell Dept. of Public Safety
201 West 1st Ave, Mitchell, SD 57301
Phone: 605-995-8400
Fax: 605-995-8486
CityOfMitchell.org

-----Original Message-----

From: IT Help
Sent: Friday, April 27, 2018 6:12 PM
To: Cindy Titze <CindyT@mitchelldps.com>
Subject: Send data from MFP11775167 04/27/2018 16:12

Scanned from MFP11775167
Date:04/27/2018 16:12
Pages:1
Resolution:200x200 DPI

City of Mitchell | Dept. of Public Safety
201 West 1st Ave | Mitchell, SD 57301
Phone: 605-995-8400 | Fax: 605-995-8486
CityOfMitchell.org



Receipt

Printed on April 27, 2018

Receipt # 18-00361
Date Paid 4/27/18
Paid For WALK, HEART AND SOLE CANCER
Paid By WALK, HEART AND SOLE CANCER
Deposit Account PD Bank Account
Amount \$50.00
Money Type Check - 001180
Unapplied Funds Account

Item	Disburse To	Amount
Miscellaneous	City Finance Office	\$50.00

Comments

HEART & SOLE CANCER WALK PYROTECHNICS/FIREWORKS PERMIT #2018-02



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/25/2018

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):**
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:** 1023234297 **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			CPS2885767	9/13/2017	9/13/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					BODILY INJURY (Per accident) \$
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE		PROPERTY DAMAGE (Per accident) \$				
<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$		\$				
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATUTORY LIMITS
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			Y/N	N/A			OTHER
If yes, describe under DESCRIPTION OF OPERATIONS below							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; Heart & Sole Cancer Walk
 Location: Mitchell Middle School
 Date: 6/8/18

CERTIFICATE HOLDER

Heart & Sole Cancer Walk
 800 W. 10th Ave
 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



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to this endorsement, **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item 2. **Exclusions of SECTION I—COVERAGES:**

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
 4. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.
 5. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:

- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a

written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I—COVERAGES** to defend the additional insured against any "suit" if any other insurer has a duty to defend the additional insured against that "suit." If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured's rights against all those other insurers.

AUTHORIZED REPRESENTATIVE

DATE

Includes copyrighted material of ISO Properties, Inc., with its permission.
Copyright, ISO Properties, Inc., 2004