



CITY OF BEL AIRE



APPLICATION FOR RETAIL SALES OF FIREWORKS

Date of Application: 1/29/2025

Square footage of Structure: 4500

Dates of Operation: June 27 through July 4 of the same year as date of application

Fireworks may be sold from **8:00 a.m. – 10:00 p.m. only**

Permit fees are \$2,500 for structures of 2,500 square feet & under. Structures in excess of 2,500 square feet shall be \$1.00 per square foot.

OFFICE USE ONLY

APPLICATION REVIEWED AND:

APPROVED _____ DENIED _____

Permit Fee: \$4,500 Receipt # 8879

County Application ✓

Permit # _____

Acceptance/Denial Letter Date: _____

All Applications must be accompanied with:

- 1) permit fee
- 2) a copy of Sedgwick Co. Fire Dept. tent application
- 3) Insurance certificate(s) including:

-General comprehensive liability insurance, minimum coverage of \$500,000 per occurrence, with the City of Bel Aire, Kansas, named as an additional insured; AND

-Product liability insurance, minimum coverage of \$500,000 per occurrence for products sold and/or stored within the city by the vendor

APPLICATION IS MADE BY: ☐ Individual ☐ Partnership ☒ Corporation ☐ Non-profit

LOCATION REQUESTED: 9745 East 50th Street North
Bel Aire, Kansas 67226

LOCAL SPONSOR: _____

ORGANIZATION/BUSINESS Waz Up Fireworks, LLC

ADDRESS: 9745 East 50th Street North
Bel Aire, Kansas 67226

NAME & PHONE NUMBER OF RESPONSIBLE PARTY Michael Joseph Wawrzewski III

KS STATE SALES TAX # 004-861844892-F01

EMAIL ADDRESS mike@wazupfireworks.com

SIGNATURE OF RESPONSIBLE PARTY

1/29/2025

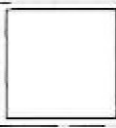
DATE

APPROVED BY THE CITY COUNCIL ON THIS _____ DAY OF _____

CITY CLERK

CODE ENFORCEMENT OFFICER

Paula R. Dace
Zoning Administrator (P.D.)

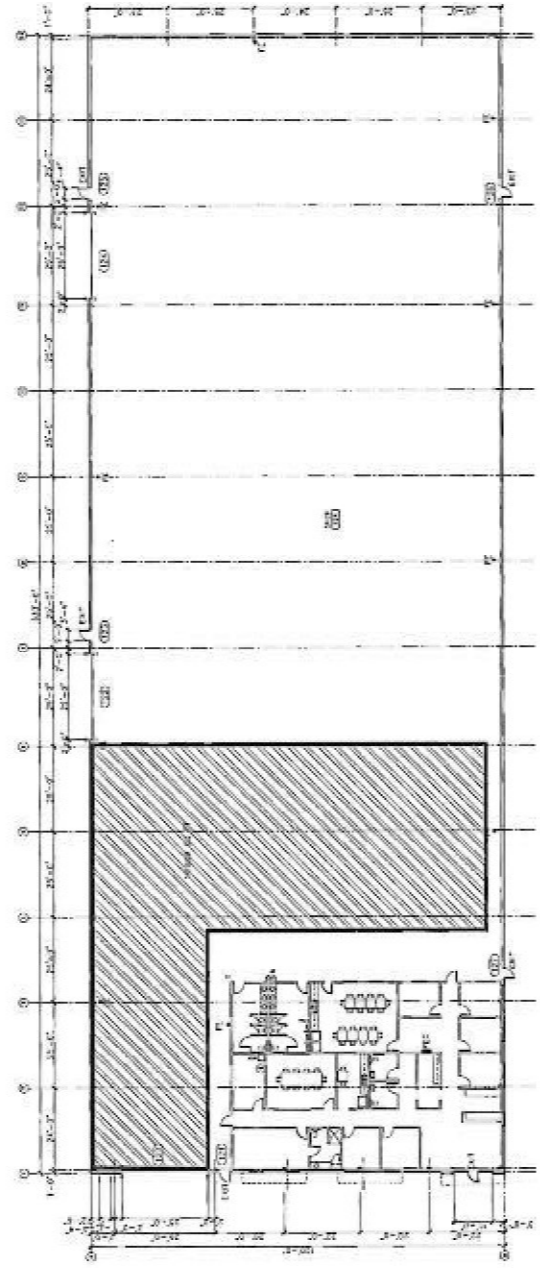


CLINIC IN A CAN
Manufacturing Facility
9815 F. Smith Street North
The Wood, Kansas

PROJECT NO.
2000

DATE
2000

OVERALL
FOOTPRINT
A1



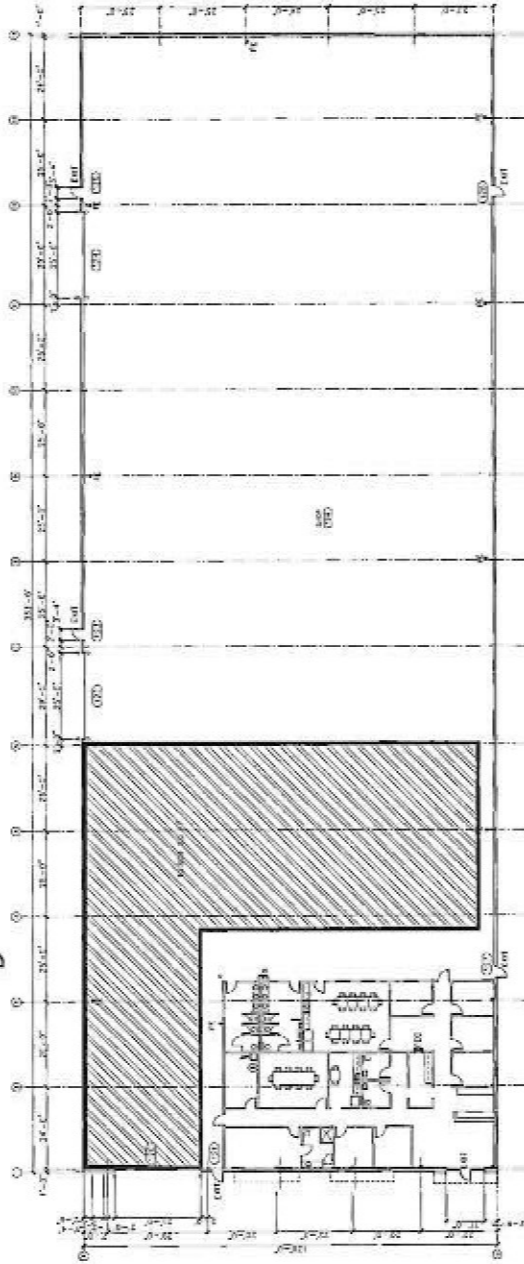
ALL DIMENSIONS ARE IN FEET AND INCHES
UNLESS OTHERWISE SPECIFIED
IN THE NOTES OR ON THE DRAWING

OVERALL FLOOR PLAN

* Flag Barriers
Terpedesby morning
placed away at 19th
and removed at 27th
then
July 4th, 2025

1, sig

ENDING AREA
SHADED



ALL DIMENSIONS ARE IN FEET AND INCHES
ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE
ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE

A OVERALL FLOOR PLAN



CLINTE IN A CON
Manufacturing Facility
5615 E. 50TH STREET NORTH
BAY AREA, MISSOURI

DATE ISSUED
10-25-10
FOR CONTRACT

PROJECT NO.
20102

FIG. 842 OF 850

OVERALL
FLOOR PLAN

A1

6'



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/23/2025

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 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 & Company) 509 W Koenig St Grand Island NE 68801	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
Waz Up Fireworks
9745 East 50th St,
Bel Aire KS 67226

COVERAGES **CERTIFICATE NUMBER:** 1852171517 **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 SUBR INSR 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		CPS8138693	2/5/2025	2/5/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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)
Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 53 when required by written agreement.
Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.
Regarding the General Liability coverage, Primary and Non-Contributory coverage applies to the entities listed below per attached form CG 20 01 when required by written agreement.
Additional Insured: City of Bel Aire

CERTIFICATE HOLDER City of Bel Aire 7651 E Central Park Ave. Bel Aire KS 67226	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
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Sedgwick County Fire District 1

Administrative Office: 7750 N. Wild West Dr. • Park City, KS 67147
Phone: 316-660-3473 • www.sedgwickcounty.org • Fax: 316-660-3474



*Sedgwick County...
working for you*

TENT, TEMPORARY SPECIAL EVENT STRUCTURE, OR TEMPORARY MEMBRANE STRUCTURE PERMIT APPLICATION

Date of structure set-up: June 1, 2025 Approximate take-down date: July 7 - 15, 2025

LOCATION INFORMATION (where structure will be erected):

Address: 9745 East 50th Street North City: Bel Aire, Kansas

Location on property where structure is being erected: inside warehouse

OWNER INFORMATION:

Property Owner Name: Michael Joseph Wawrzewski III

Address: 2102 West Timbercreek Court City: Wichita, Kansas 67204

E-Mail: mike@clinicinacan.com Telephone: 316 204 4677

Occupant Name: Waz Up Fireworks, LLC (Michael Joseph Wawrzewski III)

Address: 2102 West Timbercreek Court City: Wichita

E-Mail: mike@clinicinacan.org Telephone: 316 204 4677

STRUCTURE INFORMATION

Structure Dimensions: 90 (feet) X 50 (feet)

Total Square Feet: 4500 Structure Height: 22 (feet)

Proposed use of structure: Front north east section of the warehouse will be blocked off and converted into a store utilizing the existing pallet racking. The building has a fire sprinkler system, standard LED lighting and existing electrical outlets. There are two standard emergency exits and two large overhead doors that will also be used as emergency exits. There will be two to four fire extinguisher available.

Will there be any electrical, lighting, heating, or cooking equipment in the structure? YES: ☒ NO: ☐
If "yes" please explain: vapor proof flush mounted ceiling LED 2' X 2' lights

I certify the above information is true to the best of my knowledge. I agree to install and use the tent, temporary special event structure, or temporary membrane structure in accordance with the Sedgwick County Fire Code requirements. I further certify that I have read the permit requirement provided with this application.

Applications will not be accepted without a current copy of the "flame resistance certificate" for this specific tent, site plan drawing, and fee. Serial number on tent must match serial number on certificate, certificate must be legible. If serial numbers do not match, tent may be required to be dismantled and removed immediately!

Applicant Signature: [Signature] Date: 1/29/2025

Received by: [Signature] Date:

Permit fee: \$75.00 per structure.

CITY OF BEL AIR
2451 E. CENTRAL PARK AVE
BEL AIR, KS, 67224

DATE : 1/28/2025 10:46 AM
OFF : Denise
TOL : Denise
ITEM : 1
REF : 800000079

FIREWORKS FIREWORKS PERMITS 4500.00
2025 fire works 4500.00

Paid By: 2025 fire works
2 - Check 4500.00 REF: 1072

APPLIED	4500.00
TENDERED	4500.00
CHANGE	0.00