



CITY OF BEL AIRE



2025

APPLICATION FOR RETAIL SALES OF FIREWORKS

Date of Application:	<u>2/18/25</u>
Square footage of Structure:	<u>1800 SF</u>

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

All Applications must be accompanied with:

- 1) permit fee (remit to: City of Bel Aire. Memo: Fireworks Permit)
- 2) a copy of Sedgwick Co. Fire Dept. inspection application
- 3) Site diagram (including all signage)
- 4) 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

Fireworks Sales Location (Street Address or Property PIN#):

4620 N. OLIVER

Organization / Business Name: HEIGHTS H.S. DANCE KS State Sales Tax # 004-010927972 F-02

DBA Name (if different): SHOCKER FIREWORKS

Mailing Address: 4618 N. CIMARRON CIRCLE - WICHITA

Responsible Party Name: DENNIS FRASCO

Email Address: dfrasco2624@gmail **Phone #** 316-304-6540

Dennis Frasco
SIGNATURE OF RESPONSIBLE PARTY

DATE

2/18/25

OFFICE USE ONLY

Date of Review by City Council: _____

☐ APPROVED Permit # _____

☐ Denied, Reason: _____

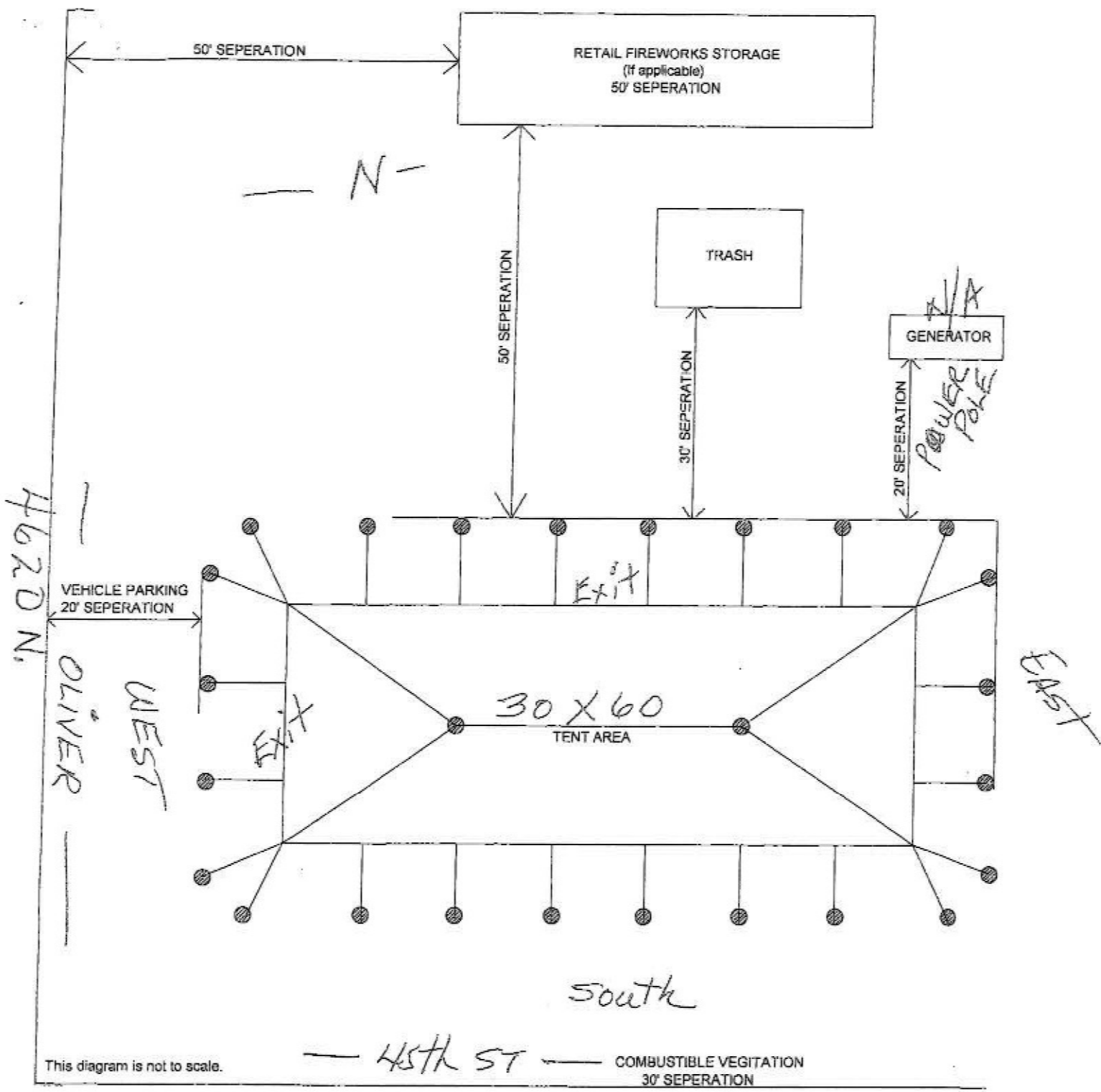
Permit Fee: \$2,500 Receipt # 10962

County Application Filed: 2/14/25

Zoning Admin Approval Date: PLP

ZA Signature: Veronica R. Dora

Insurance Certificate Received: 2/18/25



NO SIGNAGE - Except Tent Logo
 THIS IS AN EXAMPLE OF A SITE PLAN & THE REQUIRED DISTANCES FOR TENTS.
— BLACK CAT —
 SUPPORT ROPES & GUY WIRES ARE CONSIDERED TO BE PART OF THE TENT.

A complete list of the code requirements can be found in the
 2018 International Fire Code, Chapter 31



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2025

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 have ADDITIONAL INSURED provisions or 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
Brown & Brown - Daytona Beach
300 North Beach Street
Daytona Beach FL 32114

CONTACT NAME: Courtney Crown

PHONE (A/C, No, Ext): 386-239-7237

FAX (A/C, No): 386-323-9147

E-MAIL ADDRESS: Courtney.Crown@bbrown.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
American Eagle Superstore, Inc.
Big Fireworks
6601 W Grand River Ave
Lansing MI 48906

69860

INSURER A: AXIS Surplus Insurance Company

INSURER B: AXIS Surplus Insurance Company

INSURER C: Arch Insurance Company

INSURER D:

INSURER E:

INSURER F:

26620

COVERAGES

CERTIFICATE NUMBER: 936196850

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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		P-001-001437230-01	9/25/2024	9/25/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		P-001-000183506-06	9/25/2024	9/25/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Excess Liability		UXP0059088-09	9/25/2024	9/25/2025	Each Occurrence Aggregate 5,000,000 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NON-OWNED FIREWORKS VENDORS COVERAGE PER WRITTEN CONTRACT PER FORM CG20151219 FOR GENERAL LIABILITY. GENERAL LIABILITY AND EXCESS LIABILITY COVERAGES TOTAL \$11,000,000 PRODUCTS AND COMPLETED OPERATIONS AGGREGATE DURING PERIODS WHEN CONSUMER FIREWORKS ARE SOLD.
ADDITIONAL INSURED: CITY OF BEL AIRE KS; HEIGHTS DANCE AND PETE PETERS 3813 N WOODLAWN, KS 67220

CERTIFICATE HOLDER

CANCELLATION

Shocker Fireworks
4620 N OLIVER
BEL AIRE KS 67220

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

St. Fain



SEDGWICK COUNTY, KANSAS
FIRE DISTRICT #1

Fire Chief Douglas J. Williams

Deputy Chief of Operations
Ray H. Hensley

Deputy Chief of Administration
Kevin L. Nelson

Deputy Chief/Fire Marshal
Bradley F. Crisp

7750 N Wyandotte Way * PARK CITY, KS 67147-7929 * TELEPHONE: 316.660.3473 * FAX: 316.660.3474

This is to confirm that Sedgwick County Fire District 1 has received an application and fees for the installation of a tent or temporary membrane structure within the fire district.

Location of said structure: 4620 N Oliver Bel Aire, Ks 67220

Please contact us at: **316-660-3473** - 24 hours before your event for a visual inspection of the tent.

If you have any questions please feel free to contact us.

Thank You,

Brad Crisp
Fire Marshal
02/14/2025

NOTES

RECEIPT

DATE

2-14-25

NO.

085869

RECEIVED FROM

Shockers Fireworks

ADDRESS

FOR

Tent/Storage Fireworks

\$150.00

\$75 x 2 = \$150

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID		CHECK	150.00
BALANCE DUE		MONEY ORDER	

BY

Mary Logo

32400 F REGISTRATION NO. 01000

In Tyler
Receipt in Melissa's
box

CITY OF BEL AIRE
7651 E. CENTRAL PARK AVE
BEL AIRE KS, 67226

DATE : 2/14/2025 10:36 AM
OPER : Tami
TRDY : Tami
TERM : 5
RECH : R00010962

FIREWORKS FIREWORKS PERMITS 2500.00
DENNIS FRASCO DBA SHOCKER FIREWORKS 2025 PERMIT
2

Paid By: DENNIS FRASCO DBA SHOCKER FIREWORKS 2025
P

2 - Check 2500.00 REF:3980

APPLIED	2500.00
TENDERED	2500.00
CHANGE	0.00

**OFFICE OF THE STATE FIRE MARSHAL,
STATE OF KANSAS**

Permit #: 22FDL001
AMERICAN EAGLE SUPERSTORE INC DBA
6601 W GRAND RIVER AVE
LANSING MI 48906

Is Granted This Permit As: Fireworks Distributor Consumer Fireworks

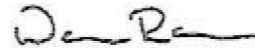
To perform duties as a Fireworks Distributor as granted by the Kansas Fire Prevention Code and adopted National Standard NFPA 1124, 2006 Edition within the State of Kansas.

As granted under the authority of K.A.R. 22-1-3(x)
and other provisions of the Kansas Prevention Code.

This Permit is valid until 5/3/2025 unless suspended, revoked or refused
renewal in accordance with the provisions of KAR 22-1-5.

Issued: 5/3/2024

Expires: 5/3/2025



Wally Roberts
Chief of Investigations

Miami Missionary Tent

129 S. Treaty Rd.
Miami, Oklahoma 74354

918-540-2435

MADE IN
USA

Flame Retardant Process Will Not Be Removed By Washing

Fabric Meets Requirements of:
CALIFORNIA STATE FIRE MARSHAL
NFPA 701 (LARGE SCALE)



30X60 BLACK CAT
Size & Model

Lot Number

Division of Taxation
915 SW Harrison St
Topeka KS 66612-1588

Nick Jordan, Secretary of Revenue
Steve Stotts, Director of Taxation



Department of Revenue

Phone: 785-368-8222
FAX: 785-291-3614
www.ksrevenue.org

Sam Brownback, Governor

May 19, 2016

SHOCKER FIREWORKS LLC
2624 N TEE TIME
WICHITA, KS 67205-1622

Attached is your Kansas Retailers' Sales tax registration certificate. Refer to the next page to see how to use your certificate. If you close or sell your business, please return this certificate along with a Discontinuation of Business form, which can be found on our web site.

You are required by Kansas law to file returns electronically. To do so or make payments electronically, visit our web site at <http://www.ksrevenue.org/eservices.htm> or www.webtax.org. See the next page for more details.

KANSAS DEPARTMENT OF REVENUE
Division of Taxation

www.ksrevenue.org

RETAILERS' SALES TAX REGISTRATION CERTIFICATE



Shocker Fireworks LLC
Ne Corner 45th And Oliver (4620 N OLIVER)
Bel Aire, KS 67226

Tax Account Number: 004-XXXXX7972F-02

Inception Date: 06/27/2016

Filing Frequency: Monthly

This Registration Certificate is valid until canceled and is not transferable.