



CITY OF BEL AIRE



2025

APPLICATION FOR RETAIL SALES OF FIREWORKS

Date of Application: 2-10-2025

Square footage of Structure: 6500

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 - *Building*
- 4) Site diagram (including all signage) 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#):

6334 E Crestmark Street Bel Aire, KS

Organization / Business Name: Wholesale Fireworks Enterprises, LLC **KS State Sales Tax #** 004-204183806F-01

DBA Name (if different) Wholesale Fireworks

Mailing Address: PO Box 780604 Wichita, KS 67278

Responsible Party Name: Jacob Marietta 316-305-8107 Lynette White 316-200-8350

Email Address: lynette@wholesalefireworks.com **Phone #** 316-733-7900

Jacob Marietta
SIGNATURE OF RESPONSIBLE PARTY

2-10-2025
DATE

OFFICE USE ONLY

Date of Review by City Council: _____

☐ APPROVED Permit # _____

☐ Denied, Reason: _____

Permit Fee: \$6,500 Receipt # 10910

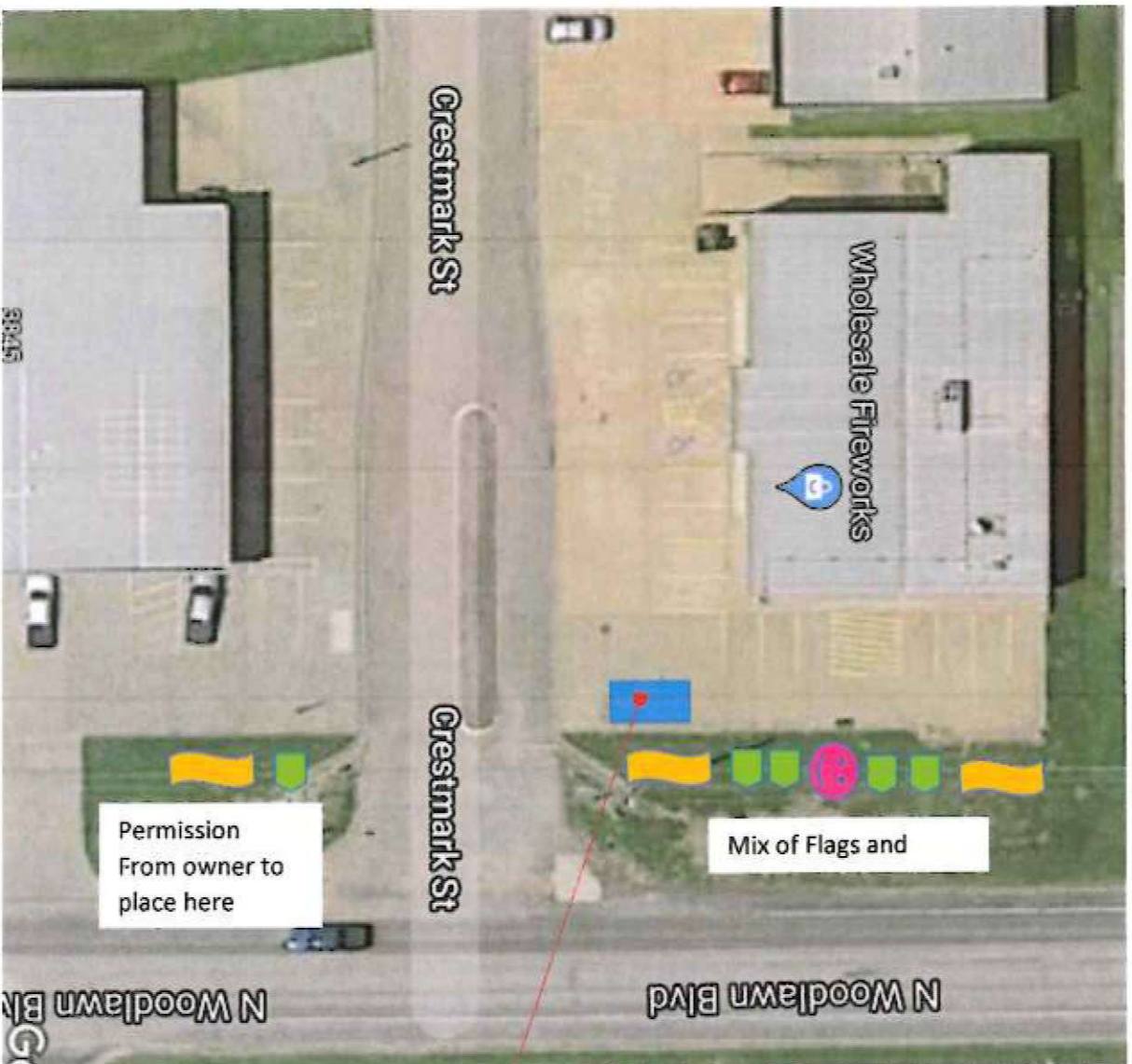
County Application Filed: NA

Zoning Admin Approval Date: 2-10-2025

ZA Signature: [Signature]

Insurance Certificate Received: _____

Wholesale Fireworks Sign Plan 2024



Bob Inflatable Man - 1



Feathered Flags - 10



Staked Ground Signs - 15

Portable LED Sign - 1

Permission
From owner to
place here



CERTIFICATE OF LIABILITY INSURANCE

Bel Aire-Bldg.

DATE (MM/DD/YYYY)

2/19/2024

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
Acrisure, LLC dba Britton Gallagher & Associates
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): 216-658-7101
E-MAIL:
ADDRESS:

INSURED
Wholesale Fireworks Enterprises LLC
1611 Ledgerwood Drive
Andover KS 67002

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Everest Indemnity Insurance Co.	10851
INSURER B : Arch Speciality Ins Co	21199
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 689266450

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		052115105	2/15/2024	2/15/2025	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
R	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	UXP103/038-04	2/15/2024	2/15/2025	
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ 1,000,000
	DED	RETENTION \$				AGGREGATE \$ 1,000,000
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	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)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

Location: 2008 Bel Aire - 6334 E Crestmark, Bel Aire, KS
Additional Insureds: City of Bel Aire, Kansas; Sunshine Christian Academy

CERTIFICATE HOLDER

CANCELLATION

2008 Wholesale Fireworks Enterprises, LLC
PO Box 780604
Wichita KS 67278

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

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

DATE : 2/13/2025 8:23 AM
OPER : Tami
TKBY : Tami
TERM : 5
RECH : R00010910

FIREWORKS FIREWORKS PERMITS 6500.00
WHOLESALE FIREWORKS ENTERPRISES LLC 2025 PERMIT
6

Paid By: WHOLESALE FIREWORKS ENTERPRISES LLC 2025
P
2 - Check 6500.00 REF: 034204

APPLIED	6500.00
TENDERED	6500.00
CHANGE	0.00