



“4th of July”

May 1, 2024

City of Independence
331 1st Street E.
Independence, Iowa 50644

The Independence Day Celebration Committee, in support of the 2024 festivities requests closing, restricted traffic flow and ‘No Parking’ zones for the following avenues and streets from 6:00 a.m. Tuesday July 2 through dusk the evening of Friday July 5:

- Closings:
 - 5th Street NE at Corinne west to the river
 - 1st Avenue NE south from 5th Street to 6th Street
 - Nelson Avenue NE south from 5th Street to 6th Street
- Restricted Traffic Flow (residents only):
 - 5th Street NE from 2nd Avenue NE to Corinne Avenue NE
 - Corinne Avenue NE south from 5th Street to 3rd Street
- No Parking:
 - North side of 5th Street NE from 2nd Avenue to Corinne Avenue NE
 - West side of Corinne Avenue from 5th Street to 3rd Street NE
 - North side of 6th Street NE from 2nd Avenue NE to Nelson Avenue NE
 - South side of 6th Street NE from 1st Avenue NE to Nelson Avenue NE
 - East and west side of Nelson Avenue NE from 6th Street NE north 150 feet towards 7th Street NE

Your favorable consideration of this request is greatly appreciated.

Cordially,

Juan Rodriguez
Independence Day Celebration Committee
cc Police & Streets Department

*Independence Celebration Committee, Inc – 4th of July
P.O. Box 366 Independence, Iowa 50644*



“4th of July”

May 1, 2024

City of Independence
331 1st Street E.
Independence, Iowa 50644

The Independence Day Celebration Committee requests an extension of the City's Noise Ordinance for July 3rd and July 4th to midnight 12:00 a.m.

Your kind consideration of our request is appreciated.

Cordially,

Juan Rodriguez
Independence Day Celebration Committee

cc Police Department

*Independence Celebration Committee, Inc – 4th of July
P.O. Box 366 Independence, Iowa 50644*



“4th of July”

May 1, 2024

City of Independence
331 1st Street E.
Independence, Iowa 50644

The Independence Day Celebration Committee requests a fireworks permit for the 2024 Fireworks display to be held on Thursday July 4th 2024 at about 10:00 p.m. The rain date is July 5th at about 10pm.

Attached you will find a copy of the current liability insurance certificate for the fireworks event operator.

Your kind consideration of our request is appreciated.

Cordially,

Juan Rodriguez
Independence Day Celebration Committee

*Independence Celebration Committee, Inc – 4th of July
P.O. Box 366 Independence, Iowa 50644*

APPLICATION FOR FIREWORKS PERMIT

Applicant: Independence Celebration Committee, Inc

Address: PO Box 366

Independence, IA 50644

Phone: Day 319-332-0176 Night 319-610-0117

If applicant is an organization the following needs to be completed:

Agent or Representative: Juan Rodriguez

Address: 506 15th Ave NE Indee, 50644

SSN or DL# 687xx2850

All fireworks displays shall be over by 10:00 p.m. the evening of the display.

Date/Time of Display 07/04/2024 10pm-10:30

Rain Date/Time of Display 07/05/2024 10pm-10:30

Location of Display:

River Walk Parks

Is the applicant required to obtain a permit from the Federal Bureau of Alcohol, Tobacco, Firearms and Explosives to conduct the proposed display? YES xx NO

If YES please attach a copy of said permit to this application.

Is the applicant insured? YES xx NO

Name, address and phone number of Insurance Company and Agent:

LLOYD'S OF LONDON certificate attached

Under Section 727.2 of the Code of Iowa, "the City Council may, upon application in writing, grant a permit for the display of fireworks ... organizations or groups of individuals approved by the ...City Council when the fireworks will be handled by a competent operator..."

Name of Operator if different from applicant: Scott Anderson

Qualification of the Operator (proof may be required)

1. _____ Fireworks Operator license from another state
2. xx Pyrotechnics Guild International, Inc. certification
3. _____ Other formal fireworks safety training. Please specify

Fire Prevention Measures:

_____ Safety zone, Indee Fire department on standby, _____

I hereby affirm that no person shall handle or explode fireworks while under the influence of alcohol, narcotics, or drugs which could adversely affect judgment, movements, or stability; that no person will set up or explode fireworks who is not 18 years of age and qualified as set out above or who is not under the direct supervision of the Operator; that the Operator will conduct a thorough search for any unexploded fireworks or fuses, that any unexploded fireworks will be stored or disposed of in a safe manner; and that the Operator, and I will follow its terms and the laws of the State of Iowa.

HOLD HARMLESS AGREEMENT

The (organization)(corporation)(agency), having been issued a permit and license to explode fireworks and/or fireworks displays by the City of Independence, do hereby agree to hold the City of Independence harmless from any and all liability resulting from the use of said fireworks and/or fireworks displays within the permitted area.

The (organization)(corporation)(agency) further agrees to indemnify and hold harmless the City of Independence, it's agents and employees from and against all claims, damages, losses and expenses including attorney fees arising out of the explosion, construction of, and dismantling of said fireworks and/or fireworks displays as a result of the issuance of said permit.

The (organization)(corporation)(agency) further state that it has insurance to cover liability for the above stated activity in the amount of \$ YES .

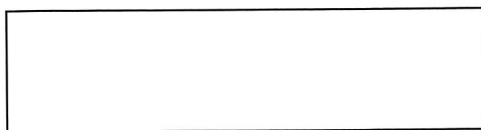
\$10.00 Fee Paid _____

Juan Rodriguez _____

Signature of Applicant

05/01/2024

Date of Application





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04-16-2024

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 PROFESSIONAL PROGRAM INSURANCE BROKERAGE DIVISION OF SPG INSURANCE SOLUTIONS, LLC 1304 SOUTHPPOINT BLVD., #101 PETALUMA CA, 94954	CONTACT NAME:	
	PHONE (A/C, No, Ext): 415-475-4300	FAX (A/C, No): 415-475-4304
INSURED Jon and Jennifer Blackert DBA: Crater Fireworks Blasting & Black Powder 22515 150 East St. Mineral, IL 61344	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Certain Underwriters at Lloyd's, London	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
AA-1128623		

COVERAGES**CERTIFICATE NUMBER:****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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		PY/24-0061	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	MED EXP (Any one person) \$						
	PERSONAL & ADV INJURY \$						
	GENERAL AGGREGATE \$ 2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						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						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <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)

Independence Celebration Committee Inc; City of Independence, IA are Additional Insured as respects the Class B Aerial Fireworks display(s) on 7/4/2024 (RD: 7/5/2024) located at 2332 Henley Ave, Independence, IA. 30-day notice of cancellation applies; 10-day notice for non-payment.

CERTIFICATE HOLDER**CANCELLATION**

Independence Celebration Committee Inc
P.O. Box 366
Independence IA 50644

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

POLICY NUMBER: PY/24-0061

PYROTECHNIC LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

Underwriter's at Lloyd's, London: Referred to in this endorsement as either the "Insurer" or the "Underwriters"

This endorsement modifies insurance provided under the following:

SECTION III. PERSONS INSURED

In consideration of the premium charged for the Policy, it is hereby understood and agreed that the following entity(ies) as shown in the schedule below is an additional insured pursuant to Section III.

Primary and Non-Contributory

The insurance provided to the Additional Insured scheduled below shall be primary and not contributory with any other insurance maintained by the Additional Insured where this is required by way of a written contract with **Named Insured**.

Waiver of subrogation

The **Named Insured** waives any right of subrogation the **Named Insured** may have against any person or organization, where required by the Insured's written contract with the Additional, because of payments made by the **Named Insured** for **Damages** and **Claims Expenses** arising out of the **Named Insured's** operations in accordance with the written contract.

Additional Insured:
Independence Celebration Committee Inc P.O. Box 366 Independence IA 50644

All other terms, exclusions and conditions of this Policy remain unchanged.