

Permit Fee: \$100.00

CITY OF MACKINAC ISLAND
COMMERCIAL FIREWORKS PERMIT APPLICATION

Name of Person/Organization Conducting the Display: Storm Trysail Foundation

Address, City, State, Zip: 1 Woodbine Avenue Larchmont, NY 10538

Phone: 19148348857 Fax: _____

Name of Pyrotechnics Company/Technician: Wolverine Fireworks

Address, City, State, Zip: 205 W Seidlers Road Kawkawlin, MI 48631

Phone: 989 662 0121 Fax: 989 662 0122

Date, Time and Duration of Display: July 22, 2025, 930 PM 15 minutes

Location Offshore of Display (Attach Map): South of Harbor. Area 2 in attached map.

- In addition to the application, the following is required: A copy of the certificate of insurance naming the City of Mackinac Island as additional insured for the amount of \$5,000,000.
- All applicants and pyrotechnic companies must submit, with this application, proof of any licenses, permits or other authorization required by any branch of the local, state or federal government relating to the proposed fireworks display.
- All fireworks displays will only be permitted off shore.

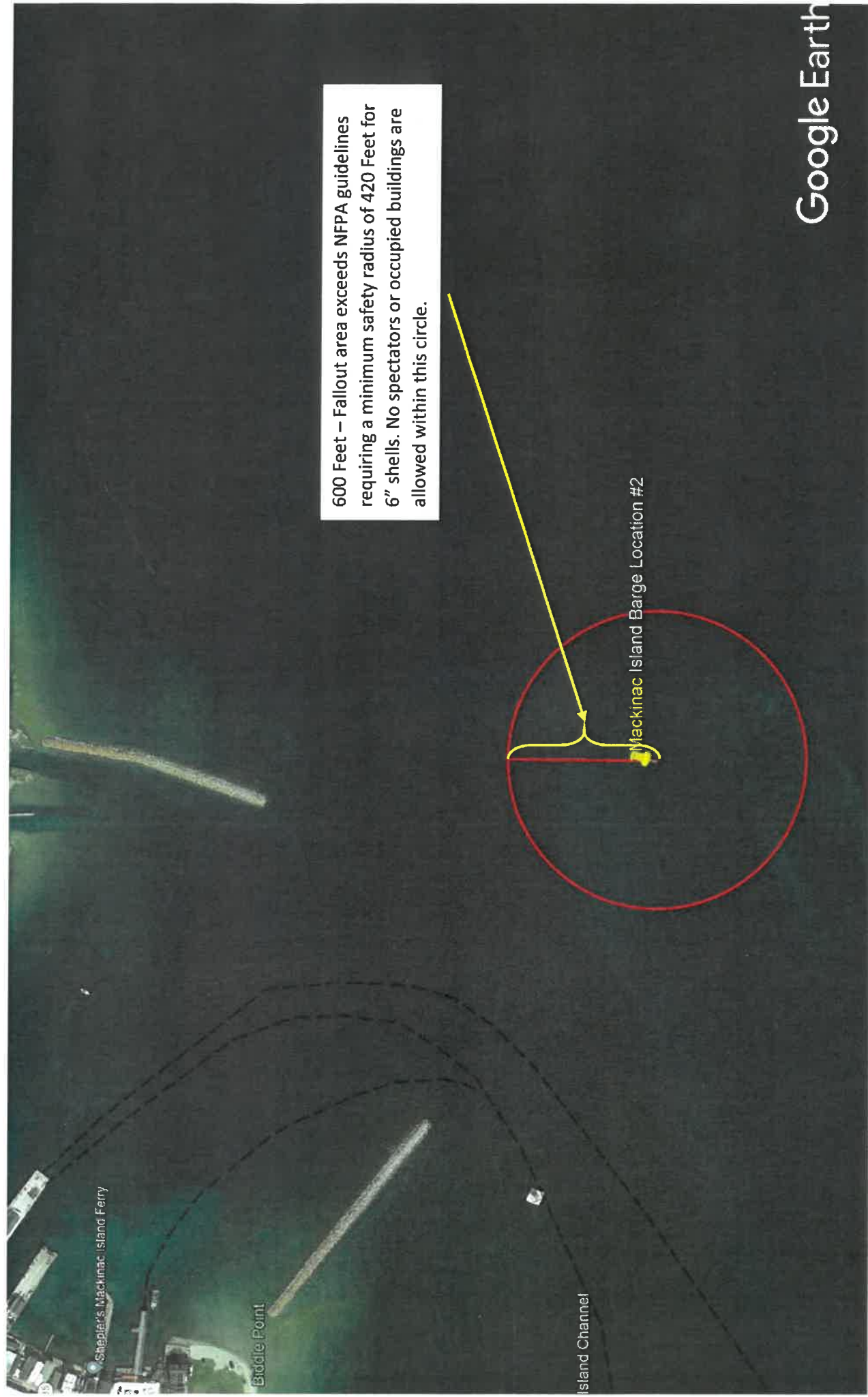
Make checks payable to: City of Mackinac Island

Applicant's Signature: Winn Soldani Date: July 3, 2025

Application Date: <u>7.3.2025</u> Council Approved _____ Denied _____ Date: _____

Chicago yacht Race

Dec. 16, 2015



600 Feet – Fallout area exceeds NFPA guidelines requiring a minimum safety radius of 420 Feet for 6" shells. No spectators or occupied buildings are allowed within this circle.

City Clerk

From: Rachel Lambert <rachel@wolvdisplay.com>
Sent: Monday, July 7, 2025 9:54 AM
To: City Clerk; Winn
Cc: Richard du Moulin; jerry.gurthet@cycracetomackinac.com; Matt Gallagher (matt@teamgallagher.net); Andrew Weiss; Liz Ware; Whitney Simon
Subject: Re: Fireworks permit for July 22

Just wanted to give you all an update. Just got off the phone with the Coast Guard and it sounds like it will be all good with them. They are just waiting on a signature of approval from their Captain.

I am out of the office this week but will be available to answer phone calls or emails if anything else is needed on my end.

Thanks!

From: City Clerk <clerk@cityofmi.org>
Sent: Monday, July 7, 2025 9:05:25 AM
To: Winn <wsoldani@wsconsultinginc.com>; Rachel Lambert <rachel@wolvdisplay.com>; City Clerk <clerk@cityofmi.org>
Cc: Richard du Moulin <rt dumoulin@gmail.com>; jerry.gurthet@cycracetomackinac.com <jerry.gurthet@cycracetomackinac.com>; Matt Gallagher (matt@teamgallagher.net) <matt@teamgallagher.net>; Andrew Weiss <andrew@flintlockllc.com>; Liz Ware <lware@missionpoint.com>; Whitney Simon <execdirector@stormtrysail.org>
Subject: Re: Fireworks permit for July 22

Great, thank you!

Get [Outlook for iOS](#)

From: Winn <wsoldani@wsconsultinginc.com>
Sent: Monday, July 7, 2025 6:22:33 AM
To: Rachel Lambert <rachel@wolvdisplay.com>; City Clerk <clerk@cityofmi.org>
Cc: Richard du Moulin <rt dumoulin@gmail.com>; jerry.gurthet@cycracetomackinac.com <jerry.gurthet@cycracetomackinac.com>; Matt Gallagher (matt@teamgallagher.net) <matt@teamgallagher.net>; Andrew Weiss <andrew@flintlockllc.com>; Liz Ware <lware@missionpoint.com>; Whitney Simon <execdirector@stormtrysail.org>
Subject: RE: Fireworks permit for July 22

Thanks, Rachel.

Danielle, Liz Ware will be bringing the permit application fee to you.

Thanks

Winn

Winn Soldani
1220 SE 6th Terrace

Information Sheet

Year 2025

Bill to Name* Storm Trysail Foundation

Address 1 Woodbine Avenue

City Larchmont

State NY

Zip 10538

*If the entity being billed is sales tax exempt we will need a MI Sales and Use Tax Certificate of Exemption on file.
This form can be provided for you upon request.

Show Date July 22, 2025

Rain Date N/A

Show Budget 15,000

Show Location Mackinac Island Location #2

(Complete Address)

Contact Person Winn Soldani

Address 1000 N State Unit 13

City Chicago

State IL

Zip 60610

Phone*: Home

Work

Cell 847 927 1240

Fax

*Please note which number you would *prefer* we use to contact you.

E-Mail w.soldani@comcast.net

Web Page <https://stormtrysailfoundation.org/>

Please list any entities needing to be listed as additionally insured (this would include major sponsors, property owners, the local governing authority, etc...):

Storm Trysail Foundation

The Storm Trysail Foundation, Inc

City of Mackinac Island

Other Important Information



Chicago to Mackinac Island Race Display
\$15,000.00 Proposal
Includes Insurance & Labor

Main

120	3"	Lidu Assorted Shells Time Chained
36	4"	Shenma Assorted Shells (D)
36	4"	Shenma Assorted Shells ©
48	4"	Lidu Assorted Shells Chained 6/1
36	5"	Shenma Assorted Shells (C)
36	5"	Flower King Special Long Duration Shells
36	6"	Shenma Assorted Shells
2	150 Shot	Happy Stars
1	49 Shot	Red, Blue, Mine
2	25 Shot	2" Dragon Eggs
2	132 Shot	X- Shape Pink/Lemon/Orange Cross.

Finale

144	3"	Finale, 9 color 3 Report Chained 12/1
125	3"	Finale, Titanium Salute Chained 12/1
72	4"	Finale, Dispark Chrys. Chained 12/1
2	50 Shot	2" Finale Multi- Color peony

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
APPLICATION FOR MARINE EVENT

OMB Number: 1625-0008
Expires: 11/30/2024

Date Submitted: 7/16/25

FORM INSTRUCTIONS

1. Please, complete on a computer, a typewriter, or print in black ink to permit reproduction. You may also submit online at: <https://homeport.uscg.mil>.
2. This application must reach the appropriate USCG Sector at least 135 days prior to the event. A list of sectors may be found here: <https://homeport.uscg.mil/Pages/sector-directory.aspx>.
3. Attach a section of a chart or a scale drawing showing boundaries and/or courses and markers contemplated.
4. Submit a copy of your entry requirements and any special rules pertaining to equipment, rigs, or procedures.

1. Name of Event	Chicago to Mackinac race - firework display	2. Date of Event	7/22/25
3. Location of Event	Lake Huron - 45°50'30" W S of M. Island	4. Time: From: 9:30 To: 11:00 pm	
5. Name and Address of Sponsoring Organization (Include Zip Code)	Storm Trysail foundation 1 Woodbine Ave. Larchmont, NY 10538	6. No. of Participants	1
8. Types of Boats	Corsair Barge 92" x 33' - cargo boat. patrol vessel	7. Sizes of Boats	92" x 33'
		9. No. of Spectator Craft	10

10. Description of Events

Chicago to Mackinac sail boat race, sponsoring a firework display.

11. Will This Event Interfere or Impede the Natural Flow of Traffic? ☒ Yes ☐ No

11a. If YES, briefly explain: Safety Area extends into navigable waterway

12. What Extra or Unusual Hazard (to participants or non-participants) Will Be Introduced Into the Regatta Area?

1.3 G fireworks

13. Have any Objections Been Received from Other Interested Parties? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. If YES, briefly explain:	
14. Vessels Provided by Sponsoring Organization for Safety Purposes (number and description)	
15. Does the Sponsoring Organization Deem their Patrol Adequate for Safety Purposes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
15a. If NO, briefly explain:	
16. Is a Coast Guard or Coast Guard Auxiliary Patrol Requested for Control of Spectator and/or Commercial Traffic? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16a. If YES, how many vessels do you recommend and why? 1 - if available to maintain safety area	
17. Person In Charge Aaron Anderson	18. Where Will 'Person In Charge' be During the Event? on barge
19. How Can 'Person In Charge' be Contacted During the Event? (989) 484-3124	
20. Person to be Contacted for Further Details (Name, Address, Zip Code) Rachel Lambert 205 W. Seidlers Rd. 48631, MI Kawkawlin	20a. Area Code and Phone No.: 989-607-3296 20b. Email Address: rachel@wolvdisplay.com
The undersigned has full authority to represent the sponsoring organization.	
21. Name: Rachel Lambert	22. Title: Display manager
23. Address (Include Zip Code) 205 W Seidlers rd. Kawkawlin, MI 48631	23a. Area Code and Phone No.: 989-607-3296 23b. Email Address: rachel@wolvdisplay.com
24. Signature: Rachel Lambert	
<p style="text-align: center;">Privacy Act Statement</p> <p>Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.</p> <p>AUTHORITY: 14 U.S.C. § 70041 authorizes the collection of this information.</p> <p>PURPOSE: The Coast Guard will use this information to determine whether a marine event poses an extra or unusual hazard to the safety of life and whether or not, and under which conditions, to permit the event on the navigable waters of the United States.</p> <p>ROUTINE USES: Authorized USCG personnel will use this information to evaluate the marine event request. Any external disclosures of information within this record will be made in accordance with DHS/USCG-013, Marine Information for Safety and Law Enforcement (MISLE), 74 Federal Register 30305 (June 25, 2009).</p> <p>CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information is strictly voluntary. However, failure to provide this information may delay or prevent the approval of the marine event.</p>	
<p>An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 60 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: United States Coast Guard, Commandant (CG-WWM-1) Stop 7509, 2703 Martin Luther King Jr. Ave SE, Washington, DC, 20583-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0008), Washington, DC 20593.</p>	

CG-4423 (12/21)

Reset Form

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FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY
DATE PERMIT(S) EXPIRE:

BFS 999 (Rev 06/15)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/04/2025

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 The Partners Group LLC 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056		CONTACT NAME: Sally Boice PHONE (A/C No, Ext): (877) 455-5640 FAX (A/C, No): (425) 455-6727 E-MAIL ADDRESS: sboice@tpgrp.com	
INSURED Wolverine Fireworks Display, Inc. 205 West Seidlers Road Kawkawlin MI 48631		INSURER(S) AFFORDING COVERAGE INSURER A: Everest Indemnity Insurance Co INSURER B: Everest Denali Insurance Company INSURER C: Arch Specialty Insurance Company INSURER D: INSURER E: INSURER F:	
		NAIC # 10851 16044 21199	

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 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GCI0010148251	02/01/2025	02/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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		GCD0010062251	02/01/2025	02/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		UXP104806303	02/01/2025	02/01/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> 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 \$
B	Hired Auto Physical Damage - Limit Actual Cash Value		GCD0010062251	02/01/2025	02/01/2026	Comprehensive Ded \$100 Collision Ded \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER Evidence of Insurance	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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City Clerk

From: Winn <wsoldani@wsconsultinginc.com>
Sent: Thursday, July 3, 2025 5:43 PM
To: City Clerk
Cc: Richard du Moulin; jerry.gurthet@cycracetomackinac.com; Matt Gallagher (matt@teamgallagher.net); Andrew Weiss; Liz Ware; Whitney Simon; Rachel Lambert
Subject: Fireworks permit for July 22
Attachments: Commercial Fireworks Permit.pdf; Information Sheet.pdf; 2022 Mackinac Islands Barge Locations.jpg

Hi, Danielle:

Here is the permit application with the map—as indicated on the form we’re proposing using area 2 on this map.

I’ve started the process with Wolverine Fireworks too. I have attached the info sheet I provided them which shows the City of Mackinac Island listed as a requested additional insured.

I’ve also copied Rachel from Wolverine Fireworks on here as she is handling the Coast Guard permitting process, in case there are any questions from her or for her.

How can I get you the permit application fee? Do you take electronic payment or cards?

Please let me know anything else you need!

Thanks so much.

Winn

Winn Soldani
1220 SE 6th Terrace
Pompano Beach, FL 33060
E-Mail: wsoldani@wsconsultinginc.com
Mobile: 847-927-1240
www.wsconsultinginc.com



WS CONSULTING GROUP



WEATHER TECHNOLOGY & FORECASTING