

THIS FORM IS INTENDED FOR USE BY LOCAL AUTHORITIES HAVING JURISDICTION (AHJ) IN THE EVENT THEY DO NOT HAVE A PERMIT FORM SPECIFIC FOR RETAIL FIREWORKS SALES AT A CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY. IT IS NOT MEANT TO BE REQUIRED IN ADDITION TO OR IN LIEU OF ANY LOCAL PERMITTING FORM AND/OR PROCESS THAT MAY EXIST WITH THE LOCAL AHJ.

Directions: Provided the local jurisdiction has no permit form of their own, complete this permit application and submit it with the local AHJ portion of your Retail Fireworks Stand License to the jurisdiction in which you wish to run your CFRS facility.


WASHINGTON STATE FIREWORKS RETAIL SALES PERMIT APPLICATION

Applicant Information		<input type="checkbox"/> New/First Time Applicant	<input checked="" type="checkbox"/> Previous Permit Holder
J&M LLC Name of Group, Organization, or Person (Last, First, Middle Initial, and Date of Birth) Issued the Fireworks Retailer License			
HUGHES, JACK 3/4/1958 Name of Permit Applicant (Last, First, Middle Initial, and Date of Birth)			
PO BOX 603 OROVILLE, WA 98844 Permit Applicant Mailing Address (Complete Including Street, City, State, and ZIP Code)			
(509) 322-5618 Phone Number	maryhughes3411@gmail.com E-Mail Address	(509) 322-5618 Local Business Number (if required)	
CFRS Facility Information		<input checked="" type="checkbox"/> Stand <input type="checkbox"/> Tent Other: _____ Specify _____	Size: 400 square feet Square Feet/Dimensions
7730 CENTER BLVD SE SNOQUALMIE WA. 98065 CFRS Facility Address (Complete Including Street, City, State, and ZIP Code)			
KMG SNOQUALMIE RIDGE LLC Name of Property Owner		(206) 659 6155 Phone Number	7851950010 Parcel Number for Stand Location
Fireworks Supplier Information List all of the licensed fireworks wholesalers who will be supplying this stand product			
J&M LLC PO BOX 603 OROVILLE, WA 98844 LICENSE # C-04267			
Storage Information		<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site: _____ Storage Address (Complete Including Street, City, State, and ZIP Code)	
<input type="checkbox"/> Sales Structure	<input type="checkbox"/> Detached Building	<input checked="" type="checkbox"/> Truck/Trailer <input type="checkbox"/> Other: _____ Specify _____	

CHECKLIST FOR SUBMISSION Check with the local AHJ for all applicable submission dates and deadlines:

<input checked="" type="checkbox"/> Application/Permit Fee	<input checked="" type="checkbox"/> Insurance Certificate (\$1,000,000)	<input type="checkbox"/> Clean-Up Bond Fee (if applicable)
<input checked="" type="checkbox"/> Valid Washington State Fireworks Retailer License	<input checked="" type="checkbox"/> Property Owners Written Permission	
<input checked="" type="checkbox"/> Detailed Site Plan	<input type="checkbox"/> Interior Plan (required for tents and "other" facilities)	

I hereby certify the information in this application is true and correct. I am aware of and agree to comply with all relevant provisions of law, rule, and any ordinance of the state of Washington and the city/county permitting this CFRS Facility.

 JACK HUGHES
Signature of Permit Applicant Printed Name of Permit Applicant 03/26/2023
Date of Signature

FIRE CODE AUTHORITY HAVING JURISDICTION		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED
Permit Number	Approved By	Date of Approval	
SEE BACK OF THIS FORM FOR ANY RESTRICTIONS, CONDITIONS, OR NOTATIONS ON THIS PERMIT			
Signature of Permitting Official	Printed Name and Title	Date of Signature	

THE FIREWORKS RETAILER LICENSE HOLDER (LICENSEE) SHALL RETAIN THIS PERMIT WITH THE ASSOCIATED FIREWORKS RETAILER LICENSE AND MAKE THEM BOTH AVAILABLE FOR INSPECTION AT ANY TIME THE STAND IS IN OPERATION



Washington State Patrol Fire Protection Bureau
Office of the State Fire Marshal

G23071

Wholesaler Fireworks License

Licensee Data

J & M, LLC
Post Office Box 603
Oroville, WA 98844
License Number: C-04267

Operational Data

In State Agent: Jack C. Hughes
Phone Number: (509) 322-5618
Email Address: maryhughes3411@gmail.com

Date of Issue: January 25, 2023

Date of Expiration: January 31, 2024

A handwritten signature of the State Fire Marshal, written in black ink over a horizontal line.

State Fire Marshal

A handwritten signature of the licensee, written in black ink over a horizontal line.
Licensee Signature

3000-420-041 (10/18)

AB 23 81



STATE OF
WASHINGTON

Limited Liability Company

J&M, L.L.C.
DICCOUN FIREWORKS
38 WESTLAKE RD
OROVILLE WA 98844

UNEMPLOYMENT INSURANCE - ACTIVE

TAX REGISTRATION - ACTIVE

BUSINESS LICENSE

Issue Date: Jan 13, 2023

Unified Business ID #: 602094535

Business ID #: 001

Location: 0001

Expires: Jan 31, 2024

CITY ENDORSEMENTS:

BRIDGEPORT GENERAL BUSINESS - NON-RESIDENT - ACTIVE

EPHRATA GENERAL BUSINESS - NON-RESIDENT - ACTIVE

SOAP LAKE GENERAL BUSINESS - NON-RESIDENT - ACTIVE

KITTITAS GENERAL BUSINESS - NON-RESIDENT (EXPIRES 5/31/2023) - ACTIVE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

J&M LLC DISCOUNT FIREWORKS
SPECIALTY LEASE AGREEMENT

THIS LEASE made and entered into as of the Date of Lease, by and between KNG SNOQUALMIE RIDGE LLC and JACK HUGHES, doing business as J & M L.L.C.

The following is agreed upon between David Kao and Jack Hughes:

A: Date of Lease of space in parking lot:
June 17, 2023 to July 10, 2023.

B: David Koa/Snoqualmie Ridge LLC is not liable for fireworks stand or merchandise inside fireworks stand located at:

7730 Center Blvd SE
Snoqualmie, WA

J & M L.L.C. assumes all responsibility for personal property and merchandise.

C: Rent for June 17-July 10: \$2650.00

D: Surrounding area of firework stand to be kept free of debris during timeframe of operation.

E: If the sale of fireworks is banned by the State of Washington or by King County due to fire danger, this lease is void.

4-15-23
DATE:

David Kao
KNG SNOQUALMIE RDIGE LLC
DAVID KAO

Jack Hughes
JACK HUGHES
J & M L.L.C.

DRAYTON INSURANCE BROKERS, INC.

2500 CENTER POINT ROAD, SUITE 301
BIRMINGHAM, ALABAMA 35215
PHONE: (205) 854-5806
FAX: (205) 854-5899

POST OFFICE BOX 94067
BIRMINGHAM, ALABAMA 35220
EMAIL: dib@draytonins.com

CERTIFICATE OF INSURANCE

NO. 341804

We certify that insurance is afforded as stated below. This Certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the insurance policy and the insurance afforded is subject to all the terms, exclusions and conditions of the policy.

INSURER Admiral Insurance Company **POLICY NO.** CA000018988-10

NAMED INSURED R. Brown, Inc.
9400 Inspiration Drive
Missoula, Montana 59808

POLICY TERM March 1, 2023 to March 1, 2024; Both Days 12:01 A.M. Standard Time

COVERAGE Premises-Operations Liability: ☒ Occurrence Basis ☐ Claims Made Basis

LIMIT OF LIABILITY \$1,000,000 each occurrence, \$3,000,000 general aggregate
The limit of liability shall not be increased by the inclusion of more than one insured or additional insured.

INSURED OPERATIONS The sale of consumer fireworks (1.4G) and related products at the Insured location, during the period of operation.

It is certified that, for the period of operation stated below and when named below as such, this policy includes as Additional Insureds 1) the operator(s), sponsor(s), promoter(s), organizer(s), of the Insured Premises used principally for the retail sale of consumer fireworks supplied by the Named Insureds and/or 2) the owner(s), manager(s), tenant(s), mortgagee(s) (including other entities having similar interests), of the property on which the Insured Premises is located and/or 3) the licensing authority issuing a permit or license for the operation of the Insured Premises and/or 4) any entity for which the Named Insured is required, by written contract, to provide insurance such as is afforded by the terms of this policy.

NAME(S) OF ADDITIONAL INSURED(S) J&M L.L.C.
P.O. BOX 1463
OROVILLE, WA 98844
ALL AGENTS & ASSIGNS
KNG SNOQUALMIE RIDGE L.L.C.
KIDDER MATHEWS INC.
THE CITY OF SNOQUALMIE IT'S OFFICERS AND
EMPLOYEES ACTING IN THEIR CAPACITY AS
AGENTS OF THE CITY
SNOQUALMIE, WA 98065

ADDRESS OF INSURED PREMISES THE IGA ON SNOQUALMIE RIDGE
SNOQUALMIE, WA 98065

PERIOD OF OPERATION JUNE 15, 2023 THRU JULY 15, 2023

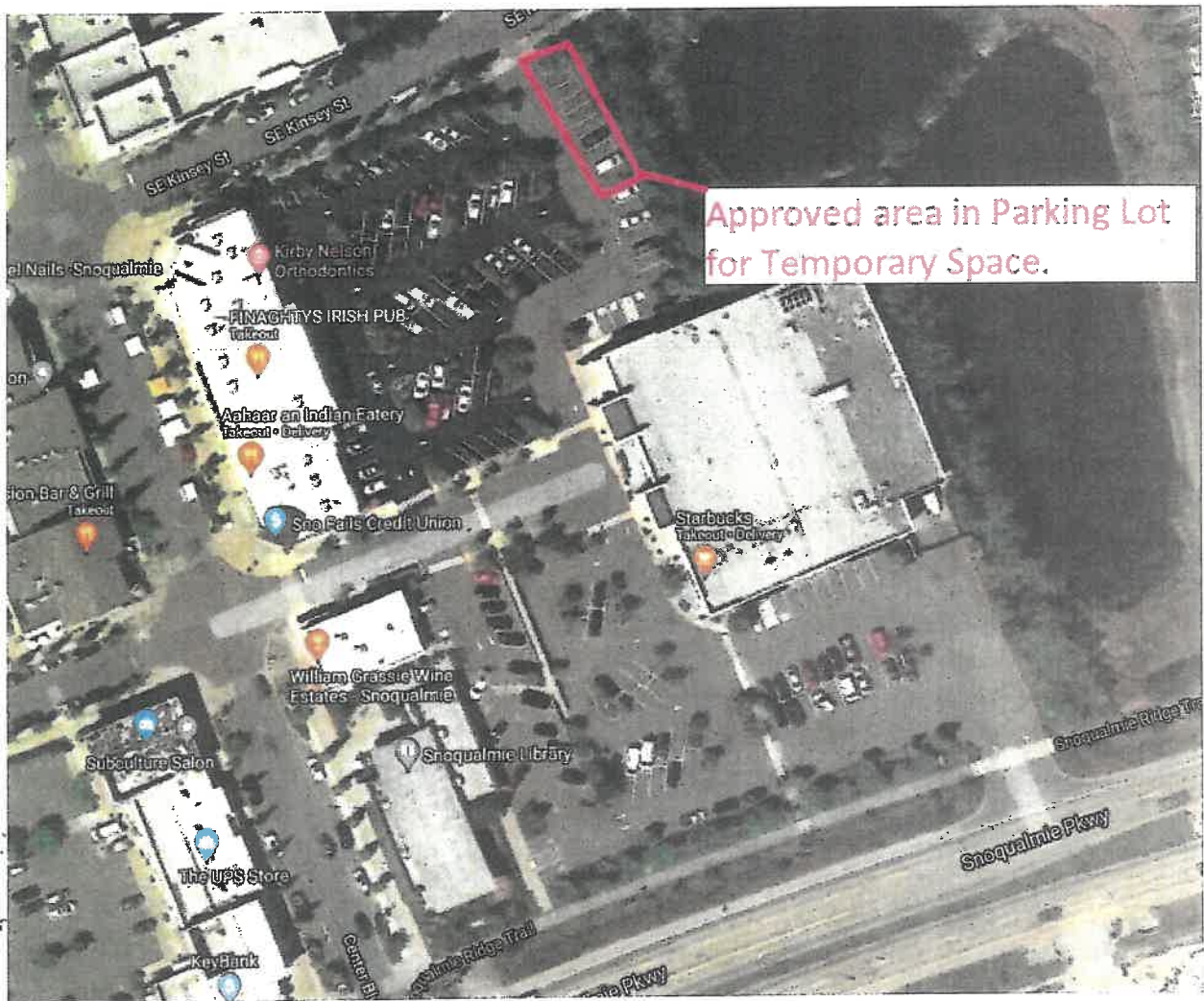
It is certified that this policy requires a 30 day mutual notice of cancellation between the Insurer and the Named Insured. In the event of such cancellation we will endeavor to mail 10 days written notice to the Additional Insured(s), whose name and address is shown hereon, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer and/or the undersigned.

DRAYTON INSURANCE BROKERS, INC.

3-20-2023

DATE OF ISSUE
A.J. STRINGER, PRESIDENT

EXHIBIT A



SE KINSEY ST

ENTR

PARKING

25' FIREWORK STAND 25'

PRICE # 151950010
851

STAIRS

CENTRAL BLVD.

Security features are included. Details on back.

003365



J&M LLC
Jack or Mary Hughes
PO Box 1463
Oroville, WA 98844-1463

Umpqua Bank
96-505/1232

4/18/2023

Pay to the
Order of City of Snoqualmie

\$ **25.00

Twenty-Five and 00/100*****

Dollars

City of Snoqualmie
PO Box 987
Snoqualmie, WA 98065

Memo

Jack Hughes

MP

⑈003365⑈ ⑆123205054⑆ 4868373004⑈

J&M LLC/Jack or Mary Hughes

City of Snoqualmie

Date	Type	Reference
4/14/2023	Bill	Permit

Original Amt.
25.00

Balance Due
25.00

4/18/2023

Discount

Check Amount

003365

Payment
25.00
25.00

Umpqua Bank Checking Ac

25.00

Security features are included. Details on back.

003375



J&M LLC
Jack or Mary Hughes
PO Box 1463
Oroville, WA 98844-1463

Umpqua Bank
96-505/1232

4/18/2023

Pay to the City of Snoqualmie

Order of

\$ **300.00

Three Hundred and 00/100*****

Dollars

City of Snoqualmie
PO Box 987
Snoqualmie, WA 98065

Memo Bond

Jack Hughes

MP

⑈003375⑈ ⑆123205054⑆ 4868373004⑈

J&M LLC/Jack or Mary Hughes

City of Snoqualmie

Date	Type	Reference
4/14/2023	Bill	Bond

Original Amt.
300.00

Balance Due
300.00

4/18/2023
Discount

Check Amount

003375

Payment
300.00
300.00

Umpqua Bank Checking Ac Bond

300.00