

# Special Event Permit Application

## Step 1

**\*\*APPLICATION DUE 30 DAYS PRIOR TO EVENT\*\***

**Special Event Permit \$35 application fee due at the time of application. Please call or email Nicole Wiebe at 425.888.1555 ext. 1158 or [nwiebe@snoqualmiewa.gov](mailto:nwiebe@snoqualmiewa.gov) to process application**

**fee.** Applications denied by the City shall be refunded the processing fee. Applicant to be liable for any overtime for City employees or other extraordinary expenses incurred by the city as a result of the special event.

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Event Name	TEMPORARY RETAIL FIREWORKS FUNDRAISER
Event Date(s)	<del>6/28/25-7/4/25</del> 6/28/26-7/4/26 MB
Event Location (Be Specific)	34828 SE DOUGLAS ST
Event Times	9AM-11PM
Estimated Event Attendance	50
(Section Break)	
Applicant Name	IMPACT MINISTRIES
Email Address	<a href="mailto:schoepferc@tntfireworks.com">schoepferc@tntfireworks.com</a>
Address	2120 MILWAUKEE WAY
City	Tacoma
State	WA
Zip Code	98421
Phone Number	253-922-0800
Sponsoring Organization	IMPACT MINISTRIES / JEREMY MICHALSKI

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Tax Exempt ID #	Field not completed.
On-site Contact Name & Phone #	Field not completed.
Event Type	Other (Describe Below)
If checked other, please describe event type.	TEMPORARY RETAIL FIREWORKS FUNDRAISER

(Section Break)

## EVENT HISTORY & OVERVIEW

Has Event Been Produced Before?	Yes
If yes, when and where.	RAN FUNDRAISER IN PREVIOUS YEARS
Event Description	TEMPORARY RETAIL FIREWORKS FUNDRAISER
Attach Event Timeline	<a href="#">WAS2147 PACKET.pdf</a>
Attach Event Site Map	<a href="#">WAS2147 LOCATION DIAG.pdf</a>

## Step 2

## ADMISSIONS, VENDORS, FOOD TRUCKS & CATERING

Does event accept donation or charge admissions?	No
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(Section Break)

Will items or services be sold at event?	Yes
Business Name	AMERICAN PROMOTIONAL EVENTS, INC - WEST
Email Address	<a href="mailto:schoepferc@tntfireworks.com">schoepferc@tntfireworks.com</a>
Business Name	IMPACT MINISTRIES / JEREMY MICHALSKI
Email Address	<a href="mailto:schoepferc@tntfireworks.com">schoepferc@tntfireworks.com</a>

Business Name *Field not completed.*

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Email Address *Field not completed.*

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If more than 3 vendors, please attach your list here: *Field not completed.*

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Is the vendor or business a non-profit corporation? Yes

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If non-profit, please upload copy of 501(c)(3) [WAS2147 501C3 letter.pdf](#)

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#### ALCOHOL & FOOD

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Does event include sale or consumption of alcohol? No

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If yes, describe and attach copy of WSLCB Banquet Permit. *Field not completed.*

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Will vendors cook or heat food? No

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If yes, describe. *Field not completed.*

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#### AMPLIFIED SOUNDS

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Will event have amplified sound? No

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If yes, describe. *Field not completed.*

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Does event include fireworks? Yes

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If yes, provide company name, contact, email, and phone #

THIS IS A TEMPORARY RETAIL FIREWORKS FUNDRAISER. AMERICAN PROMOTIONAL EVENTS-CHRISTINE SCHOEPFER 253-922-0800  
[SCHOEPFERC@TNTFIREWORKS.COM](mailto:SCHOEPFERC@TNTFIREWORKS.COM)

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(Section Break)

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#### EVENT COMPONENTS

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Does event include animals (petting zoo, pony rides, dog walk/run)?

No

If yes, describe.

*Field not completed.*

Does event include inflatables?

No

If yes, describe.

*Field not completed.*

Does event require off-site parking or parking restrictions?

No

If yes, describe

*Field not completed.*

Does the event require electricity?

No

If yes, describe.

*Field not completed.*

Does event require generators?

No

If yes, describe and indicate provider.

*Field not completed.*

Will there be handling of vehicle fuel?

No

If yes, describe.

*Field not completed.*

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Will event use/post signage, banners, or a-frames?	Yes
If yes, describe desired locations and timeline requested.	THESE WILL BE ATTACHED TO THE STAND.
Does event include enclosures like tents or canopies?	No
If yes, describe and indicate dimensions and types of activities within structure(s) and provide rental equipment company.	<i>Field not completed.</i>
Does event include stage(s) construction or other improvements?	No
If yes, describe and indicate rental equipment company.	<i>Field not completed.</i>
Does event include any fenced areas?	No
If yes, describe and indicate on site map/plan attached to application.	<i>Field not completed.</i>
Attach Site Map/Plan	<i>Field not completed.</i>
Does event function with volunteers?	Yes
If yes, describe.	PROVIDED BY IMPACT MINISTRIES

Will event have portable restrooms, sinks, hand washing stations? No

If yes, how many? *Field not completed.*

Will event provide garbage/recycling containers? No

If yes, how many? *Field not completed.*

(Section Break)

## TRAFFIC CONTROL & IMPACTS

**Please list below any requested street and/or sidewalk closures, along with date/hour start and end times, and attach traffic plan.**

Attach Traffic Plan *Field not completed.*

Name of Street/Sidewalk *Field not completed.*

Date/Hour Start Time *Field not completed.*

Date/Hour End Time *Field not completed.*

(Section Break)

## FIRST AID & SAFETY

Will event require additional fire dept. staffing? No

If yes, describe. *Field not completed.*

Does event require additional police dept. staffing? No

If yes, describe. *Field not completed.*

Does event require overnight security? Yes

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If yes, provide provider. PROVIDED BY IMPACT MINISTRIES

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Describe First Aid Plan of Action *Field not completed.*

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## INSURANCE REQUIREMENTS

A Certificate of Insurance naming the City of Snoqualmie as an Additional Insured in the minimum amount of \$1 million per occurrence and \$2 million general aggregate is required but may be more if the City determines it necessary for the proposed event. This certificate must be submitted and be acceptable to the city prior to receiving the Special Event Permit. You may obtain your own insurance or contact Washington Cities Insurance Authority for certain events.

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Attach Certificate of Insurance [WAS2147 INSURANCE.pdf](#)

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## OTHER PERMITS AND FEES

Depending upon the nature and scope of the proposed event, other permits may be required as determined through the application process. Other fees may be assessed (i.e., fire, aid and/or police services). The City of Snoqualmie will make every effort to assist the applicant in determining complete permit requirements, though once identified, it will be up to the applicant to provide required and approved documentation where deemed appropriate.

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## HOLD HARMLESS STIPULATION - MUST BE SUBMITTED WITH APPLICATION

Permittee covenants and agrees to indemnify, defend and hold harmless the City, its officers, agents and employees from any and all claims actions, damages, liability, cost and expense, including reasonable attorney's fees in connection with or occasioned, in whole or in part by any act or omission of Permittee, its officers, agents, employees,

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customers or licenses, or arising from or out of Permittee's failure to comply with any provision of the Special Event Permit granted as a result of this application, regardless of whether it is alleged or proven that the acts or omissions of the City, its officers, agents or employees caused or contributed hereto.

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Printed Name, Title	CHRISTINE SCHOEPFER APE ADMINISTRATIVE ASSISTANT
Date	4/14/26
Signature of Authorized Representative (type signature below)	CHRISTINE SCHOEPFER
By checking box I agree my typed name in the above box equates to my signature and acknowledgement that I understand and agree to all terms outlined in the Hold Harmless Stipulation.	<input checked="" type="checkbox"/> I agree

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#### Notice of Application Denial and/or Rescission

This application may be denied if the proposed activity disrupts traffic beyond practical solution; causes undue hardship to surrounding residents or businesses; requires the diversion of so many public employees that service is denied to the public at large; or fails to fall within City standards. The permit may also be rescinded at any time if complete and accurate information was not provided on the application; if the event is not held within the terms of the permit; or if there is failure to comply with applicable legal requirements.

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FOR OFFICIAL USE ONLY

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**Review Required: Building, City Clerk, Events, Finance, Fire, Parks & Public Works, Planning, and Police**

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Date Rec'd	<i>Field not completed.</i>
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Receipt No.	<i>Field not completed.</i>
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Permit No.	<i>Field not completed.</i>
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City Administrator Approval	Tacoma
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Date	<i>Field not completed.</i>
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Email not displaying correctly? [View it in your browser.](#)





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

WAS2147 G25069

CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

Stand Number: SN-16920

Licensee Data

American Promotional Events, Inc. - West  
2120 Milwaukee Way  
Tacoma, WA 98421  
License Number: WSPFL-02766  
Phone Number: (253) 922-0800

Operational Data

Wholesaler: American Promotional Events, Inc. - We  
County of Operation: King  
Operates For: **IMPACT MINISTRIES**  
Stand Operated By: **JEREMY MICHALSKI**

Date of Issue: March 9, 2026

Date of Expiration: January 31, 2027

Consumer Fireworks Retailer Licenses issued after May are ONLY valid for New Years Sales

This license is NOT valid without a permit from a local fire code official/authority having jurisdiction. This license allows for operation of a single location/stand for retail sales to the public of state legal consumer fireworks purchased only from a licensed fireworks wholesaler.

SURRENDER THIS PORTION OF THE LICENSE TO THE FIREWORKS WHOLESALER

3000-420-041 (10/18)

**WAS2155**



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

G25069

CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

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Tacoma, WA 98421  
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Phone Number: (253) 922-0800

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THIS LICENSE PORTION ACCOMPANIES YOUR LOCAL PERMIT APPLICATION

3000-420-041 (10/18)

**WAS2155**



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

WAS2155

G25069

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THIS PORTION OF THE LICENSE MUST BE POSTED AT THE STAND AT ALL TIMES

3000-420-041 (10/18)



# CERTIFICATE OF LIABILITY INSURANCE

11/1/2026

DATE (MM/DD/YYYY)

4/1/2026

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).

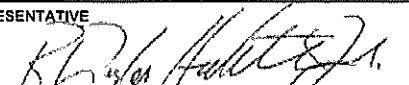
<b>PRODUCER</b> Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 3280 Peachtree Rd. NE, Ste. 1000 Atlanta GA 30305 (404) 460-3600	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	<b>INSURER A:</b> Century Surety Company <b>NAIC #</b> 36951	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** WAS2147 **CERTIFICATE NUMBER:** 16114678 **REVISION NUMBER:** XXXXXXXX

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 INSD	SUBR 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 checked="" type="checkbox"/> LOC OTHER:	Y	N	CCP1254837	11/1/2025	11/1/2026	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 - COMP/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			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	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	N/A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
Stand is located at the Safeway #3613 34828 E Douglas Street, Snoqualmie WA 98065 (WAS2147) Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

<b>CERTIFICATE HOLDER</b>  16114678 City of Snoqualmie Impact Ministries 38624 SE River Street Snoqualmie WA 98065	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 

January 12, 2026

TO WHOM IT MAY CONCERN:

Subject to the terms of that certain Master Fireworks Agreement dated March 8, 2019, as amended to date (collectively, the "Agreement") by and between **Albertsons Companies Inc.**, a Delaware corporation ("Grantor"), on behalf of itself and each of its subsidiaries, and **American Promotional Events, Inc. – East**, an Alabama corporation, **American Promotional Events, Inc. – Northwest**, a Washington corporation, and **American Promotional Events, Inc. – West**, a California corporation, each doing business as **TNT Fireworks** (collectively, "TNT"), permission is hereby granted by Grantor to TNT or their authorized agent, for the exclusive right to enter upon a portion of the parking lot of Grantor's store identified on **Exhibit "A"** attached hereto and incorporated herein (the "**Store**") for the sole purpose of selling fireworks on or around the Summer holiday event.

Dates of Sale for the Stores is June 15, 2026 through July 15, 2026. TNT is responsible for obtaining all necessary permits or/and licenses. TNT shall ensure that the sales of consumer fireworks from the Fireworks stand/tent will be conducted with all City, County, and State ordinances and regulations.

Please contact Kathy Vilendrer at [Kathy.Vilendrer@Albertsons.com](mailto:Kathy.Vilendrer@Albertsons.com) with any questions.

All business will be conducted in accordance with all City, County, and State regulations.

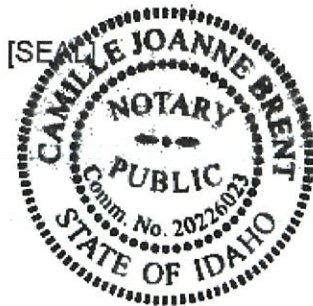
Sincerely,  
Albertsons Companies Inc.


  
Brent C. Tingey  
Authorized Signatory

STATE OF IDAHO                    )  
  ) ss.  
County of Ada                    )

On this 13<sup>th</sup> day of JANUARY, in the year 2026, before me, a Notary Public in and for the State of Idaho, personally appeared BRENT C. TINGEY, known or identified to me to be the Authorized Signatory of Albertsons Companies Inc., the company that executed the instrument or the person who executed the instrument on behalf of said company, and acknowledged to me that such company executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.



  
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NOTARY PUBLIC for Idaho  
Residing at Meridian, Idaho  
My commission expires: 12/27/2028

TNT Loc #	Division	Banner	RE ID #	New Store #	Legal Entity	Street Address	City	ST
WAS2043	Seattle	Safeway	0547AS	547	Safeway Inc.	10105 224th St E	Graham	WA
WAS2052	Seattle	Safeway	3411AS	3411	Albertson's LLC	8611 Steilacoom Blvd. SW	Tacoma	WA
WAS2076	Seattle	Safeway	0419AS	419	ACI Real Estate SPE 132, LLC	370 SW Sedgwick Rd	Port Orchard	WA
WAS2084	Seattle	Albertsons	3106AS	3106	Albertson's LLC	11012 Canyon Rd. East	Puyallup	WA
WAS2086	Seattle	Safeway	1798AS	1798	Safeway Realty LLC	11501 Canyon Rd E.	Puyallup	WA
WAS2089	Seattle	Safeway	2640AS	2640	Safeway Realty LLC	13308 Meridian E	Puyallup	WA
WAS2108	Seattle	Safeway	1680AS	1680	Safeway Inc.	2890 NW Bucklin Hill Rd	Silverdale	WA
WAS2111	Seattle	Albertsons	0493AS	493	Safeway Realty LLC	104 Military Rd	Tacoma	WA
WAS2112	Seattle	Safeway	3305AS	3305	Safeway Inc.	15805 Pacific Ave. S.	Tacoma	WA
WAS2121	Seattle	Safeway	1436AS	1436	Safeway Inc.	1624 72nd St E	Tacoma	WA
WAS2132	Seattle	Safeway	1619AS	1619	Safeway Realty LLC	1109 E. Yelm Ave	Yelm	WA
WAS2139	Seattle	Safeway	1844AS	1844	Safeway Inc.	215 Whitesell St. NW	Orting	WA
WAS2147	Seattle	Safeway	3613AS	3613	Safeway Inc.	34828 SE Douglas Street	Snoqualmie	WA
WAS2153	Seattle	Safeway	1528AS	1528	Safeway Inc.	460 S. W. Mt. Si Blvd.	North Bend	WA
WAS2165	Seattle	Safeway	0531AS	531	Safeway Realty LLC	101 Auburn Way S	Auburn	WA
WAS2169	Seattle	Safeway	1493AS	1493	Safeway Inc.	4011 S. 164th	Seatac	WA
WAS4001	Portland	Albertsons	2592AS	2592	ABS WA-GL LLC	2108 West Main Street	Battle Ground	WA
WAS4028	Portland	Safeway	1078AS	1078	Safeway Inc.	2930 Ocean Beach Highway	Longview	WA
WAS4046	Portland	Safeway	1762AS	1762	Safeway Realty LLC	1725 Pacific Ave	Woodland	WA
WAS4062	Portland	Safeway	1687AS	1687	Safeway Inc.	3307 Evergreen Way, Ste 5	Washougal	WA
WAS4063	Portland	Safeway	1611AS	1611	Safeway Inc.	6711 NE 63rd St.	Vancouver	WA
WAS5021	Seattle	Safeway	1922AS	1922	Safeway Inc.	2709 E. Highway 101	Port Angeles	WA
WAS6016	Seattle	Safeway	1159AS	1159	Safeway Inc.	121 W Walnut	Newport	WA
WAS8022	Seattle	Safeway	0252AS	252	ABS WA-O LLC	690 Gage Blvd	Richland	WA
WAS8027	Portland	Albertsons	3414AS	3414	Albertson's LLC	450 N. Wilbur Avenue	Walla Walla	WA
XXX0214	SoCal	Albertsons	1105AS	1105	Albertsons Store Sub LLC	8880 Valley View Street	Buena Park	CA
XXX0840	SoCal	Albertsons	3587AS	3587	Albertson's LLC	840 East Hobson Way	Blythe	CA
XXX1818	NorCal	Safeway	1757AS	1757	Safeway Inc.	591 Tres Pinos Rd	Hollister	CA

District  
Director

Impact Ministries with the Michalskis  
P.O. Box 2500  
Redmond, WA 98052

Person to Contact:  
Gary Ernst  
Telephone Number:  
(213) 688-6172  
Refer Reply to:  
QRS:B:GE  
Date:

MAR 22 1983

Dear Sirs:

We have considered your application for recognition of exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code and for classification as a church under section 170(b)(1)(A)(i).

The information submitted indicates that you were incorporated September 27, 1982 as a non-profit corporation in the State of Washington. Your purposes are exclusively charitable, religious and educational within the meaning of section 501(c)(3) of the Internal Revenue Code.

Based on the information provided, and assuming your operations will be as stated in your application, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have also determined, however, that you are not a church within the meaning of section 170(b)(1)(A)(i).

Information you submitted in connection with your application indicates that you have no set place of worship. Rather you have a set itinerary and conduct worship services in several hundred different places each year.

Your bylaws indicate that you are not a membership organization. Instead of a regular congregation, you have a Board of Directors of six and a nine member advisory council.

In addition, you do not provide religious training for youth or clergy, except indirectly by providing financial aid and materials.

Section 170(b)(1)(A)(i) of the Internal Revenue Code provides, in part, for deductions for contributions to a church.

In De La Salle Institute v. United States, 195 F Supp. 891, 903 (N.D. Cal. 1961), the court said that the definition of the term "church" in section 170(b)(1)(A)(i) is left to the "common meaning and usage of the word."

