

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 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.

Event Name	TEMPORARY RETAIL FIREWORKS FUNDRAISER
Event Date(s)	6/28/25-7/4/25 6/28/26-7/4/26 MB
Event Location (Be Specific)	VACANT LOT 213 RAILROAD AVE SE
Event Times	10AM-11PM
Estimated Event Attendance	50
(Section Break)	
Applicant Name	IMPACT MINISTRIES / JEREMY MICHALSKI
Email Address	schoepferc@tntfireworks.com
Address	2120 MILWAUKEE WAY
City	Tacoma
State	WA
Zip Code	98421
Phone Number	2539220800
Sponsoring Organization	IMPACT MINISTRIES / JEREMY MICHALSKI

Tax Exempt ID #	<i>Field not completed.</i>
On-site Contact Name & Phone #	JEREMY MICHALSKI 951-314-2990
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	WAS2155 PACKET.pdf
Attach Event Site Map	WAS2155 LOCATION DIAG.pdf

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	schoepferc@tntfireworks.com
Business Name	IMPACT MINISTRIES / JEREMY MICHALSKI
Email Address	schoepferc@tntfireworks.com

Business Name *Field not completed.*

Email Address *Field not completed.*

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

(Section Break)

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

If non-profit, please upload copy of 501(c)(3) [WAS2155 501C3 letter.pdf](#)

(Section Break)

ALCOHOL & FOOD

Does event include sale or consumption of alcohol? No

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

Will vendors cook or heat food? No

If yes, describe. *Field not completed.*

(Section Break)

AMPLIFIED SOUNDS

Will event have amplified sound? No

If yes, describe. *Field not completed.*

Does event include fireworks? Yes

If yes, provide company name, contact, email, and phone # AMERICAN PROMOTIONAL EVENTS- CHRISTINE SCHOEPPER- SCHOEPPERC@TNTFIREWORKS.COM- 253-922-0800

(Section Break)

EVENT COMPONENTS

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.*

Will event use/post signage, banners, or a-frames? Yes

If yes, describe desired locations and timeline requested.	THESE WILL BE ATTACHED TO 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?	<i>Field not completed.</i>

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

If yes, provide provider. PROVIDED BY IMPACT MINISTRIES

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

(Section Break)

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.

Attach Certificate of Insurance [WAS2155 INSURANCE.pdf](#)

(Section Break)

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.

(Section Break)

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, 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.

Printed Name, Title	CHRISTINE SCHOEPFER APE ADMINISTRATIVE ASSISTANT
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Date	5/9/25
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Signature of Authorized Representative (type signature below)	CHRISTINE SCHOEPFER
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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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(Section Break)

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.

(Section Break)

FOR OFFICIAL USE ONLY

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

Date Rec'd	<i>Field not completed.</i>
Receipt No.	<i>Field not completed.</i>
Permit No.	<i>Field not completed.</i>
City Administrator Approval	<i>Field not completed.</i>
Date	<i>Field not completed.</i>

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

New/First Time Applicant Previous Permit Holder

Impact Ministries

Name of Group, Organization, or Person (Last, First, Middle Initial, and Date of Birth) Issued the Fireworks Retailer License

Jeremy Michalski

Name of Permit Applicant (Last, First, Middle Initial, and Date of Birth)

2120 Milwaukee Way Tacoma WA 98421

Permit Applicant Mailing Address (Complete Including Street, City, State, and ZIP Code)

(951) 314-2990

Phone Number

SchoepferC@tntfireworks.com

E-Mail Address

(253) 922-0800

Local Business Number (if required)

CFRS Facility Information

Stand Tent Other: _____ Size: 10' _____
Specify Square Feet/Dimensions

VACANT LOT 213 RAILROAD AVE SE SNOQUALMIE WA 98065

CFRS Facility Address (Complete Including Street, City, State, and ZIP Code)

PLEASE SEE ATTACHED LEASE

Name of Property Owner

Phone Number

Parcel Number for Stand Location

Fireworks Supplier Information List all of the licensed fireworks wholesalers who will be supplying this stand product

AMERICAN PROMOTIONAL EVENTS, INC. - WEST

Storage Information

On Site Off Site: AT SITE WITH SECURITY
Storage Address (Complete Including Street, City, State, and ZIP Code)

Sales Structure Detached Building Truck/Trailer Other: _____
Specify

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

- Application/Permit Fee Insurance Certificate (\$1,000,000) Clean-Up Bond Fee (if applicable)
- Valid Washington State Fireworks Retailer License Property Owners Written Permission
- Detailed Site Plan 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.

Christine Schoepfer

FOR JEREMY MICHALSKI

Signature of Permit Applicant

Christine Schoepfer

FOR JEREMY MICHALSKI

Printed Name of Permit Applicant

4/14/26

Date of Signature

FIRE CODE AUTHORITY HAVING JURISDICTION

APPROVED 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



WAS2155

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

G25070

CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

Stand Number: SN-16921

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

G25070

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THIS LICENSE PORTION ACCOMPANIES YOUR LOCAL PERMIT APPLICATION

3000-420-041 (10/18)

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

3000-420-041 (10/18)

District
Director

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

Person to Contact:
Gary Ernst
Telephone Number:
(213) 688- 6472
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."



FIREWORKS LEASE AGREEMENT

WAS2155

This agreement is made between Britnee Mantis Lessor and AMERICAN PROMOTIONAL EVENTS WEST as Lessee.

- 1. American Promotional Events -West , will lease a portion of the property located at:(hereafter called the "Location");213 Railroad Ave, Snoqualmie, WA 98065 for the sale of approved fireworks from the following premises.
2. The lease payment will be [redacted] per year for the period of June 20th thru July 9th hereafter called the "Season". Payment shall be paid on or before June 1st.
3. Lessor represents that the Location is owned and/or controlled by the Lessor and furthermore that the Lessor agrees to grant the Lessee the exclusive right to operate a fireworks sales structure (hereafter the "Structure") through the year 2026 for the above-mentioned period.
4. The Lessor hereby grants Lessee a first right of refusal to match any bona fide offer to lease the Location for fireworks sales during the renewal Seasons.
5. In return, Lessee agrees to the following terms and conditions:
a. Provide an A+ rated \$10,000,000.00 certificate of insurance, prior to occupancy, evidencing liability insurance in force covering the erection and operation of the Structure. Insurance shall name Lessor as additional insured, and Lessor shall be held harmless from any claims arising from the maintenance or operation of the Structure.
b. Pay any and all costs involved in erection, maintenance, and operation of the Structure, and Lessee shall guarantee that the Location will be returned to its original condition.
c. Obtain and pay all necessary permits and licenses required by law, post with local authority any debris or performance bonds as required and guarantee that all laws and regulations shall be adhered to.
6. This agreement is contingent upon Lessee securing necessary permits and licenses. Lessee may cancel this agreement if the sale of fireworks is prohibited at this Location by a public authority or such sale, in the good faith opinion of Lessee, becomes commercially unreasonable. In such an event any deposit shall be refunded to Lessee.

Agreed to and dated this 8/9/2025 day of , 2025

Signed by: [Signature]
Accepted: [Signature]
61C743F00AA74E9...

Accepted: [Signature]

Lessor: Britnee Mantis
c/o: ALTER Farm & Life School
Phone: 206-949-2162
Email: alterfarm1@gmail.com

Lessee: Kenneth A. Spence
AMERICAN PROMOTIONAL EVENTS -WEST



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).

PRODUCER 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	CONTACT NAME: PHONE (A/C, No. Ext):		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Century Surety Company			36951
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

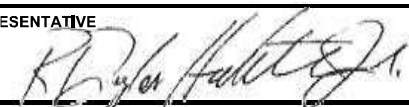
COVERAGES WAS2155 **CERTIFICATE NUMBER:** 21772065 **REVISION NUMBER:** XXXXXXXX

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
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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.
 PROPERTY LOCATED AT VACANT LOT 213 RAILROAD AVE SE SNOQUALMIE WA 98065 (WAS2155) Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

21772065 IMPACT MINISTRIES/ JEREMY MICHALSKI CITY OF SNOQUALMIE 37600 SE SNOQUALMIE PARKWAY SNOQUALMIE WA 98065	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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WAS2155: VACANT LOT
213 RAILROAD AVE
SNOQUALMIE, WA 98065
STAND
LOCATION TYPE: STAND 10'

