



WAS2155

City of Snoqualmie
37600 SE Snoqualmie Parkway
Snoqualmie, WA 98065

To Whom It May Concern,

In preparation for the upcoming 2025 4th of July season, please find enclosed with this letter all the documents required to apply for one temporary retail fireworks permit located at: 213 RAILROAD AVE SE.

- WSP Application
- City Application
- Diagram
- Copy of WSP License
- Check Fees
- Insurance

If you have any questions or require further information, please feel free to contact me at schoepferc@tntfireworks.com or via phone at (253) 830-3076, Monday through Friday from 8 am to 4 pm. Thank you for taking care of us!

Sincerely,

Christine Schoepfer

American Promotional Events, Inc-West
2120 Milwaukee Way,
Tacoma, WA 98421
schoepferc@tntfireworks.com
253-830-3076

Enclosure(s)

**AMERICAN PROMOTIONAL EVENTS, INC.
2120 MILWAUKEE WAY • TACOMA, WA 98421
TACOMA (253) 922-0800 • FAX (253) 830-2930
www.tntfireworks.com**

Steps

1. [Step One](#)
2. [Step Two](#)

Step One

****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@snoqualmieva.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

Event Location (Be Specific)*

VACANT LOT 213 RAILROAD AVE SE

Event Times*

9AM-11PM

Estimated Event Attendance*

50

Applicant Name*

IMPACT MINISTRIES / JEREMY MICHALSKI

Email Address*

schoepferc@tnfireworks.com

Address

2120 MILWAUKEE WAY

City

Tacoma

State

WA

Zip Code

98421

Phone Number

2539220800

Sponsoring Organization

IMPACT MINISTRIES / JEREMY MICHALSKI

Tax Exempt ID

On-site Contact Name & Phone #

JEREMY MICHALSKI 951-314-2990

Event Type*

- ☐ Concert or Performing Arts ☐ Festival ☐ Cycle or Race/Run
☐ Fair/Carnival ☐ Parade ☒ Other (Describe Below)

If checked other, please describe event type.

TEMPORARY RETAIL FIREWORKS FUNDRAISER

EVENT HISTORY & OVERVIEW

Has Event Been Produced Before?*

- ☒ Yes ☐ No

If yes, when and where.

RAN FUNDRAISERS IN PREVIOUS YEARS OTHER LOCATIONS

Event Description*

TEMPORARY RETAIL FIREWORKS FUNDRAISER

Describe event and attach site map indicating boundaries, location of tents, activity areas, portable restrooms, etc.

Attach Event Timeline

No file chosen

Upload timeline, sequence of events, including equipment deliveries, set-up and tear down.

Attach Event Site Map

No file chosen

[Continue](#)

 Steps✓ [Step One](#)2. [Step Two](#)

Step Two

ADMISSIONS, VENDORS, FOOD TRUCKS & CATERING

Does event accept donation or charge admissions? *

☐ Yes☒ No

If yes, please click on the following link to complete the Admissions Tax Application.

NOTE: Registration for admissions tax is required. Non-profit corporations are exempt from paying Admissions Tax, but the application must be completed and proof provided.

Will items or services be sold at event? *

☒ Yes☐ No

If yes, please list all business names (including food trucks and catering) and their email addresses in the next fields so the City of Snoqualmie can verify business license status.

NOTE: City of Snoqualmie business license is required. Non-profit vendors are exempt.

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

Email Address

If more than 3 vendors, please attach your list here:

 No file chosen

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

☒ Yes

☐ No

If non-profit, please upload copy of 501(c)(3)

WAS2155 501C3 letter.pdf

Non-profits are exempt from the requirement to obtain a business license.

ALCOHOL & FOOD

Does event include sale or consumption of alcohol?

*

*Special Occasion License requires 45-day notice.

☐ Yes

☒ No

If yes, describe and attach copy of WSLCB Banquet Permit.

No file chosen

Will vendors cook or heat food?*

*Compliance with King County Health Department required.

☐ Yes

☒ No

If yes, describe.

AMPLIFIED SOUNDS

Will event have amplified sound?*

☐ Yes

☒ No

If yes, describe.

Does event include fireworks?*

☒ Yes

☐ No

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

AMERICAN PROMOTIONAL EVENTS- CHRISTINE SCHOEPPER- SCHOEPPERC@TNTFIREWORKS.COM- 253-922-0800

EVENT COMPONENTS

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

☐ Yes

☒ No

If yes, describe.

Does event include inflatables?*

*No staking into ground.

☐ Yes

☒ No

If yes, describe.

Does event require off-site parking or parking restrictions? *

☐ Yes

☒ No

If yes, describe

*Written agreement with parking provider will be required.

Does the event require electricity? *

☐ Yes

☒ No

If yes, describe.

Does event require generators? *

☐ Yes

☒ No

If yes, describe and indicate provider.

Will there be handling of vehicle fuel? *

☐ Yes

☒ No

If yes, describe.

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

☒ Yes

☐ No

If yes, describe desired locations and timeline requested.

THESE WILL BE ATTACHED TO STAND

Does event include enclosures like tents or canopies?*

☐ Yes

☒ No

Does event include stage(s) construction or other improvements? *

☐ Yes

☒ No

If yes, describe and indicate rental equipment company.

Does event include any fenced areas?*

☐ Yes

☒ No

If yes, describe and indicate on site map/plan attached to application.

Attach Site Map/Plan

WAS2155 ... DIAG.pdf

Does event function with volunteers?*

☒ Yes

☐ No

If yes, describe.

Will event have portable restrooms, sinks, hand washing stations?*

☐ Yes

☒ No

If yes, how many?

Will event provide garbage/recycling containers?*

☐ Yes

☒ No

If yes, how many?

*Waste Management is the City of Snoqualmie garbage/recycle/yard waste provider

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

No file chosen

Name of Street/Sidewalk**Date/Hour Start Time****Date/Hour End Time**

FIRST AID & SAFETY

Will event require additional fire dept. staffing?*

☐ Yes☒ No

If yes, describe.

****NOTE: The City may require additional additional staffing.****

Does event require additional police dept. staffing?*

☐ Yes☒ No

If yes, describe.

****The City may require additional safety measures.****

Does event require overnight security?*

☒ Yes☐ No

If yes, provide provider.

PROVIDED BY IMPACT MINISTRIES

Describe First Aid Plan of Action

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

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.

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 licensees, 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.

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

Date*

5/9/25

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. *

☒ I agree

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.

FOR OFFICIAL USE ONLY

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

Date Rec'd

Receipt No.

Permit No.

City Administrator Approval

Date

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."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2025

5/9/2025

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 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): E-MAIL ADDRESS:	FAX (A/C. No):
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	INSURER(S) AFFORDING COVERAGE INSURER A: Century Surety Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 36951

COVERAGES**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	CCP1219465	12/1/2024	11/1/2025	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
	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
	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	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)

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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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 \$1200.00 Guaranteed against 10% of Retail Sales 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 2025 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 24 day of April, 2025

Accepted: Britnee Mantis

Accepted: Kenneth A. Spence

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

AMERICAN PROMOTIONAL EVENTS, INC.
2120 MILWAUKEE WAY • TACOMA, WA 98421
TACOMA (253) 922-0800 • FAX (253) 830-2930
www.tntfireworks.com

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@tnfireworks.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

5/8/25

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



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

WAS2155 G24845

CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

Stand Number: SN-16268

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 13, 2025

Date of Expiration: January 31, 2026

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. **WAS2155**
SURRENDER THIS PORTION OF THE LICENSE TO THE FIREWORKS WHOLESALER

3000-420-041 (10/18)



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

G24845

CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

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Licensee Data

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2120 Milwaukee Way
Tacoma, WA 98421
License Number: WSPFL-02766
Phone Number: (253) 922-0800

Operational Data

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County of Operation: King
Operates For: **IMPACT MINISTRIES**
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THIS LICENSE PORTION ACCOMPANIES YOUR LOCAL PERMIT APPLICATION

3000-420-041 (10/18)



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

WAS2155

G24845

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

3000-420-041 (10/18)



WAS2155: VACANT LOT
213 RAILROAD AVE
SNOQUALMIE, WA 98065
STAND
LOCATION TYPE: STAND 10'

