

TOWN OF PLATTSBURGH
OFFICE OF THE TOWN CLERK

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TOWN CLERK'S OFFICE
TOWN OF PLATTSBURGH

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**APPLICATION FOR PERMIT FOR PUBLIC DISPLAY OF FIREWORKS PURSUANT TO
SECTION 405.00 OF THE PENAL LAW OF THE STATE OF NEW YORK****

(File in duplicate)

1. Name of Applicant sponsoring the display CADYVILLE FIRE DEPT., INC

If an individual:

- a. Eye color _____ Hair color _____ Height _____ Weight _____
b. Date of Birth _____ Social Security No. _____
c. Permanent home address _____
d. Full local address _____
e. Telephone Number _____

2. Applicant is a(n): Corporation ☒
Partnership _____
Individual _____
Other (explain) _____

3. If applicant is a partnership, provide the information requested in paragraph 1 for each partner on a separate sheet.
4. If applicant is a corporation, provide the information requested in paragraph 1 for all corporate officers and directors, attach a certified copy of the articles of incorporation and list on a separate sheet the names and addresses of all corporate officers who will be directly in charge of the proposed display.

REQUEST FOR FIREWORKS DISPLAY PERMIT

Town, Village or City of PLATTSBURGH

Ref: NY State Penal Law, Article 405.00

Application Date: 4/11/22

(A) Sponsor of the show

Name: CADYVILLE FIRE DEPT., INC.

Address: 2122 Rt. 3, CADYVILLE, N.Y. 12918

Phone: 518-565-7848 Contact Person: JEFF FAVARO

Display Company

Company Name: Couple Fireworks

Address: PO Box 3046, Plattsburgh, NY 12901

Phone: 561-6004 Contact Person: Shauna Penya

NYS Dept. of Labor Explosives Licence# PR-183 Expires: 12/24

Operator - Name of the certified pyrotechnician who will be in charge of the display

Name	Certificate #	Expires
<u>Joseph Claws</u>	<u>PR-183</u>	<u>12/24</u>

Authorized Assistants: Names of the individuals who are authorized by the operator to work on the show, identified either by their certificate number and expiration date, if they are certified, or by their age and phone number, if they are not certified.

Name	Certificate# / Age	Expires / Phone
<u>Robert Criss</u>	<u>10900859</u>	<u>5360-1785</u>
<u>Evan Boyd</u>	<u>" "</u>	<u>561-5959</u>
<u>Brian Criss</u>	<u>" "</u>	<u>5360-0492</u>


(Continue on a separate sheet, if necessary).

(B) Display Date/Time: 6/11/22 9:00 Expected Duration: 20 min.

(C) Display Location: Cadyville Church Grounds

(D) Display Content: 1" caxes, 3" 4" 5" shells,

- (E) How will fireworks be stored prior to display: magazine at Coyote Fireworks
- (F) Rain Date for display: _____ 451 Gene Lefebvre Rd
Morrisville, NY
120106
- (G) If rained out how will fireworks be stored: _____
- (H) For outdoor displays not before a proximate audience, attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to: all the buildings, highways, lines of communications, location of the audience, trees, overhead obstructions or other structures or devices that could be affected by the display or fallout from it.
- (I) Proof of Insurance or Bond (Minimum One Million Dollars). Please attach a copy of the policy certificate or other proof of insurance or Bond.
- (J) For Indoor displays, in addition to the information provided above, include a written plan for how you intend to use the pyrotechnics as required by the New York State Penal Law 405.10. That plan shall be submitted at least five days prior to the performance and include:
- In addition to the State Licenses and Certificates already included in this application, proof of Federal ATF Licenses if required,
 - Proof of experience of the pyrotechnician in charge,
 - Proof of experience with the types of devices being used and a description of duties of any authorized assistants,
 - Point of assembly of the pyrotechnic devices,
 - Manner and place of storage of the pyrotechnic materials and devices,
 - Material Safety Data Sheets (MSDS) for the pyrotechnic materials to be used,
 - Certification that set, scenery, and rigging materials are inherently flame-retardant or have been treated to achieve flame retardancy,
 - Certification that all materials worn by performers in the fallout area during the use of pyrotechnic effects are inherently flame-retardant or have been treated to achieve flame retardancy,
 - For indoor displays attach a diagram of the area where the display will take place, showing location where the fireworks will be discharged from, the location of, and distance to the audience, the location of sprinklers and the fallout radius for each pyrotechnic device used,
 - A copy of the approved permit and plan shall be kept on site and available for review,
 - Any significant changes to the plan shall be approved prior to the performance.
- (K) I attest that the information contained in this permit application is accurate, true and complete to the best of my knowledge, and I understand that false statements made in this permit application are subject to the applicable versions of the NYS Penal Law.


Signature of Applicant

5/25/02
Date

5. The date and time of day which the display is to be held is:
- a. Date 6/11/22
 - b. Day of the week SATURDAY
 - c. Time display to start 9:00 PM
 - d. Time display to end 9:20 pm
6. Identify the exact location of all properties to be used directly, indirectly or incidental to the proposed display.
7. State the nature of applicant's interest in the property identified in paragraph 6 and attach copies of all documents creating such interest.
8. Attach a statement, in affidavit form, detailing the program and plans of the display in its entirety, with particular emphasis on the information required to be disclosed pursuant to section 405.00 of the Penal Law of the State of New York including:
- a. The names and addresses of the persons actually in charge of the firing of the display.
 - b. The names, addresses, ages, experience and physical characteristics of the persons who are to do the actual discharging of the fireworks.
 - c. The number and kind of fireworks to be discharged.
 - d. The manner and place of storage of such fireworks prior to the display.
9. Attach a diagram of the grounds on which the display is to be held showing the point at which the fireworks are to be discharged, the location of all buildings, highways and other lines of communication, the lines behind which the audience will be restrained and the location of all nearby trees, telegraph or telephone lines or other overhead obstructions, and the locations and descriptions of fire extinguishers.

10. Certify whether the actual point at which the fireworks are to be fired:

a. Shall be at least 200 feet from:

(circle)

(i) the nearest permanent building,

yes no

(ii) public highway,

yes no

(iii) railroad, or

yes no

(iv) other means of travel.

yes no

b. Shall be at least 50 feet from:

(i) the nearest above-ground telephone line

yes no

(ii) the nearest above-ground telegraph line

yes no

(iii) tree

yes no

(iv) other overhead obstruction.

yes no

11. Certify whether the audience at such display shall be restrained behind lines at least 150 feet from the point at which the fireworks are discharged.

yes no

12. Certify that only persons in active charge of the display shall be allowed within the lines referenced to in No. 11.

yes no

13. Certify that all fireworks that fire a projectile shall be so set up that:

a. the projectile will be launched into the air in as near a vertical direction as possible.

yes no

b. the fireworks are fired from the shore of a lake or other large body of water so that falling residue will fall into the lake or body of water.

yes no n/a

14. Certify that any fireworks that remain unfired after the display is concluded shall immediately be disposed of in a way safe for the particular type of fireworks remaining.

yes no

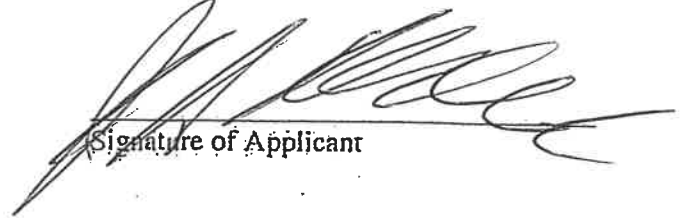
15. Certify that no fireworks display shall be held during any conditions in which the wind reaches a velocity of more than 30 m.p.h.

yes no

16. Certify that all persons in actual charge of firing the fireworks shall be:
- a. over the age of 18 years, ☒ yes no
 - b. competent, and ☒ yes no
 - c. physically fit for the task. ☒ yes no
17. Certify that there shall be at least two operators (qualified as referenced in No. 16) constantly on duty during the discharge. ☒ yes no
18. Certify that at least two soda acid or other approved type fire extinguishers of at least 2 1/2 gallons capacity shall be kept at points as widely separated as possible within the actual area of display. ☒ yes no
19. Attach a statement detailing proposed traffic control in the area within one (1) mile of the display. ☒ yes no
20. Attach a statement as to whether the applicant has been convicted of any crime, misdemeanor or violation of any municipal ordinance, the nature of the offense and the punishment or penalty assessed therefor. yes ☒ no
21. a. Provide the name, address and telephone number of the insurance company that has issued the bond or indemnity insurance policy required herein.
- Name Ryder Rosacker McCue & Houston
- Address 509 W. Koenig St. Grand Island, NE 68802
- b. Attach bond in the amount of at least [dollars] or an indemnity insurance policy with liability coverage and indemnity protection naming the [City/Village/Town] of [name of City/Village/Town] as an additional named insured, conditioned for the payment of all damages which may be caused to the [City/Village/Town] of [name of City/Village/Town] or a person or persons or to property, by reason of the display so permitted and arising from any acts of the permittee, its agents, employees, contractors or subcontractors which shall run to the [City/Village/Town] of [name of City/Village/Town] and shall be for the use and benefit of any person(s) or any owner(s) of any property so injured or damaged.
22. Attach a statement of applicant's financial resources prepared by a certified public accountant.
23. Explain weather contingencies regarding rescheduling as to date and time.
24. NOTE: All Applications for Permit for Public Display of Fireworks shall be approved by the [title] of the Fire Department and County Sheriff prior to decision of permit authority.
25. NOTE: All permit recipients shall be required to give written notice to all property owners within 500 feet of the display location upon the issuance of a permit hereunder.

26. APPLICANT AGREES TO HOLD THE [CITY/VILLAGE/TOWN] OF [NAME OF CITY/VILLAGE/TOWN], [GOVERNING BODY] AND [CITY/VILLAGE/TOWN] CLERK HARMLESS AND FREE FROM ANY AND ALL DAMAGES AND CLAIMS ARISING UNDER OR BY VIRTUE OF SAID PERMIT, IF GRANTED.

Date: [date]


[Signature of Applicant]

If Applicant is an Individual:

STATE OF NEW YORK: :
[NAME OF COUNTY] : SS.:

[Name of Applicant], being duly sworn, deposes and says that [he/she] is the applicant for the above-described permit, that all statements contained herein are true to the best of [his/her] knowledge and belief, and that the business conducted will be done in the manner set forth in this application.

Signature of Applicant

Sworn to before me this _____ [date].

Notary Public

If Applicant is a Partnership:

STATE OF NEW YORK :
COUNTY OF [NAME OF COUNTY] : ss.:

[Name of Partner], being duly sworn, deposes and says that [he/she] is one of the members of the firm of [name of Firm], the applicant for the above-described permit, and that all statements contained herein are true to the best of [his/her] knowledge and belief; that the business conducted will be done in the manner set forth in this application.

Signature of Applicant

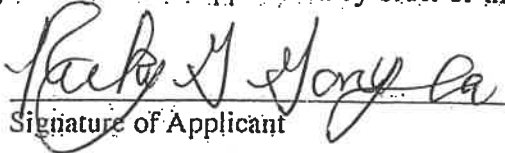
Sworn to before me this [date].

Notary Public

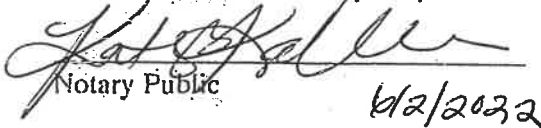
If Applicant is a Corporation:*

STATE OF NEW YORK :
COUNTY OF [NAME OF COUNTY] : ss.:

[Name of Officer], being duly sworn, deposes and says that [he/she] is the [title of Office] of [name of Corporation], the applicant for the above-described permit, and that all statements contained herein are true to the best of [his/her] knowledge and belief; that the business conducted will be done in the manner set forth in this application; and that [he/she] has signed this application by order of the directors of said corporation.


Signature of Applicant

Sworn to before me this [date].


Notary Public

6/2/2022

KATHRYN B. KALLUCHE
NOTARY PUBLIC, STATE OF NEW YORK
No. 01KA6429281
Qualified in Clinton County
My Commission Expires February 7, 26

*In addition to the above, a sealed copy of a resolution of the Board of Directors of the corporation, authorizing and directing the person who executed the agreement to act on behalf of the corporation for the purpose herein mentioned, shall be attached.

COORDINATION COPY FOR REVIEW IN THE APPLICATION OF FIREWORKS DISPLAY

TOWN OF PLATTSBURGH

The Town of Plattsburgh will review an application for a permit for public display of fireworks in accordance with Section 405 of the Penal Law of the State of New York when application (attached to this coordinated review copy) is completed. This coordinated review must be signed and submitted with the application. Failure to complete any one item will necessitate the returning of the forms until they are complete.

1. Submit with this application a complete drawing of the area affected to scale showing roads, parking, location of all buildings within 500 feet. Show direction of fireworks (if other than a straight, vertical launch). Also include on the drawing a review of foliage in the immediate area of the source of ignition for all fireworks. Indicate other areas of ground cover in very close proximity.
2. Indicate, using the above drawing, which way the prevailing winds are normally felt at this location. You should also include an alternate plan, in case there is an entirely different wind direction.
- * 3. You will obtain the signature of the following agencies on this form indicating that they have concurrence with your request:

Fire District Chief in which the Display is to be shown:

* Chl Taly 6/1/22
(Signature, Fire Chief) (Date)

Coordinated review of traffic control:

* [Signature] 06/01/22
(Signature, Sheriff's Department) (Date)

* 2/SGT [Signature] 6/1/22
2/ SERGEANT RYAN FOUNTAIN (Date)
(Signature, New York State Police)

Other agencies, as designated by the Town of Plattsburgh for review:

Title: _____

Location: _____

(Signature) (Date)

Title: _____

Location: _____

(Signature) (Date)

Title: _____

Location: _____

Cadyville Church grounds

(Signature) _____

(Date) _____

All of the above is to be submitted in duplicate. Please type or print clearly. All drawings will be to approximate scale.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/2/2022

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 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
Ryder Rosacker McCue & Huston (MGD by Hull & Compa
509 W Koenig St
Grand Island NE 68802

CONTACT NAME: Kristy Wolfe

PHONE (A/C, No, Ext): 308-382-2330

FAX (A/C, No): 308-382-7109

E-MAIL ADDRESS: kwolfe@ryderinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: SCOTTSDALE INS CO

41297

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Sunny Meadow Farm Inc
dba Coyote Fireworks
457 Gene LeFevre Rd.
Morrisonville NY 12962

COVERAGES

CERTIFICATE NUMBER: 177796981

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY		CPS3994114	7/1/2021	7/1/2022	<table border="1"> <tr> <td>EACH OCCURRENCE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td>\$ 100,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$ 5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS - COM/OP AGG</td> <td>\$ 2,000,000</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COM/OP AGG	\$ 2,000,000		\$
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	AUTOMOBILE LIABILITY					<table border="1"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	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			<table border="1"> <tr> <td>WC STATUS</td> <td>OTR</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUS	OTR	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. DISEASE - EA EMPLOYEE	\$																			
E.L. DISEASE - POLICY LIMIT	\$																			

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

Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.

Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.

Town of Plattsburgh is an additional insured

Date of Display: 06/11/2022

CERTIFICATE HOLDER

Cadyville Fire Department Inc
2122 Rt 3
Cadyville NY 12918

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