



## Board of Aldermen Request for Action

**MEETING DATE:** 6/3/2025

**DEPARTMENT:** Administration **AGENDA**

**ITEM:** Resolution 1470, Annual Fireworks Event Permit – White Iron Ridge

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**REQUESTED BOARD ACTION:**

A Motion to approve Resolution 1470, approving an annual fireworks event permit for White Iron Ridge at 815 East 92 Highway.

**SUMMARY:**

The White Iron Ridge Event Center at 815 East 92 Highway seeks approval for an annual fireworks permit to be able to discharge fireworks as a part of celebrations hosted throughout the year at the center. The City Code, Section 205.2210.B.5. states, in relevant part: "Fireworks may be discharged from 9:00 A.M. until 11:00 P.M. from July 3 through July 5. In an approved fireworks display."

The annual permit approval by the Board of Aldermen is required for locations holding more than one display annually. Once approved by the Board of Aldermen, each display throughout the year must have an application submitted and be approved administratively by the City Administrator.

**PREVIOUS ACTION:**

The first annual permit was approved December 6, 2022 by Resolution 1156. The permit was to be resubmitted for approval by the Board annually. Although the City Administrator approved each event, staff neglected to remind White Iron Ridge of the need for the annual permit approval. Staff plans to rectify this going forward.

**POLICY ISSUE:**

Current code does not describe any specifics other than Board approval.

**FINANCIAL CONSIDERATIONS:**

N/A

**ATTACHMENTS:**

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Ordinance                                   | <input type="checkbox"/> Contract |
| <input checked="" type="checkbox"/> Resolution                       | <input type="checkbox"/> Plans    |
| <input type="checkbox"/> Staff Report                                | <input type="checkbox"/> Minutes  |
| <input checked="" type="checkbox"/> Other: application and insurance |                                   |

## **RESOLUTION 1470**

### **A RESOLUTION APPROVING THE ANNUAL FIREWORKS EVENT PERMIT FOR WHITE IRON RIDGE AT 815 EAST 92 HIGHWAY**

**WHEREAS**, City Code Section 205.2210 restricts the discharge of fireworks to certain days and/or under certain conditions; and

**WHEREAS**, one such condition that allows fireworks to be discharged is in Section 205.2210.B.5. which states, "In an approved fireworks display"; and

**WHEREAS**, fireworks annual event permit approval by the Board of Aldermen is required for locations holding more than one display annually; and

**WHEREAS**, once the annual fireworks event permits is approved by the Board of Alderman each display throughout the year will need to be approved administratively by submitting application for approval by the City Administrator; and

**WHEREAS**, White Iron Ridge has completed the required application for the annual fireworks events permit.

**NOW THEREFORE BE IT RESOLVED BY THE BOARD OF ALDERMEN OF  
THE CITY OF SMITHVILLE, MISSOURI, AS FOLLOWS:**

**THAT WHITE IRON RIDGE EVENT CENTER IS HEREBY APPROVED TO  
THE ANNUAL FIREWORKS EVENT PERMIT.**

**PASSED AND ADOPTED** by the Board of Aldermen and **APPROVED** by the Mayor of the City of Smithville, Missouri, the 3<sup>rd</sup> day of June 2025.

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Damien Boley, Mayor

ATTEST:

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Linda Drummond, City Clerk



107 W. Main St • Smithville, MO 64089

P: (816) 532-3897

## Annual Fireworks Event Permit Application

Date: 5/22/2025

Company Name White Iron Ridge	Address 815 State Route 92 Hwy
Phone 816-866-8996	Email Address amanda@whiteironridge.com
<b>Contact Information</b>	
Name Amanda Newton	
Smithville Business License Number	on file with Smithville
<b>Display Details</b>	
Location of the Display Designated Area - White Iron Ridge	

### Please Attach the Following Required Items:

- ☐ A copy of a current certificate of insurance - on file with Smithville
- ☐ A copy of written approval of the event from the Smithville Area Fire Protection District
- ☐ A written plan of notification to the area residents (White Iron Ridge will send each time we do fireworks)
- ☐ Types and Sizes of fireworks that are to be used in the display

I agree to the terms set by the City of Smithville Fireworks Event Policy.

Amanda Newton

Applicant Signature

5/22/2025

Date

Damien Boley, Mayor

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/3/2025

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Donald Hines	
AHI Group		<b>PHONE (A/C, No, Ext):</b> (913) 839-1478	<b>FAX (A/C, No):</b>
13633 S. Mur-Len Rd		<b>E-MAIL ADDRESS:</b> donh@autohomeinsurancegroup.com	
Olathe KS 66062		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A: AUTO OWNERS INS CO	18988
<b>INSURED</b>		<b>INSURER B:</b>	
Second Wind Reserve Llc		<b>INSURER C:</b>	
815 State Hwy 92		<b>INSURER D:</b>	
Smithville MO 64089		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>					
	<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 type="checkbox"/> LOC OTHER:	Y	75043825	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>					
	<input checked="" type="checkbox"/> EXCESS LIAB		5404382500	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					TRIA \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

City of Smithville MO	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
107 W Main St	<b>AUTHORIZED REPRESENTATIVE</b>
Smithville MO 64089	Donald Hines

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# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

1/7/2025

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.

<b>PRODUCER</b> AHI Group 13633 S. Mur-Len Rd  Olathe KS 66062	<b>CONTACT</b> NAME: Donald Hines PHONE (A/C, No, Ext): (913) 839-1478 E-MAIL ADDRESS: donh@autohomeinsurancegroup.com PRODUCER CUSTOMER ID:	<b>FAX</b> (A/C, No):
<b>INSURED</b> Second Wind Reserve, LLC DBA White Iron Ridge 3600 NE 132nd St.  Smithville MO 64089	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : BERKSHIRE HATHAWAY HOMESTATE INS CO INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		<b>NAIC #</b> 20044

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:****LOCATION OF PREMISES / DESCRIPTION OF PROPERTY** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> <b>PROPERTY</b>	02PRM082185-04	01/01/2025	01/01/2026	BUILDING	\$ 3,500,000
	<b>CAUSES OF LOSS</b>				PERSONAL PROPERTY	\$ 150,000
	<input type="checkbox"/> BASIC				BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD				EXTRA EXPENSE	\$
	<input type="checkbox"/> SPECIAL				RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE				BLANKET BUILDING	\$
	<input type="checkbox"/> WIND				BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				BLANKET BLDG & PP	\$
						\$
						\$
	<input type="checkbox"/> <b>INLAND MARINE</b>	TYPE OF POLICY				\$
	<b>CAUSES OF LOSS</b>					\$
	<input type="checkbox"/> NAMED PERILS	POLICY NUMBER				\$
						\$
	<input type="checkbox"/> <b>CRIME</b>					\$
	<b>TYPE OF POLICY</b>					\$
						\$
	<input type="checkbox"/> <b>BOILER &amp; MACHINERY / EQUIPMENT BREAKDOWN</b>					\$
						\$
B	CGL	75043825	09/01/2024	09/01/2025		\$

**SPECIAL CONDITIONS / OTHER COVERAGES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wells Fargo Bank is Mortgagee and Lender Loss Payee as well as the certificate holder.  
Loan #8799472123-26  
White Iron Ridge LLC is listed as Additional Insured for business personal property.

**CERTIFICATE HOLDER****CANCELLATION**

Wells Fargo Bank NA ISAOA

BBG Collateral Management  
PO Box 659713  
San Antonio TX 78265

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**

Donald Hines

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