



## Board of Aldermen Request for Action

**MEETING DATE:** 7/7/2026

**DEPARTMENT:** Administration

**AGENDA ITEM:** Resolution 1600, Annual Fireworks Event Permit – White Iron Ridge

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### REQUESTED BOARD ACTION

A Motion to approve Resolution 1600, 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 discharge fireworks as 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."

Annual permit approval from the Board of Aldermen is required for locations that hold 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

This annual permit was last approved on June 2, 2025, by Resolution 1471. The first annual permit was approved December 6, 2022 by Resolution 1156.

Prior to the Board's consideration of this permit, there was discussion regarding potential amendments to the annual permit process and requirements. Based on that discussion and the Board's potential consideration of amendments regarding the permit, a hold was put on the presentation and potential approval of the permit until additional clarity could be provided. The Board, being briefed on the hold to the permit, came to the consensus that the permit should be brought forward for consideration. The permit must be resubmitted to the Board for approval annually.

### 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, flyer and insurance |                                   |

**RESOLUTION 1600**

**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 Aldermen 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** the Annual Fireworks Event Permit for White Iron Ridge Event Center is hereby approved.

**PASSED AND ADOPTED** by the Board of Aldermen and **APPROVED** by the Mayor of the City of Smithville, Missouri, the 7<sup>th</sup> day of July 2026.

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Damien Boley, Mayor

ATTEST:

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Brandi Schuerger, Assistant City Clerk



# Annual Fireworks Event Permit Application

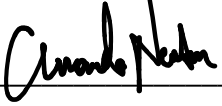
Date: \_\_\_\_\_

Company Name	Address
Phone	Email Address
<b>Contact Information</b>	
Name	Phone
Smithville Business License Number	
<b>Display Details</b>	
Location of the Display	

**Please Attach the Following Required Items:**

- \_\_\_ A copy of a current certificate of insurance
- \_\_\_ A copy of written approval of the event from the Smithville Area Fire Protection District *WIR will send with each request*
- \_\_\_ A written plan of notification to the area residents *WIR will send with each request*
- \_\_\_ Types and Sizes of fireworks that are to be used in the display *WIR or firework company will send with each request*

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

  
 \_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Damien Boley, Mayor

\_\_\_\_\_  
 Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/16/2026

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> AHI Group 13633 S. Mur-Len Rd  Olathe KS 66062	<b>CONTACT NAME:</b> Donald Hines <b>PHONE (A/C, No, Ext):</b> (913) 839-1478 <b>E-MAIL ADDRESS:</b> donh@autohomeinsurancegroup.com	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Second Wind Reserve Llc 815 State Hwy 92  Smithville MO 64089	<b>INSURER A:</b> AUTO OWNERS INS CO		18988
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		75043825	09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			5404382500	09/01/2025	09/01/2026	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						TRIA	\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

<b>CERTIFICATE HOLDER</b>  City of Smithville MO  107 W Main St  Smithville MO 64089	<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.
	AUTHORIZED REPRESENTATIVE  Donald Hines

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# White Iron Ridge

We wanted to share that we have an upcoming fireworks show that's been officially approved by the city!

DATE: 5/23/26  
TIME: 9:15PM  
DURATION: 3-5 MINUTES

Hope you enjoy the quick show !

