



## Board of Aldermen Request for Action

**MEETING DATE:** 12/6/2022

**DEPARTMENT:** Administration

**AGENDA ITEM:** Resolution 1156, Annual Fireworks Event Permit – White Iron Ridge

---

### **REQUESTED BOARD ACTION:**

A Motion to approve Resolution 1156, 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 hosted at the center for an annual fireworks event permit to discharge fireworks as a part of celebrations. The City Code, Section 205.2210.B.5. states, in relevant part: "Fireworks may only be discharged in accordance with the following: . . . 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 may be approved administratively by submitting application for approval by the City Administrator.

### **PREVIOUS ACTION:**

At the October 4, 2022 Work Session, the Board directed that an annual permit be submitted for approval of the Board. Once the Board has approved the annual permit the entity will submit fireworks event applications on a case-by-case basis for administrative approval.

Resolution 1136 for the amended Policy Manual was approved on October 18, 2022 with the effective date of November 1, 2022.

### **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 |                                   |

## **RESOLUTION 1156**

### **A RESOLUTION APPROVING THE ANNUAL FIREWORKS EVENT PERMIT**

**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 6<sup>th</sup> day of December 2022.

---

Damien Boley, Mayor

ATTEST:

---

Linda Drummond, City Clerk

**SMITHVILLE**  
MISSOURI

107 W Main St • Smithville, MO 64089

P (816) 532 3897

**Annual Fireworks Event Permit Application**

Date: 11/8/2022

Company Name White Iron Ridge	Address 815 State Route 92 Hwy
Phone 816-304-1256	Email Address amanda@whiteironridge.com
<b>Contact Information</b>	
Name Amanda Ready	Phone 816-304-1256
Smithville Business License Number 2109	
<b>Display Details</b>	
Location of the Display White Iron Ridge Field. This area is maintained and at a safe distance from the building.	

**Please Attach the Following Required Items:**

- ☒ A copy of a current certificate of insurance *emailed to Linda*
- ☐ A copy of written approval of the event from the Smithville Area Fire Protection District
- ☐ A written plan of notification to the area residents
- ☐ 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 Ready*  
Applicant Signature

11/8/2022

Date

Damien Boley, Mayor

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/08/2022

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 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>AHI Group</b> <b>2143 E 151st Street</b> <b>Olathe, KS 66062</b> <b>License #: 262718591-000</b>	<b>CONTACT NAME:</b> Donald E. Hines, Jr.	<b>FAX (A/C, No):</b> 913-839-1479	
	<b>PHONE (A/C, No, Ext):</b> 913-839-1478	<b>E-MAIL ADDRESS:</b> don@autohomeinsurancegroup.com	
<b>INSURED</b> <b>Second Wind Reserve, LLC</b> <b>DBA White Iron Ridge</b> <b>815 State Hwy 92</b> <b>Smithville, MO 64089</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Auto-Owners Insurance</b>		<b>18988</b>
	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

**COVERAGES****CERTIFICATE NUMBER: 00014872-91778****REVISION NUMBER: 6**

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		75043825	09/01/2022	09/01/2023	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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			5404382500	09/01/2022	09/01/2023	EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Central Bank of the Midwest is Loss Payee and Mortgagee as well as certificate holder.

**CERTIFICATE HOLDER****CANCELLATION**

**Central Bank of the Midwest**  
**609 N 291 Hwy**  
**Lees Summit, MO 64086**

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

(DON)

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/08/2022

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 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 <b>AHI Group</b> <b>2143 E 151st Street</b> <b>Olathe, KS 66062</b> <b>License #: 262718591-000</b>	CONTACT NAME: <b>Scott Coffman</b>	FAX (A/C, No): <b>913-839-1479</b>	
	PHONE (A/C, No, Ext): <b>913-839-1478</b>	E-MAIL ADDRESS: <b>scott@autohomekc.com</b>	
INSURED <b>Second Wind Reserve, LLC</b> <b>DBA White Iron Ridge</b> <b>815 State Hwy 92</b> <b>Smithville, MO 64089</b>	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : <b>Auto-Owners Insurance</b>		<b>18988</b>
	INSURER B : <b>Berkshire Hathaway</b>		<b>13070</b>
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

## COVERAGES

CERTIFICATE NUMBER: 00014872-174844

REVISION NUMBER: 7

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			75043825	09/01/2022	09/01/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			5404382500	09/01/2022	09/01/2023	EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property/BPP			02PRM082185-02	01/01/2022	01/01/2023	Building <b>3,500,000</b>

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  
107 W Main St  
Smithville, MO 64089

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

(STC)