



Name of Project:	Firework retail safe n-sane
Location or Address:	38600 Proctor Blvd

Map & Tax Lot #	T:	R:	Section:	Tax Lot (s):
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Request:	Setting up A Tent for fireworks From June 21 st - July 5 th

I am the (check one) owner lessee of the property listed above, and the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.

Applicant (if different than owner) <i>Big Bang Fireworks</i>	Owner
<i>Cindy Lou Pack</i>	
Address	Address
<i>30425 E Hwy 211</i>	
City/State/Zip	City/State/Zip
<i>Eagle Creek OR 97022</i>	
Email	Email
<i>clama11slinger@gmail.com</i>	
Phone	Phone
<i>971429-3152</i>	
Signature	Signature
<i>Cindy Lou Pack</i>	

Staff Use Only

File #: 26-024 TEMP	Date: 5.22.26	Fee\$: 150.38	Planner: P Depa
Type of review:	Type I <input checked="" type="checkbox"/>	Type II <input type="checkbox"/>	Type III <input type="checkbox"/>
			Type IV <input type="checkbox"/>
Has applicant attended a pre-app?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date of pre-app meeting: N/A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/11/2026

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 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 Acisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	CONTACT NAME: PHONE (A/C No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED 18166 Fireworks Over America LLC 3010 North Ingram Drive Springfield MO 65803	INSURER A: Admiral Insurance Company 24856	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1012148790 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10000 Ded. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			CA000055935-01	2/1/2025	4/2/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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 N/A						WC STATUTORY LIMITS	OTHER
							E.I. EACH ACCIDENT	\$
							E.I. DISEASE - EA EMPLOYEE	\$
							E.I. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
Stand Owner, Property Owner and Others listed below are named additional insured's.
Property Owner: Leather's Enterprises, Inc
Additional Insured: Ant Farm & Big Bang Fireworks; Cody Burke
Location: 38636 Procter Blvd. Sandy OR 97055
Operating Dates: June 15, 2026 thru July 15, 2026

CERTIFICATE HOLDER Big Bang Fireworks Cindy Pack 3654 N Astoria Dr. Florence AZ 85132	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

PROPERTY OWNER AUTHORIZATION

I Jennifer Rippey do hereby certify that I am the owner, or am authorized to speak on behalf of the owner,

for the property located at
Mount Hood Farmers Market Grounds next to 38600 Proctor Blvd.
(Street Address, City, State)

And that I hereby grant permission to
Cindy Pack/ Big Bang Fireworks

to use the above stated property for the express purpose
of the sale of fireworks

for _____

NAME Ant Farm, Mount Hood Farmers Market

ADDRESS _____

CITY, STATE, ZIP Sandy OR 97055

PHONE NO 503-482-9358

Jennifer Rippey MHEM Manager
(PROPERTY OWNER/AUTHORIZED PERSON)

DATE 4/1/20

Certificate of Flame Resistance

Registered
Application
Number

F 4 1 9 . 0 1



ISSUED BY

Central Tent
Santa Clarita, CA

Date of Manufacture:

10/23/08

This is to certify that the materials described have been flame retardant treated (or are inherently nonflammable).

FOR Corvallis Production ADDRESS 2204 N. Clark Ave.
CITY Portland STATE OR ZIP 97227

Certification is hereby made that:

The articles described on this certificate have been treated with a flame-retardant fabric or material registered and approved by the State of California Fire Marshal. The article meets the NFPA-701 Flame retardant standard.

Trade name of flame-resistant fabric or material used: Lam-Tex Reg. F419.01

The Flame Retardant Process Used will not be Removed by Washing.

Type, Color, and weight of canvas / vinyl: White, Vinyl, 13oz Translucent

Description: (1) 20x20 2pcs White 13oz Translucent

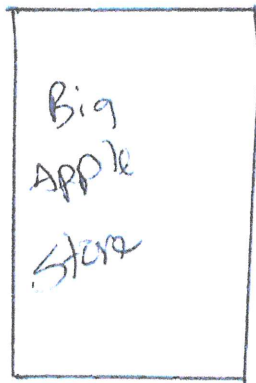
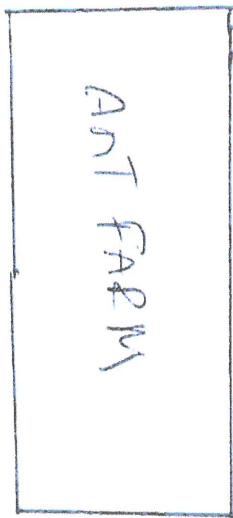
Name of Applicator of Flame Resistant Finish:

California Combining Corporation

SIGNATURE

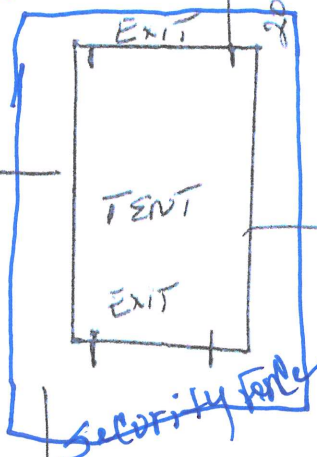
CENTRAL TENT MANUFACTURER

Pioneer Blvd



100 FT

35600 Proctor Blvd



Generator

50 FT

hours of operation
9-9
June 23 - July 5th

30x30
TENT

250 FT

Scale's Avg

Pioneer Blvd

Certificate of Flame Resistance

Registered
Application
Number

F 4 1 9 . 0 1



ISSUED BY

Central Tent
Santa Clarita, CA

Date of Manufacture:

10/27/17

This is to certify that the materials described have been flame retardant treated (or are inherently nonflammable).

FOR Corvallis Production ADDRESS 2204 N. Clark Ave.
CITY Portland STATE OR ZIP 97227

Certification is hereby made that:

The articles described on this certificate have been treated with a flame-retardant fabric or material registered and approved by the State of California Fire Marshal. The article meets the NFPA-701 Flame retardant standard.

Trade name of flame-resistant fabric or material used: Lam-Tex Reg. F419.01

The Flame Retardant Process Used will not be Removed by Washing.

Type, Color, and weight of canvas / vinyl: White, Vinyl, 15oz

Description: (1) - 20X30 White Top >> 3 Pcs <<., 15oz. Blackout, Standrad Top
(10,10,10)**Plastic Buckles**

Name of Applicator of Flame Resistant Finish:

California Combining Corporation

SIGNATURE

CENTRAL TENT MANUFACTURER

503-742-2600

503-742
2660