



General Land Use Application

1 page

Name of Project:	
Location or Address:	

Map & Tax Lot #	T:	R:	Section:	Tax Lot (s):
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Request:

- 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.
- With submission of this application, I authorize representatives of the City of Sandy to access the property for the purpose of site investigation associated with this application.

Applicant (if different than owner)	Owner
Address	Address
City/State/Zip	City/State/Zip
Email	Email
Phone	Phone
Signature <i>Shanna Ashley Schuster</i>	Signature

Staff Use Only

File #: 25-014 TEMP	Date: 4/1/25	Fee\$: 147.29	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	

Development Services Department, 39250 Pioneer Blvd, Sandy, OR 97055, 503.489.2160

Email: planning@ci.sandy.or.us



FIREWORKS LEASE AGREEMENT ORE2002

This agreement is made between M & A Holding of Washington and AMERICAN PROMOTIONAL EVENTS WEST as Lessee.

1. AMERICAN PROMOTIONAL EVENTS - West, will lease a portion of the property located at 38477 Proctor Blvd, Sandy, OR 97055 for the sale of approved fireworks from the following premises (hereafter called the "Location").
2. The lease payment will be \$ _____ per year for the period of June 20th thru July 9th hereafter called the "Season". Payment shall be paid on or before June 1st. **Site Map Attached.**
3. Lessor represents that the Location is owned and/or controlled by the Lessor and furthermore that the Lessor agrees to grant the Lessee the exclusive right to operate a fireworks sales structure (hereafter the "Structure") through the year 2025 or the above-mentioned period and furthermore that the Lessor agrees to grant to Lessee first position to use the Location when the local authority limits the number of times that the property can be used for temporary uses in a specific period.
4. The Lessor hereby grants Lessee a first right of refusal to match any bona fide offer to lease the location for fireworks sales during the renewal seasons.
5. In return, Lessee agrees to the following terms and conditions:
 - a. Provide an A+ rated \$10,000,000.00 certificate of insurance, prior to occupancy, evidencing liability insurance in force covering the erection and operation of the Structure. Insurance shall name Lessor as additional insured, and Lessor shall be held harmless from any claims arising from the maintenance or operation of the Structure.
 - b. Pay any and all costs involved in erection, maintenance, and operation of the Structure, and Lessee shall guarantee that the Location will be returned to its original condition.
 - c. Obtain and pay all necessary permits and licenses required by law, post with local authority any debris or performance bonds as required, and guarantee that all laws and regulations shall be adhered to.
6. This agreement is contingent upon Lessee securing necessary permits and licenses. Lessee may cancel this agreement if the sale of fireworks are prohibited at this Location by a public authority or such sale, in the good faith opinion of Lessee, becomes commercially unreasonable. In such an event, any deposit shall be refunded to Lessee.

Agreed to and dated this 13 day of March, 2025

Accepted: Will Sonnabend

Accepted: Kenneth A. Spence

Lessor: Bill Sonnabend
c/o: M & A Holding of Washington
P.O. Box 34
Boring, OR 97009
Phone: 503-320-3858

Lessee: Kenneth A. Spence
AMERICAN PROMOTIONAL EVENTS - West

AMERICAN PROMOTIONAL EVENTS, INC.
2120 MILWAUKEE WAY • TACOMA, WA 98421
TACOMA (253) 922-0800 • FAX (253) 830-2930
www.tntfireworks.com

SITE DIAGRAM

Location Name: Wood Mizer

Location #: ORE2002

Site Address: 38477 Proctor Blvd

Ordinance: Clackamas Co. Fire District #1

City, State, Zip: Sandy, OR 97055

Structure Type & Size: Tent – 20'x40'

Cross Streets: _____ and _____

Structure Faces: _____

Show all setback from structures, gas, fire lanes, public and private roads, property lines, trees and landmarks



Notes

*No parking within 20' of tent and generator

Sales Rep: _____



Dear Fire Authority,

The following is information regarding the Tent operation for your review:

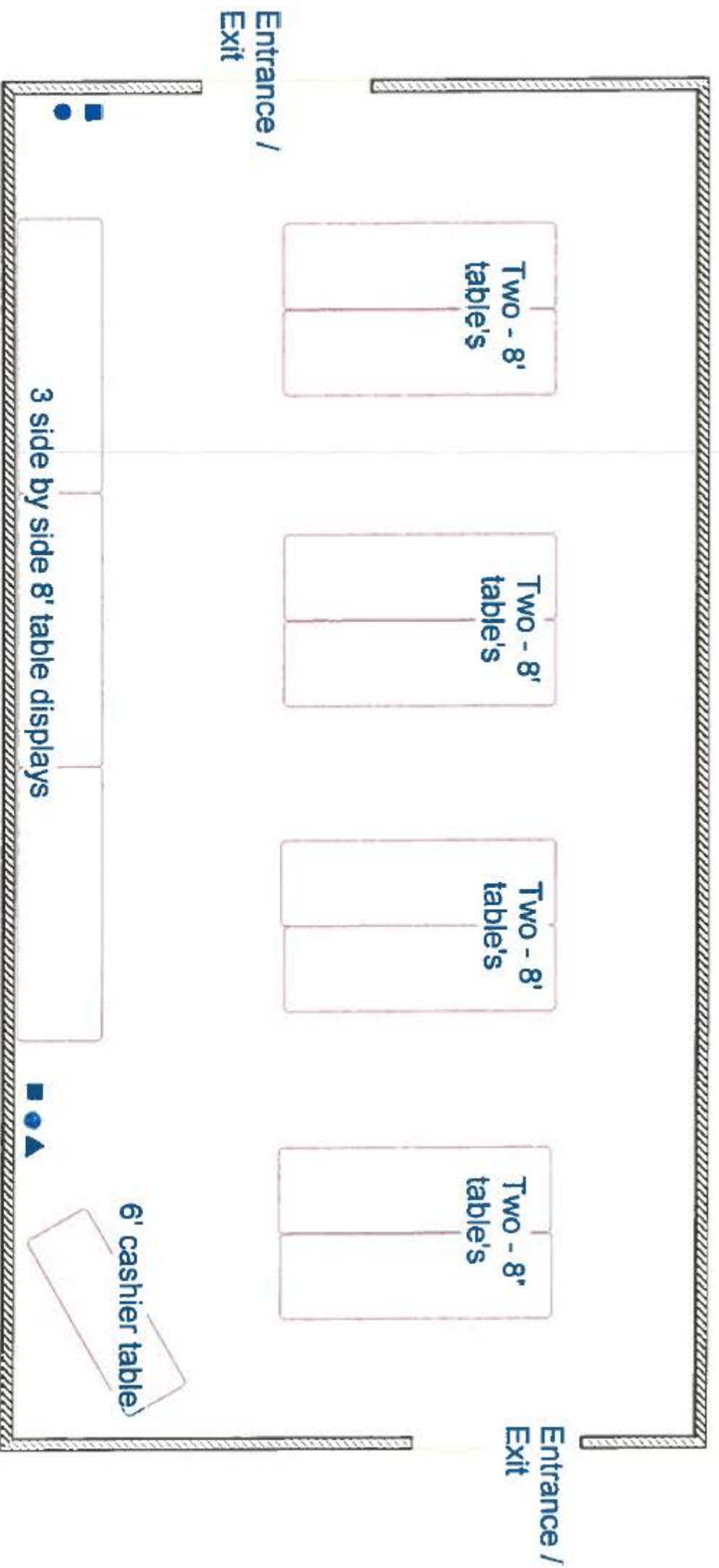
1. Tent size = 20' X 40' framed tent
2. Entrance/Exits = Each tent will have two entrance/exit
3. Fire extinguishers = Minimum of 2 ea, 2A: 10 BC, 2 ea, type 2A water and 1 ea, 40BC
4. Aisles = aisle ways of at least 4' will be maintained
5. Signs = Exit and No Smoking signs will be posted at every exit
6. Product = Will be displayed on 8' tables and free standing pallet displays
7. Security = 24 hour security will be provided as each site

Enclosed is a diagram of the tent layout along with a copy of the certificate of flame resistant and the certificate of insurance.

Please contact us if you have any questions or request for further information.

Enclosure

AMERICAN PROMOTIONAL EVENTS, INC.
PO BOX 836 • CLACKAMAS, OR 97015-0836
PHONE (503) 653-9655 • FAX (509) 654-0619
www.tntfireworks.com



20' X 40' Fireworks Sales Tent

- 2A:10B:C FIRE EXT.
- 2A-WATER-FIRE EXT.
- ▲ 40B:C FIRE EXT.
(For Generator)



RETAIL FIREWORKS SALES **PERMIT APPLICATION**

ORE2002

OREGON STATE FIRE MARSHAL

PAYMENT AND APPLICATIONS MAILED ONLY TO:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
P.O. Box 4395 Unit 09
Portland, OR 97208-4395

Checks, Money Orders and Cashier's Checks must be made payable to:
Oregon State Fire Marshal

CONTACT INFORMATION:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
Phone: 503-934-8274 or 8272
Fax: 503-373-1825
Email: OSFM.LP@OSFM.Oregon.gov

IMPORTANT: Due to the high volume of applications please submit your applications by **APRIL 15**, with the fee of **\$100**. The applicant and individual responsible for sales are responsible for reading, understanding, and following all laws and rules regarding fireworks in Oregon. The retail permit shall be issued prior to any activities allowed by this permit. All sections must be completed. Incomplete applications will not be processed. For more information, please visit our website at <https://www.oregon.gov/osfm/education/pages/fireworks.aspx>

PERMIT HOLDER INFORMATION

COMPANY, ORGANIZATION, OR PERSON TO WHOM PERMIT IS TO BE ISSUED

Name Sandy HS Girls Tennis Program

Full Mailing Address 37400 Bell St, Sandy, OR 97055
(Street, City, State, Zip)

Work/Cell Phone No. 503-668-8011

Fax No.

Email Address tblewis1982@gmail.com

INDIVIDUAL REPRESENTING COMPANY OR ORGANIZATION LISTED ABOVE

Name Todd Lewis

Full Mailing Address 19776 SE Stark St #61, Portland, OR 97233
(Street, City, State, Zip)

Phone No. 503-201-7378

Email Address tblewis1982@gmail.com**INDIVIDUAL RESPONSIBLE FOR SALES (SHALL BE RESPONSIBLE FOR ONLY ONE LOCATION)**

Name Todd Lewis

Full Mailing Address 19776 SE Stark St #61, Portland, OR 97233
(Street, City, State, Zip)

24-HOUR NUMBER 503-201-7378

Age 62

Email Address tblewis1982@gmail.com**STORAGE INFORMATION**NO STORAGE ☒

Address (es) Where fireworks will be stored (Street, City, State, Zip)

Phone Number

Storage location type (CHECK ONE)

U-Detached ☐ Explain:M ☐ S-I ☐

Approximate dates the fireworks will be at the storage area(s) Beginning Date

Ending Date

Location of fireworks to open flames, exposed heating elements, and direct sources of ignition.

Indicate which of the following apply:

None: ☐

Distance in Feet

Type of Ignition Source

Describe fire extinguishing equipment available at storage area(s)

FIRE AUTHORITY SIGNATURE FOR STORAGE LOCATION (ONLY if storing)

Printed Name of Fire Authority	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Signature of Fire Authority	NOT REQUIRED - SIGN 2ND PAGE FOR SALES LOCATION
Title of Fire Authority	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Mailing Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Name of Fire Department	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Phone No.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
		Fax No.	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Date Signed by Fire Authority	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Email Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Identification provided to local fire official at time of application for outside sales (tents/stands) only Yes ☐ No ☐

RETAIL SALES LOCATION INFORMATION	ORE2002
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Complete address of sales (STREET, CITY, STATE, ZIP)

38477 PROCTOR BLVD , SANDY, OR 97055

County **CLACKAMAS**

Check One: Inside Sales ☐ Outside Sales ☒ **Check One:** Tent ☒ Stand ☐ Dimensions 20'X40'

WHOLESALE INFORMATION Oregon Licensed Wholesaler from whom applicant intends to purchase allowed fireworks

Wholesaler from whom applicant intends to purchase allowed fireworks.

1. AMERICAN PROMOTIONAL EVENTS INC WEST

5.

2.

6.

3.

7.

4.

8.

INDIVIDUAL COMPLETING APPLICATION INFORMATION
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Information of individual completing application and where the permit will be emailed

Printed Name of Individual WILLIAM ROGERS

Signature of Individual *William Rogers*

If Representing A Fireworks Wholesale Company, List What Company: AMERICAN PROMOTIONAL EVENTS INC WEST

Mailing Address PO BOX 836, CLACKAMAS OR 97015
(Street, City, State, Zip)

Phone No. 503-653-9655

Fax No. 503-654-0619

Email Address ROGERSW@TNTFIREWORKS.COM AND SABATERS@TNTFIREWORKS.COM Age 54

NOTE: By signing this application I verify the information is true to the best of my knowledge.

FIRE AUTHORITY SIGNATURE FOR SALES LOCATION
--

Printed Name of Fire Authority VALERE LILJEFELT

Signature of Fire Authority *Valere Liljefelt*

Title of Fire Authority LT. DEPUTY FIRE MARSHAL

Mailing Address 2930 SE OAK BLVD, MILWAUKIE, OR 97267

Name of Fire Department CLACKAMAS COUNTY FIRE DISTRICT #1

Phone No.
Fax No.

Date Signed by Fire Authority 3-31-25

Email Address VALERE.LILJEFELT@CLACKAMASFIRE.COM

Identification provided to local fire official at time of application for outside sales (tents/stands) only Yes ☒ No ☐

MAP INFORMATION

REQUIRED INFORMATION	REQUIRED INFORMATION
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INSIDE SALES DIAGRAM

The location of fireworks display inside the structure.
Location of all exits and distance (in feet) from fireworks to all exits.
Location of highly combustible materials, open flames, heating elements, or direct ignition sources within a 20-foot radius of fireworks display

OUTSIDE SALES DIAGRAM

Location of outside sales stand or tent and location of all exits
Show the distance from tent or stand to the following:
Streets/sidewalks - minimum 15 feet
Buildings/ combustible structures - minimum 10 feet
Dispensers of flammable liquids - minimum 50 feet

ATTACH A SEPARATE SHEET OF PAPER WITH A DETAILED MAP WITH REQUIRED INFORMATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2025

4/1/2025

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).

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 3280 Peachtree Rd. NE, Ste. 1000 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Century Surety Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): NAIC # 36951
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630		

COVERAGES**CERTIFICATE NUMBER:** 21583964**REVISION NUMBER:** XXXXXXXX

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	CCP1219465	12/1/2024	11/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded 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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

Tent operations at Wood Mizer located at 38477 Proctor Blvd, Sandy, OR 97055 (ORE2002). Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

21583964
City of Sandy
39250 Pioneer Blvd
Sandy OR 97055

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

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