



**Saginaw City Council
Single Subject
Special Meeting Agenda**

1315 S. Washington Avenue
Council Chambers, Room 205
November 9, 2023
4:00 p.m.

PRAYER AND PLEDGE OF ALLEGIANCE:

ROLL CALL:

ANNOUNCEMENTS:

PUBLIC HEARINGS:

PUBLIC INPUT:

(A list will be provided following submittal deadline.)

REMARKS OF COUNCIL:

REPORTS FROM MANAGER:

CONSENT AGENDA:

1. Approve Petition 23-10 from Wolverine Fireworks Display, Inc. to display fireworks on Ojibway Island on November 17, 2023 at 8:30 p.m.

BOARD/COMMISSION/COMMITTEE REPORTS:

APPOINTMENT OF BOARD/COMMISSION/COMMITTEE MEMBERS:

ORDINANCE INTRODUCTION:

ORDINANCE ADOPTION:

RESOLUTIONS:

UNFINISHED BUSINESS:

MISCELLANEOUS BUSINESS:

ADJOURNMENT:

Timothy Morales
City Manager

IF YOU ARE DISABLED AND NEED ACCOMMODATION TO PROVIDE YOU WITH AN OPPORTUNITY TO PARTICIPATE OR OBSERVE IN PROGRAMS, SERVICES, OR ACTIVITIES, PLEASE CALL THE SAGINAW CITY CLERK, 1315 S. WASHINGTON AVE., 759-1480.

Application for Fireworks Other Than Consumer or Low Impact

FOR USE BY LEGISLATIVE BODY
OF CITY, VILLAGE OR TOWNSHIP
BOARD ONLY

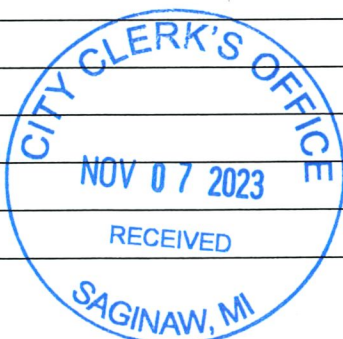
DATE PERMIT(S) EXPIRE:

Authority: 2011 PA 256
Compliance: Voluntary
Penalty: Permit will not be issued

The LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.

TYPE OF PERMIT(S) (Select all applicable boxes)

- ☐ Agricultural or Wildlife Fireworks ☐ Articles Pyrotechnic ☒ Display Fireworks
- ☒ Public Display ☐ Private Display
- ☐ Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes

NAME OF APPLICANT Wolverine Fireworks Display, Inc.		ADDRESS OF APPLICANT 205 W. Seidlars Rd., Kawkawlin, MI 48634	AGE (18 YEARS OR OLDER) OF APPLICANT N/A
NAME OF PERSON OR RESIDENT AGENT REPRESENTING CORPORATION, LLC, DBA OR OTHER Rachel Lambert		ADDRESS PERSON OR RESIDENT AGENT REPRESENTING CORPORATION, LLC, DBA OR OTHER Same	
IF A NON-RESIDENT APPLICANT (LIST NAME OF MICHIGAN ATTORNEY OR MICHIGAN RESIDENT AGENT)		ADDRESS (MICHIGAN ATTORNEY OR MICHIGAN RESIDENT AGENT)	TELEPHONE NUMBER 989-662-0121
NAME OF PYROTECHNIC OPERATOR Aaron Anderson		ADDRESS OF PYROTECHNIC OPERATOR 2652 N. Peterson Beach Dr., Pinconning, MI 48650	AGE (18 YEARS OR OLDER) OF PYROTECHNIC OPERATOR 21+
NO. YEARS EXPERIENCE 35+	NO. DISPLAYS 100+	WHERE Throughout MI	
NAME OF ASSISTANT		ADDRESS OF ASSISTANT	AGE OF ASSISTANT (18 YEARS OR OLDER)
NAME OF OTHER ASSISTANT		ADDRESS OF OTHER ASSISTANT	AGE OF OTHER ASSISTANT (18 YEARS OR OLDER)
EXACT LOCATION OF PROPOSED DISPLAY Ojibway Island, Saginaw, MI			
DATE OF PROPOSED DISPLAY 11/17/23 RD TBD		TIME OF PROPOSED DISPLAY 8:30 PM	
MANNER AND PLACE OF STORAGE, SUBJECT TO APPROVAL OF LOCAL FIRE AUTHORITIES, IN ACCORDANCE WITH NFPA 1123, 1124 & 1126 AND OTHER STATE OR FEDERAL REGULATIONS. PROVIDE PROOF OF PROPER LICENSING OR PERMITTING BY STATE OR FEDERAL GOVERNMENT No storage necessary. Fireworks will arrive day of display.			
AMOUNT OF BOND OR INSURANCE (TO BE SET BY LOCAL GOVERNMENT) \$10,000,000		NAME OF BONDING CORPORATION OR INSURANCE COMPANY The Partners Group Ltd.	
ADDRESS OF BONDING CORPORATION OR INSURANCE COMPANY 11225 SE 6th St. Suite 110, Bellevue, WA 98004			
NUMBER OF FIREWORKS	KIND OF FIREWORKS TO BE DISPLAYED (Please provide additional pages as needed)		
Up to 6	1" - 2.5" Multi-Shot Cakes, 1.3G, UN0334		
Up to 474	3"-5" Aerial Shells, 1.3G, UN0334		
			
SIGNATURE OF APPLICANT <i>Rachel Lambert</i>			DATE October 16, 2023

2023 Permit for Fireworks Other than Consumer or Low Impact

Authority: 2011 PA 256	The LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD will not discriminate against any individual or group because of race, sex, religion, age, nationality, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Legislative Body of City, Village or Township Board.
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This permit is not transferable. Possession of this permit authorizes the herein named person to possess, transport and display fireworks in the amounts, for the purpose of and at the place listed below only through permit expiration date.

TYPE OF PERMIT(S) (Select all applicable boxes) ☐ Agricultural or Wildlife Fireworks ☐ Articles Pyrotechnic ☒ Display Fireworks ☐ Public Display ☐ Private Display ☐ Special Effects Manufactured for Outdoor Pest Control or Agricultural Purposes		FOR USE BY LEGISLATIVE BODY OF CITY, VILLAGE OR TOWNSHIP BOARD ONLY. PERMIT(S) EXPIRATION DATE (ENTER DATE OF EXPIRATION)
NAME OF PERSON PERMIT ISSUED TO Wolverine Fireworks Display, Inc.		AGE (18 YEARS OR OLDER) ☒ YES ☐ NO
ADDRESS OF PERSON PERMIT ISSUED TO 205 W. Seidlers Rd., Kawkawlin, MI 48631		
NAME OF ORGANIZATION, GROUP, FIRM OR CORPORATION Pride in Saginaw		
ADDRESS PO Box 872, 101 N. Washington, Saginaw, MI 48606		
NUMBER AND TYPES OF FIREWORKS (Please attach additional pages if necessary) See attached proposal		
EXACT LOCATION OF DISPLAY OR USE Ojibway Island, Saginaw, MI		
CITY, VILLAGE, TOWNSHIP Saginaw	DATE 11/17/23 RD TBD	TIME 8:30 PM
BOND OR INSURANCE FILED ☒ YES ☐ NO		AMOUNT \$10,000,000.00

Issued by action of the Legislative Body of a ☐ City ☐ Village ☐ Township of _____ on the _____ day of _____	
(Signature and Title of Legislative Body Representative)	

THIS FORM IS VALID UNTIL THE DATE OF EXPIRATION OF PERMIT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2023

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 The Partners Group Ltd 1111 Lake Washington Blvd N. Suite 400 Renton WA 98056	CONTACT NAME: Janet Nau	
	PHONE (A/C, No, Ext): 425-455-5640 FAX (A/C, No): 425-455-6727	
	E-MAIL ADDRESS: jnau@tpgrp.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Everest Indemnity Insurance Co	10851
	INSURER B : Everest Denali Insurance Company	16044
	INSURER C : Arch Specialty Insurance Company	21199
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1007258328 **REVISION NUMBER:**

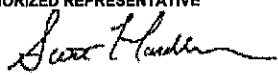
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☐ LOC	Y	SI8GL02099231	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS		SI8CA00274231	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		UXP104806301	2/1/2023	2/1/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	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 STATU-TORY LIMITS ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Excess Liability - Occurrence		SI8EX01908231	2/1/2023	2/1/2024	Each Occurrence \$5,000,000 Aggregate \$5,000,000

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

The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured per form ECG 20592 0509 attached:
Pride in Saginaw and City of Saginaw, MI are additional insured as respects the aerial fireworks display on 11/17/23 (RD TBD) located at the North Parking lot on Ojibway Island, Saginaw, MI. General Liability coverage extends to bodily injury and property damage as a result of the fireworks display.

CERTIFICATE HOLDER

City of Saginaw 1315 S Washington Ave Saginaw MI 48601 United States	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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