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.

#23-10

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	ADDRESS OF APPLICANT	AGE (18 YEARS OR OLDER) OF APPLICANT
Wolverine Fireworks Display, Inc.	205 W. Seidlers Rd., Kawkawlin, MI 48634	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	TIME OF PROPOSED DISPLAY
11/17/23 RD TBD	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)	NAME OF BONDING CORPORATION OR INSURANCE COMPANY
$10,000,000	The Partners Group Ltd.

ADDRESS OF BONDING CORPORATION OR INSURANCE COMPANY
11225 SE 6th St. Suite 110, Belleveu, 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

CITY CLERK'S OFFICE
NOV 07 2023
RECEIVED
SAGINAW, MI

SIGNATURE OF APPLICANT	DATE
Rachel Lambert	October 16, 2023

BFS 999 (Rev 06/15)

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.

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	DATE	TIME
Saginaw	11/17/23 RD TBD	8:30 PM

BOND OR INSURANCE FILED	AMOUNT
☑ YES ☐ NO	$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
INSURED 14347 Wolverine Fireworks Display, Inc. 205 West Seidlers Road Kawkawlin MI 48631	**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC	Y		SI8GL02099231	2/1/2023	2/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ Excluded $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	**AUTOMOBILE LIABILITY** [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS			SI8CA00274231	2/1/2023	2/1/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
C	[X] **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** [ ] CLAIMS-MADE DED RETENTION $			UXP104806301	2/1/2023	2/1/2024	EACH OCCURRENCE AGGREGATE $	$ 4,000,000 $ 4,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						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 Aggregate	$5,000,000 $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