



# APPLICATION FOR FIREWORKS PERMIT

## Phone: (714) 754-5235

THIS DOCUMENT IS CONSIDERED A PUBLIC RECORD SUBJECT TO DISCLOSURE UNDER THE PUBLIC RECORDS REQUEST ACT.

PLEASE PRINT OR TYPE

**ORGANIZATION:**

Permit #: \_\_\_\_\_

Name: CMHS Baseball Boosters Date Organized: \_\_\_\_\_

Mailing Address: 3131 Lincoln Way, Costa Mesa CA 92626

Principal and Permanent Meeting Place: 2650 FAIRVIEW RD., COSTA MESA, CA 92626

**OFFICERS:**

Name: Clark Chapman Home Address: 865 Sonora Rd. CM CA 92626

Name: Michael Heil Home Address: 3131 Lincoln Way CM CA 92626

Location of Fireworks Stand: 7-Eleven- 1097 Baker St.

State Sales Tax Permit No.: 102-925729 State Fire Marshal's License No.: W002111

Wholesaler or Distributor from whom the retailer proposes to purchase fireworks for sale:

Name: TNT FIREWORKS

Address: 555 N. GILBERT ST., FULLERTON, CA 92833

The manner, method and times; and how applicant proposes to sell "safe and sane" fireworks:

RETAIL SALES OF SAFE AND SANE FIREWORKS

JUNE 30 - JULY 3 (10AM-10PM) AND JULY 4 (9AM-9PM)

Responsible adult who will deal with City in all matters for this permit:

Name: Michael J. Heil Phone: 949-697-3418

Address: 3131 Lincoln Way CM CA 92626

Email: mjheil@heilbuilders.com

I declare under penalty of perjury that, this organization is a bona fide non-profit organization, as recognized by the State of California that was formed to benefit the youth and students of the City of Costa Mesa, with its principal and permanent meeting place within the City of Costa Mesa. Permit applicants may be asked by the Director of Finance to submit information to verify statements made on the application form. ANY APPLICANT WHO IS UNABLE TO VERIFY SUCH STATEMENTS MAY BE DISQUALIFIED FROM OBTAINING A PERMIT.

Authorized Signature: [Signature]

Date: 4/18/2016

Title: CMHS Baseball Firework Coordinator

**FOR TREASURY MANAGEMENT DIVISION USE ONLY**

Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_

Public liability and property insurance certificate required in a minimum amount of \$1,000,000 combined single limit, naming the City of Costa Mesa as additional insured.

Policy Number \_\_\_\_\_

**City of Costa Mesa, Treasury Management Division  
FIREWORK STAND APPLICATION REQUIREMENTS**

The Costa Mesa Municipal Code contains regulations governing the issuance of fireworks permits and the discharge of fireworks. These regulations are found in Sections 9-179 through 9-190. The City Council has also adopted Council Policy 400-2 (revised 02/19/13), which imposes additional regulations governing the sale and discharge of fireworks (copy attached).

Applications must be filed before **June 1** of the calendar year for which permit is sought. The following requirements must also be met:

**SCHOOL APPLICANTS**

1. High School applicants must attach a letter from the school's Principal certifying the applicant is a recognized organization supporting school activities and must certify that the organization is a tax exempt charity or non-profit organization under state and federal law in good standing or approved Newport Mesa Unified School District entity under direct control of the school.
2. Copy of temporary Seller's Permit from the State Board of Equalization
3. Copy of State Fire Marshal Retail Fireworks License
4. Original insurance certification naming the City of Costa Mesa as additional insured
5. Copy of site plan which must be approved by Building & Safety, Traffic Engineering and the Fire Department

**NON-SCHOOL APPLICANTS**

1. Copy of Articles of Incorporation (including amendments)
2. Copy of By-Laws
3. Current roster of officers/directors which includes name, address, and telephone number
4. Current roster of members which includes name, address, and age
5. Copies of tax exempt status from the Internal Revenue Service and the State Franchise Tax Board
6. Copy of temporary Seller's Permit from the State Board of Equalization
7. Copy of State Fire Marshal Retail Fireworks License
8. Original insurance certification naming the City of Costa Mesa as additional insured
9. Copy of site plan which must be approved by Building & Safety, Traffic Engineering and the Fire Department

**The United States Flag Code permits nighttime display of the American flag when the flag is illuminated. It is the responsibility of the firework stand operator and associated firework distributor to ensure that the flag is illuminated at night when displayed. As an alternative, the City suggests that the American flag be taken down at night.**

**FIRE DEPARTMENT (714) 327-7400:** Each Fireworks Stand will be inspected for fire-safe conditions during the time of occupancy, and a final inspection will be conducted in order to release the deposit for clean-up. Fireworks Stands are to be cleaned up before midnight of Thursday, July 7th.

**BUILDING & SAFETY DIVISION (714) 754-5273:** An Electrical Permit must be obtained from the City of Costa Mesa prior to the performance of any electrical work.

**TRAFFIC ENGINEERING (714) 754-5323:** Site plan must be approved in relation to possible interruption of traffic.

|  |                |
|--|----------------|
| <b>APPROVED</b>  |                |
| Fire Department:   | Date:          |
| Building & Safety:        | Date: 06/01/16 |
| Transportation Services:  | Date: 6-1-16   |



# Costa Mesa High School

Newport-Mesa Unified School District

Jacob Haley- Principal  
Guy Olguin - Co-Principal  
Erik Pantizzo - Assistant Principal  
Rich Peterson - Assistant Principal

May 11, 2016

To Whom It May Concern:

I am writing this letter to certify that the following applicants for fireworks booths in 2016 are recognized as organizations that support school activities at Costa Mesa High School. Further, I can certify that they operate as a tax-exempt charity or non-profit organization under state and federal law. These groups are also in good standing and are recognized as school connected organizations.

The groups are as follows:

- CMHS Band / Color Guard
- ✓CMHS Baseball
- CMHS Boys Basketball
- CMHS Cheer
- CMHS Football
- CMHS Track & Field
- CMHS Girls Soccer

CMMS Band  
CMMS Delta

Please let me know if I can provide you with any additional information.

Sincerely,

Jacob Haley, Principal

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA STATE BOARD OF EQUALIZATION

**TEMPORARY SELLER'S PERMIT**

Valid 06/30/2016 through 07/04/2016



ACCOUNT NUMBER

SR OHC 102-925729

COSTA MESA BOYS BASEBALL BOOSTERS INC  
1097 BAKER ST  
COSTA MESA, CA 92626-4127

**NOTICE TO PERMITTEE:**  
*You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.*

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID FOR THE PERIODS SHOWN AND IS NOT TRANSFERABLE.

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).  
For information on your rights, contact the Taxpayers' Rights Advocate office at 1-888-324-2798 or 1-916-324-2798.**

BOE-442-ST REV. 5 (11-14)

**A MESSAGE TO OUR NEW PERMIT HOLDER**

**As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:**

- Visiting our website at [www.boe.ca.gov](http://www.boe.ca.gov)
- Visiting a field office
- Attending a Basic Sales and Use Tax Law class offered at one of our field offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

**As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,**

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California State Board of Equalization (BOE)
- You are responsible for following the regulations set forth by the BOE

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a BOE representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a BOE office, or giving it to a BOE representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the BOE, please contact the Taxpayers' Rights Advocate office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

**Please post this permit at the address for which it was issued and at a location visible to your customers.**

CALIFORNIA STATE BOARD OF EQUALIZATION  
Sales and Use Tax Department



Index 5942  
PCA 59420  
Source Code 125700-06

**OFFICE OF THE STATE FIRE MARSHAL  
RETAIL FIREWORKS LICENSE APPLICATION**  
(Print or Type)

Complete and return all copies to the office nearest stand location with the required fee of \$50.00.  
**APPLICATIONS MUST BE RECEIVED PRIOR TO JUNE 15 OF THE CURRENT YEAR.**

1131 S Street  
Sacramento, CA 95811  
(916) 445-8373

**RETAIL FIREWORKS LICENSE**

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Licensesee                       | <u>C.M.H.S. BASEBALL BOOSTERS</u> |
| Stand Location                   | <u>1097 BAKER STREET</u>          |
| City, State & Zip                | <u>COSTA MESA, CA</u>             |
| County                           | <u>ORANGE</u>                     |
| <b>LOCAL CONTACT PERSON</b>      |                                   |
| Name                             | <u>LAURA LIRA</u>                 |
| Phone ( <del>714</del> -738-1002 | <u></u>                           |

**-Notice-  
COPY OF THIS NOTICE MUST BE POSTED AT STAND  
WITH A COPY OF THE LOCAL PERMIT**

A validated license has been issued to this organization shown above for the sale of Safe and Sane fireworks at the location indicated. After a permit has been issued by the authority having jurisdiction this license allows the sale of only classified "Safe and Sane" fireworks at the approved location from NOON, JUNE 28 to NOON, JULY 6, of the year indicated. **NOTE:** Retail licensees are required to be at least 21 years of age, employees of fireworks stands must be at least 18 and fireworks may not be sold to anyone under the age of 16.

**MAILING ADDRESS OF LICENSEE**

|                   |                            |
|-------------------|----------------------------|
| Name              | <u>TNT FIREWORKS</u>       |
| Address           | <u>555 N. GILBERT</u>      |
| City, State & Zip | <u>FULLERTON, CA 92833</u> |



[Signature]  
Signature of Applicant

**FIRE AUTHORITY HAVING JURISDICTION**

|                   |                              |
|-------------------|------------------------------|
| Fire Dept.        | <u>COSTA MESA FIRE DEPT.</u> |
| Address           | <u>P.O. BOX 1200</u>         |
| City, State & Zip | <u>COSTA MESA, CA 92628</u>  |

Signature of Applicant  
4/18/2016  
Date



# CERTIFICATE OF LIABILITY INSURANCE

11/1/2016

(9)

DATE (MM/DD/YYYY)  
2/26/2016

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).

| <b>PRODUCER</b> Lockton Companies<br>3280 Peachtree Road NE, Suite #250<br>Atlanta GA 30305<br>(404) 460-3600                                    | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____<br><b>E-MAIL ADDRESS:</b> _____   |                               |        |   |       |                                     |       |   |       |  |       |  |       |             |  |
|--|--|-------------------------------|--------|---|-------|-------------------------------------|-------|---|-------|--|-------|--|-------|-------------|--|
| <b>INSURED</b> 1359665 American Promotional Events, Inc.<br>DBA TNT Fireworks, Inc.<br>555 North Gilbert Avenue<br>Fullerton CA 92833<br>CSR0195 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Everest Indemnity Insurance Company</td> <td style="text-align: center;">10851</td> </tr> <tr> <td>INSURER B : Maxum Indemnity Company</td> <td style="text-align: center;">26743</td> </tr> <tr> <td>INSURER C : Berkshire Hathaway Homestate Ins Co</td> <td style="text-align: center;">20044</td> </tr> <tr> <td>INSURER D : Continental Divide Insurance Company</td> <td style="text-align: center;">35939</td> </tr> <tr> <td>INSURER E : Cypress Insurance Company (CA)</td> <td style="text-align: center;">10855</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Everest Indemnity Insurance Company | 10851 | INSURER B : Maxum Indemnity Company | 26743 | INSURER C : Berkshire Hathaway Homestate Ins Co | 20044 | INSURER D : Continental Divide Insurance Company | 35939 | INSURER E : Cypress Insurance Company (CA) | 10855 | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |   |       |                                     |       |   |       |  |       |  |       |             |  |
| INSURER A : Everest Indemnity Insurance Company  | 10851  |                               |        |   |       |                                     |       |   |       |  |       |  |       |             |  |
| INSURER B : Maxum Indemnity Company  | 26743  |                               |        |   |       |                                     |       |   |       |  |       |  |       |             |  |
| INSURER C : Berkshire Hathaway Homestate Ins Co  | 20044  |                               |        |   |       |                                     |       |   |       |  |       |  |       |             |  |
| INSURER D : Continental Divide Insurance Company   | 35939  |                               |        |   |       |                                     |       |   |       |  |       |  |       |             |  |
| INSURER E : Cypress Insurance Company (CA)   | 10855  |                               |        |   |       |                                     |       |   |       |  |       |  |       |             |  |
| INSURER F :  |  |                               |        |   |       |                                     |       |   |       |  |       |  |       |             |  |

**COVERAGES**                      **CERTIFICATE NUMBER:** 12249299                      **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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y         | N        | SI8GL00242-151   | 11/1/2015                           | 11/1/2016                           | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
|             | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |           |          | NOT APPLICABLE   |                                     |                                     | COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX<br>BODILY INJURY (Per person) \$ XXXXXXXX<br>BODILY INJURY (Per accident) \$ XXXXXXXX<br>PROPERTY DAMAGE (Per accident) \$ XXXXXXXX<br>\$ XXXXXXXX   |
| B           | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED      RETENTION \$   | Y         | N        | EXC6023470-03  | 11/1/2015                           | 11/1/2016                           | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000<br>\$ XXXXXXXX  |
| C<br>D<br>E | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | N/A      | AMWC605740 (AOS)<br>AMWC606356 (OR)<br>AMWC607196 (CA) | 11/1/2015<br>11/1/2015<br>11/1/2015 | 11/1/2016<br>11/1/2016<br>11/1/2016 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                      |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
 Additional Insured: Property Located at 1097 Baker Street, Costa Mesa, CA 92626 (CSR0195) Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><b>12249299</b><br>C.M H.S. Baseball Boosters & the City of Costa Mesa<br>their officers, agents and employees when acting<br>in their official capacities as such<br>77 Fair Drive<br>Costa Mesa CA 92626 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

INSPECTION DATE 6/29

**TNT FIREWORKS**

SALES ASSOCIATE LAURA

CITY COSTA MESA

LOCATION# CSR0195 ORGANIZATION CMHS BASEBALL

SIZE 8 X 24 TYPE NN BACK DOORS 0 A-FRAMES 0

SET-UP 6/26 DOWN 7/7 LIGHTS MCGILLS

ADDRESS 1097 BAKER STREET (7-11)

INTERSECTION WEST OF GRACE LN ON BAKER

THOMAS GUIDE — COUNTY OC PAGE 859 GRID B5

SPECIAL INSTRUCTIONS SET STAND IN FRONT OF 7-11, NEXT TO SIGN FACING THE STREET. SET 8 FEET BACK FROM SIDEWALK



2016  
CITY OF COSTA MESA  
Fire Prevention Bureau  
Telephone: 714.327.7400

**SITING OF FIREWORKS STANDS**

**PURPOSE**

To ensure fireworks stands are located and installed in compliance with codes governing their installation and with the authority of the property owner. Property owners who approve their location and installation must be totally aware of the consequences of fireworks stands could have on vehicle parking. This standard ensures the siting of fireworks stands is in conformance with the Costa Mesa Municipal Code before being set in place and is authorized by the person (s) having control of the property.

**REQUIREMENTS**

A minimum of 100 feet from any gasoline dispenser or room in which vehicles containing gasoline are repaired; a minimum distance of 35 feet to any structure; a minimum distance of 5 feet to any sidewalk or 10 feet from curbing where no sidewalk exists; no parking within 10 feet of fireworks stand; provide adult night watchperson.

**REQUIRED SUBMITTAL**

A site map shall be provided to the Fire Prevention Bureau prior to siting fireworks stands in the City of Costa Mesa (deliver with application to the Finance Department). The site plan shall be drawn to scale and show the following at a minimum: all property lines; surrounding streets and sidewalks with distance to stand indicated; all buildings within 100 feet of the stand with distance to buildings and occupancy use of buildings indicated; all parking spaces within 100 feet of stand; location of adult night watchperson; location and type of power source; a written statement of how **NO PARKING** within 10 feet will be enforced.

\*Placement, setback requirements and property owners/agents authorization for fireworks stand is as follows:

**LOCATION**

Vacant lots on which stands are erected and maintained shall be free of all weeds and combustible material before the erection of any fireworks stand. It shall be the responsibility of the stand operator to see that this procedure is carried out.

The minimum placement requirements: 1) 100 feet from any gasoline dispenser or storage; 2) 35 feet from any structure; 3) 5 feet from sidewalks or 10 feet from curbing if no sidewalks; 4) location of power source if any (existing source "ES" or generator "G"). \*Also note on site plan the location of the adult night watchperson (noted on site plan as "WP").

**PROPERTY OWNER/Agent**

Authorized by: Scott Fraser, President  
America West Properties  
Agent for Segue, LLC

 \_\_\_\_\_ Date 12/1/15

Scott Fraser

Print Name

Check the applicable box:     Owner     Agent