

WMA 1276264

# State of Missouri

## EXEMPTION FROM MISSOURI SALES AND USE TAX ON PURCHASES AND SALES

Issued to:

LEE'S SUMMIT NORTH HIGH SCHOOL PTSA  
901 NE DOUGLAS  
LEE'S SUMMIT MO 64086

Missouri Tax I.D.  
Number: 16017331

Effective Date:  
07/11/2002

Your application for sales and use tax exempt status has been approved pursuant to Section 144.050, 2(c)(2), RSMo. This letter is issued as documentation of your exempt status.

Purchases by your Organization are not subject to sales or use tax if solely within the exempt civic or charitable functions and activities. When purchasing with this exemption, furnish all sellers or vendors a copy of this letter. This exemption may not be used by individuals making personal purchases.

Agents or contractors may not claim or benefit from your Organization's exempt status. Contractors paying for construction materials to fulfill a contract with your Organization must pay sales tax on all such materials. Only purchases of construction materials that are directly related to your Organization may be purchased exempt from sales tax.

Sales by your Organization are not subject to sales or use tax if solely within your Organization's exempt civic or charitable functions and activities. If your Organization engages in a competitive commercial business that serves the general public, even if the profits are used for purposes of your exempt function, you must obtain a Missouri Retail Sales Tax License and collect and remit sales tax.

This is a continuing exemption subject to legislative changes and review by the Director of Revenue. If your Organization ceases to qualify as an exempt organization, this exemption will cease to be valid. This exemption is not assignable or transferable. It is an exemption from sales and use taxes only and is not an exemption from real or personal property tax.

Any alteration to this exemption letter renders it invalid.

If you have any questions regarding the use of this letter, please contact the Division of Taxation and Collection, P.O. Box 3300, Jefferson City MO 65105-3300, Phone 573-751-2836.

# MISSOURI DIVISION OF FIRE SAFETY

## FIREWORKS PERMIT

### Seasonal Retailer

**COMPANY NUMBER:** 7822

**FEE:** \$50.00

**PERMITTED SELLING PERIODS:**

June 20, 2021 through July 10, 2021 and December 20, 2021 through January 2, 2022

Lone Jack Fireworks  
901 NE Douglas  
Lee's Summit, MO 64063

*Sandra K. Karsten*

DIRECTOR OF PUBLIC SAFETY

*J. Tim Bean*

STATE FIRE MARSHAL

**LICENSE NOT TRANSFERABLE**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/2/2021

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> Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (A/C, No, Ext): 216-658-7100	<b>FAX</b> (A/C, No): 216-658-7101
<b>INSURED</b> Lone Jack Fireworks, LLC 12521 15th Street Grandview MO 64030	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Everest Indemnity Insurance Co.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		
<b>NAIC #</b> 10851		

**COVERAGES****CERTIFICATE NUMBER:** 2107312444**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	<b>GENERAL LIABILITY</b> <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		SI8ML02067-202	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS 8166972217 <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

\*\*For premise liability - this certificate reflects coverage for the dates and location noted below only.\*\*

\*\*For product liability - this certificate reflects coverage for product purchased from the above referenced named insured only\*\*

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

Dates of Coverage: 06/23/21 through 07/07/21

Location: 901 NE Douglas Lee's Summit, Missouri

Operator: Lee's Summit North High School

Landowner: Lee's Summit R-7

Additional Insured: Lone Jack Fireworks dba Pyro City; City of Lee's Summit, Lee's Summit R-7, Lee's Summit North High School

**CERTIFICATE HOLDER****CANCELLATION**Lone Jack Fireworks dba Pyro City  
105 S. Firecracker Lane  
Lone Jack MO 64070

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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## **WRITTEN NARRATIVE DESCRIPTION OF PROPOSED EVENT**

The address of the site on which the proposed events is to be held is **901 NE Douglas, Lee's Summit, Missouri 64063**

The date(s) of the proposed event is from **June 23, 2021 through July 4, 2021.**

The hours of operation will be **8:00 a.m. through 11:00 p.m.**

We anticipate the attendance of this location to be a few hundred people during the duration of operation.

Lee's Summit North High School will use a **40 x 80 tent.**

**Signage Plan:** 1. 7 x 7 Vinyl Sign side of tent – Road Front (1)  
2. 3 x 8 Vinyl Sign side of tent – Road Front (2)  
3. 32 Square Foot Banner which recites the identify of the licensee, banner will be attached between 2 poles security place in the ground.  
4. 12" x 12" sign near the cash register or checkout which recites the identity of the licensee.

Security for this location will be provided by licensed security officers pursuant to Lee's Summit City Codes and will be on duty during the non-operating hours of **11:00 p.m. through 8:00 a.m.**

Electrical will be provided from a generator and will meet State & Local requirements. Extension cords will be protected from traffic and pedestrians. They will be proper wire size given the amp city of the circuit feeding them.

Portable restroom for this location is indicated on the site plan.

Google Maps



imagery ©2016 Google, Map data ©2016 Google 100 ft

Google Maps

Site plan for 901 NE Douglas Lee's Summit, Missouri





Imagery ©2016 Google, Map data ©2016 Google 20 ft

## Google Maps

**Site Plan for 901 NE Douglas Lee's Summit, Missouri**

**This site plan reflects location of tent, generator and portable restroom.**

**G - Generator**

**PR - Portable Restroom**