

**MISSOURI DIVISION OF FIRE SAFETY**

**FIREWORKS PERMIT**

**Seasonal Retailer**

**COMPANY NUMBER:** 10594

**FEE:** \$50.00

**PERMITTED SELLING PERIODS:**

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

C Sharp LLC  
310 SW Ward Rd  
Lees Summit, MO 64081

*Sandra K. Karsten*

DIRECTOR OF PUBLIC SAFETY

*J. Tim Bean*

STATE FIRE MARSHAL

**LICENSE NOT TRANSFERABLE**



**State of Missouri**  
**John R. Ashcroft Secretary of State**

Corporations Division  
 PO Box 778 / 600 W.Main St., Rm. 322  
 Jefferson City, MO 65102

N00028072  
 Date Filed: 06/17/2020  
 John R. Ashcroft  
 Missouri Secretary of State

**2020 - 2021 Biennial Registration Report**

**Charter Number** N00028072  
**Entity Name** HOPE HOUSE, INC.  
**Registered Agent** Mary Anne Metheny

**Renewal Month** May  
**Report Due By** 08/31/2020

1121 N. E. Independence Avenue, Lees Summit,  
 Missouri, 64081, United States

**Principal Place of Business or Corporate Headquarters**

1121 NE Independence Ave, Lees Summit, Missouri,  
 64086, United States

**OFFICERS**

<b>Name</b>	Abby Mocek
<b>Title</b>	Treasurer
<b>Address</b>	1121 NE Independence Ave, Lee's Summit, Missouri, 64086, United States
<b>Name</b>	Angela Presnell
<b>Title</b>	President
<b>Address</b>	1121 NE Independence Ave, Lees Summit, Missouri, 64086, United States

**BOARD OF DIRECTORS**

<b>Name</b>	Amy Doll
<b>Title</b>	Director
<b>Address</b>	1121 NE Independence Ave, Lee's Summit, Missouri, 64086, United States
<b>Name</b>	Carolyn Walters
<b>Title</b>	Director
<b>Address</b>	1121 NE Independence Ave, Lees Summit, Missouri, 64086, United States

**In Affirmation thereof, the facts stated above are true and correct:**

The undersigned believes the statements presented in this filing are true and correct to the best of their knowledge and belief, they are subject to the penalties provided under section 575.040 RSMo. for making a false declaration under Section 575.060 RSMo

The undersigned agrees and represents that he/she is authorized to execute this document

**Name** MaryAnne Metheny  
**Title** President  
**Date** 06/17/2020

**Reference Number** SR36760

**Receipt Number** TR96604

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

**DRAYTON INSURANCE BROKERS, INC.**

2500 CENTER POINT ROAD, SUITE 301  
BIRMINGHAM, ALABAMA 35215  
PHONE: (205) 854-5806  
FAX: (205) 854-5899

POST OFFICE BOX 94067  
BIRMINGHAM, ALABAMA 35220  
EMAIL: dib@draytonins.com

**CERTIFICATE OF INSURANCE**

NO. 140513

We certify that insurance is afforded as stated below. This Certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the insurance policy and the insurance afforded is subject to all the terms, exclusions and conditions of the policy.

**INSURER** Admiral Insurance Company **POLICY NO.** CA000003209-31-1029

**NAMED INSURED** Wald and Company, Inc.  
P.O. Box 319  
Greenwood, Missouri 64034

**POLICY TERM** March 1, 2021 to March 1, 2022; Both Days 12:01 A.M. Standard Time

**COVERAGE** Premises-Operations Liability:  Occurrence Basis  Claims Made Basis

**LIMIT OF LIABILITY** \$1,000,000 each occurrence, \$3,000,000 general aggregate  
The limit of liability shall not be increased by the inclusion of more than one insured or additional insured.

**INSURED OPERATIONS** The sale of consumer fireworks (1.4G) and related products at the Insured location, during the period of operation.

It is certified that, for the period of operation stated below and when named below as such, this policy includes as Additional Insureds 1) the operator(s), sponsor(s), promoter(s), organizer(s), of the Insured Premises used principally for the retail sale of consumer fireworks supplied by the Named Insureds and/or 2) the owner(s), manager(s), tenant(s), mortgagee(s) (including other entities having similar interests), of the property on which the Insured Premises is located and/or 3) the licensing authority issuing a permit or license for the operation of the Insured Premises and/or 4) any entity for which the Named Insured is required, by written contract, to provide insurance such as is afforded by the terms of this policy.

**NAME(S) OF  
ADDITIONAL INSURED(S)**

**STAND OPERATOR: Christopher B. Sharp, CSHARP LLC.**

**City of Lee's Summit, Missouri  
Hy-Vee  
Hope House**

**ADDRESS OF  
INSURED PREMISES** Hy-Vee Parking Lot, 310 SW Ward Road, Lee's Summit, MO 64081

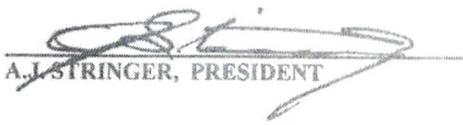
**PERIOD OF OPERATION** June 15, 2021 through July 15, 2021

It is certified that this policy requires a 30 day mutual notice of cancellation between the Insurer and the Named Insured. In the event of such cancellation we will endeavor to mail 10 days written notice to the Additional Insured(s), whose name and address is shown hereon, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer and/or the undersigned.

DRAYTON INSURANCE BROKERS, INC.

4-5-21

DATE OF ISSUE

  
A.J. STRINGER, PRESIDENT

## **Hope House Fireworks**

**The Hope House firework tent will be located in the Hyvee parking lot.**

**(310 SW WARD RD. L.S.MO.)**

**FROM 6/23/21 THRU 7/4/21**

**HOURS OF OPERATION 8AM TO 11PM**

**ATTENDANCE 300 TO 500**

**TENTS FOR ALL EVENTS WILL PROVIDE,SET UP,AND TAKE DOWN A FIRE CERTIFIED TENT.**

**A GUARD WILL BE PRESENT WHENEVER THE TENT IS CLOSED TO THE PUBLIC.**

**EXISTING OUTLETS, LOCATED ON THE LIGHT POLES, WILL BE USED AS A POWER SUPPLY.**

**CITY WATER IS AVAILABLE ON SITE.**

**THE REQUIRED FIRE EXTINGUISHERS WILL  
BE ON SITE**

Hope House  
Signage Plan 2021

A 3 foot by 12 foot banner will be placed on the outside of the tent.

A 12 inch by 12 inch laminated sign will be displayed by the cash register.



Try restaurant...



Hy-Vee

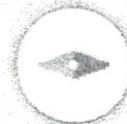
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TENT

O'Reilly Auto Parts

restone Complete Auto Care

Google



Explore



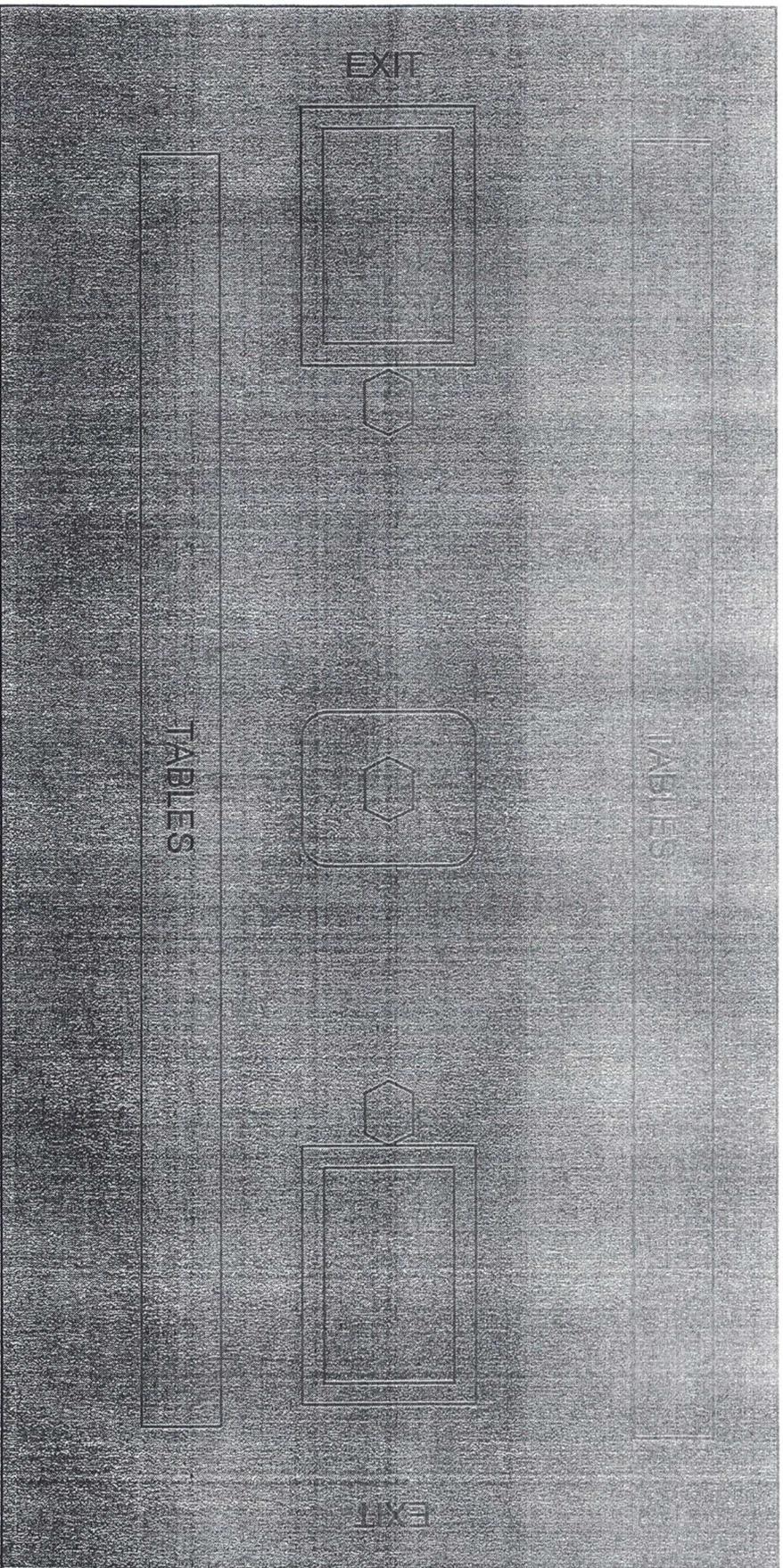
Commute



For you

# Interior Site Plan

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EXIT

TABLES

TABLES

EXIT

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FIRE EXTINGUISHER



CHECKOUT



PALLET