

# Sky Blooms Fireworks, LLC

L 112 Lakeshore Drive

Lake Lotawana, Missouri 64086

(816) 916-9801

Fax: (816) 229-0099

To whom it may concern,

One Good Meal would like to propose to the City of Lee's Summit, Missouri from the dates June 24, 2021 to July 4, 2021 to have a fireworks tent located on the property of 699 NW Blue Parkway, Lee's Summit, MO (Summit Fair) for the purpose of selling fireworks and as a fundraiser.

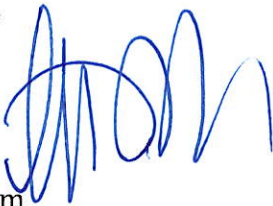
The hours of operation for this tent will be from 8:00 AM to 10:00 PM on the days that the tent is open for business. The anticipated attendance of the tent is expected to be around 600 customers based on the attendance of the tent in previous years.

This event will include one 40 ft by 80 ft tent along with banners displaying the name of the nonprofit organization and the sale of fireworks. The electrical source for this tent will be a generator or the direct access to an electrical outlet in compliance with all city and fire safety codes. A certified security company will provide the security for this location from the hours of 10:00 PM to 8:00 AM. The group will provide their own potable water throughout the course of the event.

One Good Meal will be operating this tent in conjunction with Sky Blooms Fireworks, LLC. This permit is being submitted as Sky Blooms Fireworks, LLC who will be the responsible party for insurance purposes, thus relieving the non-profit organization from any liability.

If you have any questions concerning this application, please do not hesitate to contact me at 816-916-9801.

Sincerely,



Stan Bloom

President

OGDEN UT 84201-0038

In reply refer to: 0437772883  
Nov. 12, 2008 LTR 4168C EO  
43-1779562 000000 00 000  
00019343  
BODC: TE

ONE GOOD MEAL INC  
% BETTY MCKNOUGHT  
PO BOX 2222  
LEES SUMMIT MO 64063-7222224

0407

Employer Identification Number: 43-1779562  
Person to Contact: S MILLIGAN  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Oct. 31, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in September 1997, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Rita Sandoval  
Accounts Management II





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2021

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 and Associates, Inc. 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>E-MAIL ADDRESS:</b> info@brittongallagher.com
<b>INSURED</b> Ingram Enterprises, Inc. dba Fireworks Over America 1100 West 40 Highway Odessa MO 64076	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Everest Indemnity Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

**COVERAGES**

CERTIFICATE NUMBER: 1018501537

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 <input checked="" type="checkbox"/> \$2500 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC		S18GL00655-201	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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 <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"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <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)

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

Stand Owner, Property Owner and Others listed below are named additional insured's.

Stand Owner: Stan Bloom, Sky Bloom Fireworks, LLC

Property Owner: Block &amp; Co.

Stand Manager: One Good Meal

Other: City of Lee's Summit, MO

Location: Summit Fair, 699 NW Blue Parkway, Lee's Summit, MO

Effective Dates: June 20, 2021 through July 10, 2021

**CERTIFICATE HOLDER****CANCELLATION**

Sky Bloom Fireworks LLC  
Stan Bloom  
L112 Lakeshore Drive  
Lake Lotawana MO 64086

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

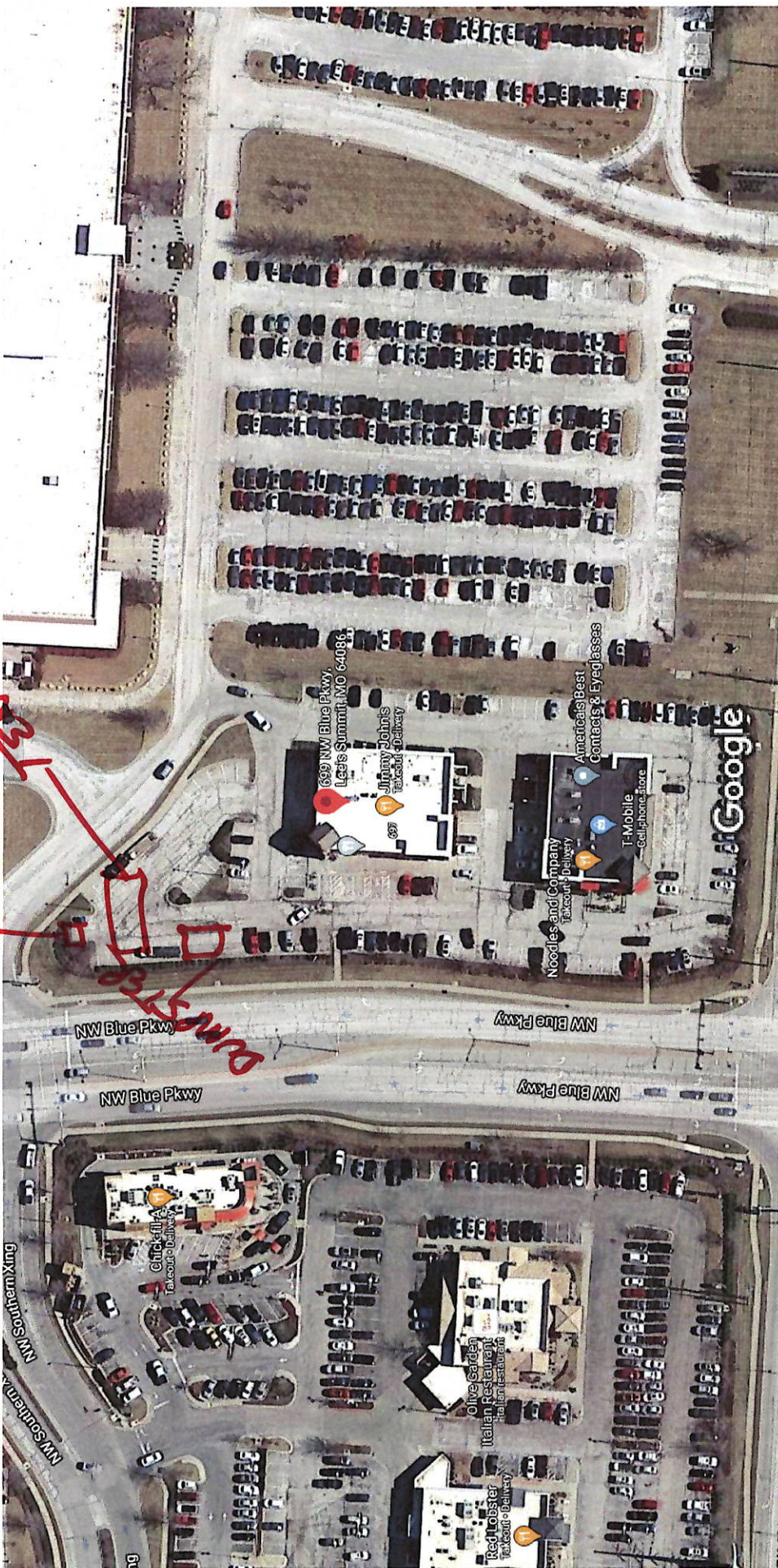
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Handwritten red notes on the map:  
- "Dining" with an arrow pointing to a red-outlined area.  
- "905 ft" with an arrow pointing to a red-outlined area.  
- "131 ft x 80 ft" with an arrow pointing to a red-outlined area.

699 NW Blue Pkwy

Google Maps



Imagery ©2021 Maxar Technologies, Map data ©2021 50 ft