

John R. Ashcroft
Missouri Secretary of State

MISSOURI ONLINE BUSINESS FILING

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Nonprofit Corporation Details as of 2/5/2024

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General Information	Filings	Principal Office Address	Contact(s)
Name	HOPE HOUSE, INC.	Principal Office Address	1121 NE Independence Ave Lees Summit, MO 64086-5504
Type	Nonprofit Corporation	Charter No.	N00028072
Domesticity	Domestic	Home State	MO
Registered Agent	Metheny, Mary Anne 1121 NE Independence Ave Lee's Summit, MO 64086	Status	Good Standing
Date Formed	8/24/1982		
Duration	Perpetual		
Report Due	8/31/2024		

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MISSOURI DIVISION OF FIRE SAFETY

FIREWORKS PERMIT

Seasonal Retailer

Permit Number: 24-S-048-1224-4

Date of Issue: January 4, 2024 3:51 PM

Permitted Selling Periods:

Chapter 320.141 RSMo: "Permissible items of consumer fireworks defined in section 320.131 may be sold at wholesale or retail by holders of a jobber's permit to nonlicensed buyers from outside the state of Missouri during a calendar year from the first day of January until the thirty first day of December. Permissible items of consumer fireworks defined in section 320.131 may be sold at retail by holders of a seasonal retail permit during the selling periods of the twentieth day of June through the tenth day of July and the twentieth day of December through the second day of January."

CSHARP LLC

310 SW Ward Rd, Lees Summit, MO, 64081, USA

38.909907878060466

THIS PERMIT IS NOT TRANSFERABLE AND ONLY APPLICABLE AT LOCATION LISTED ABOVE.

Sandra K. Karsten

Sandra K. Karsten

Director of Public Safety

J. Tim Bean

J. Tim Bean

State Fire Marshal



Seasonal Retailer Fire Safety Inspection completed on (date): _____

Inspected by (Printed Name of DFS Inspector/Investigator): _____

DSN: _____

Signature: _____



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. 440701

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.** CA000003209-34-1029

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

POLICY TERM March 1, 2024 to March 1, 2025; 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, Missouri

PERIOD OF OPERATION June 10, 2024 through July 10, 2024

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.

3-25-24

DATE OF ISSUE


A.J. STRINGER, PRESIDENT

HOPE HOUSE

THE TENT WILL BE
LOCATED (310 SW Ward
Rd., L.S.MO.)

FROM JUNE 23RD THRU
JULY 4TH OF 2024.

HOURS OF OPERATION:
8AM TO 10PM

ATTENDANCE: 300 TO 500
TENTS FOR ALL EVENTS
WILL PROVIDE, SET UP,
AND TAKE DOWN A FIRE
CERTIFIED TENT.

A SECURITY GUARD WILL
BE PRESENT WHENEVER
THE TENT IS NOT OPEN TO
THE PUBLIC

2200 WATT INVERTER
GENERATOR WILL BE USED
AS A POWER SUPPLY.

CITY WATER IS AVAILABLE
ON SITE.

THE REQUIRED FIRE
EXTINGUISHERS WILL BE
ON SITE.

SW 3rd St

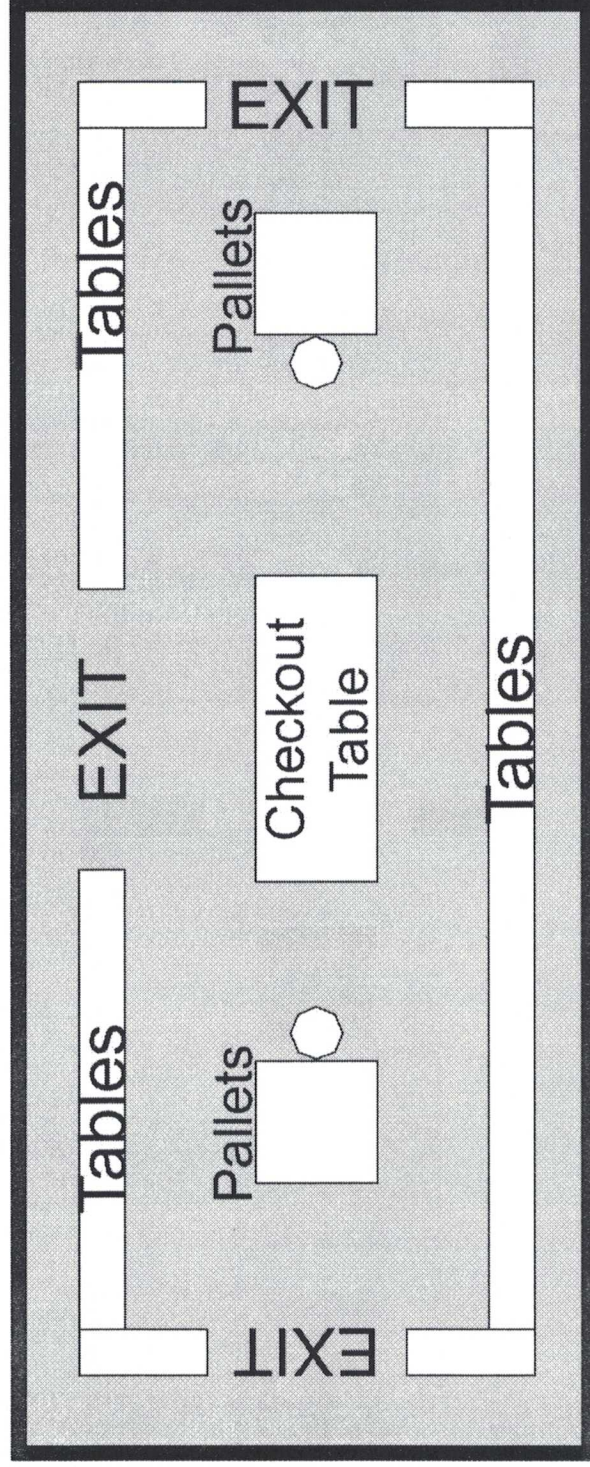
SW Ward Rd

HY-VEE
310 SW WARD RD.

TENT

100 ft.

40 ft.



40 ft.

100 ft.

Extinguishers:

