

WM# 1276264

State of Missouri

EXEMPTION FROM MISSOURI SALES AND USE TAX ON PURCHASES AND SALES

Issued to:

Missouri Tax I.D.
Number: 16017331LEE'S SUMMIT NORTH HIGH SCHOOL PTSA
901 NE DOUGLAS
LEE'S SUMMIT MO 64086Effective Date:
07/11/2002

Your application for sales/use tax exempt status has been approved pursuant to Section 144.030.2(20), 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 conduct of your Organization's 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 billed 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

Permit Number: 25-S-048-0255-1

Date of Issue: March 25, 2025 12:57 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."

Lone Jack Fireworks LLC

901 NE Douglas St, Lees Summit, MO, 64086, USA

-94.3775042120244 38.92896579994035

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

Mark S. James

Mark S. James

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: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/27/2025

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).

PRODUCER Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	CONTACT NAME:	
	PHONE (A/C, No, Ext): 216-658-7100	FAX (A/C, No): 216-658-7101
INSURED Lone Jack Fireworks, LLC 12521 15th Street Grandview MO 64030	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Kinsale Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC # 38920		

COVERAGES**CERTIFICATE NUMBER:** 1349004628**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	GENERAL LIABILITY		0100341656-0	12/31/2024	12/31/2025	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	8166972217					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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: 06/23/25 through 07/07/25

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, 2025 through July 4, 2025.**

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.

3/30/2016

Google Maps



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

Google Maps

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

<https://www.google.com/maps/@38.928202,-94.3777801,380m/data=!3m1!1e3>



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