

**NORTHAMPTON CITY COUNCIL**  
**FIREWORKS DISPLAY PERMIT**

Applicant: Northampton Family Fourth Committee, Inc.

Address: 300 North Main Street, Florence, MA

Telephone Number: (413) 584-5457

Date & Time of Display: June 22, 2019 @ 9:15 p.m. (Rain Date: June 23, 2019)

Location of Display: Look Park, 300 North Main Street, Florence, MA 01062

Owner of Location: City of Northampton

Estimated Length of Display: approximately 15 Minutes

Operator(s) Of Display: William Willard

Type of Display: Largest Shell Size to be Fired 4-inch, 1,302 aerial shells

Fire Department Permit Received (Date): April 12, 2019

**FOR CITY COUNCIL USE ONLY**

Date of Application: April 18, 2019

Submitted to City Council: \_\_\_\_\_

Approved by City Council: \_\_\_\_\_

Conditions or  
Restrictions: \_\_\_\_\_  
\_\_\_\_\_

The applicant is required to publish notice of the fireworks display in a newspaper of general circulation in the city at least one (1) week prior to the date of the display. Notice must also be given on a local radio station at least once during the week preceding the display. Notify the Council Clerk of the dates of advertisements. Failure to advertise or notify Clerk shall result in revocation of this permit.

Newspaper: \_\_\_\_\_ Date: \_\_\_\_\_

Radio: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Clerk to the City Council



Department of Fire Services  
Commonwealth of Massachusetts

Application/Permit for Supervised Display of Fireworks (FP-027)

This form shall be used as the application and permit for all supervised display of fireworks in the Commonwealth of Massachusetts.

A copy of this application and required documentation must be submitted to the head of the local fire department at least twenty (20) days in advance of the proposed date of display as required by 527 CMR 1.00: 1.12.8.39.2.2(1).

Required Documentation to be Submitted

- Diagram/site plan showing points where fireworks are to be discharged, location/distance to the audience, buildings, highways, overhead obstructions, etc. (handwritten maps are not acceptable; Maps must be Google, Bing, GIS)
- The number and description of the fireworks/pyrotechnics including the diameter of the shells.
- A copy of the natural barrier letter from the State Fire Marshal's Office (if applicable).
- FAA, Coast Guard, or other agency approvals/notifications

One copy of this form and required documentation must be forwarded by the Head of the Fire Department to the State Fire Marshal (by email [dfs.licensing@state.ma.us](mailto:dfs.licensing@state.ma.us), fax, or mail) not later than five (5) days after receipt of said application as required by 527 CMR 1.00: 1.12.8.39.2.2(4).

Name of Sponsor: Northampton Family Fourth Committee, Inc. Phone #: 413.584.5457

Address of Sponsor: 300 North Main Street Florence, MA. 01062

Location of Display (GPS coordinates): 42° 20' 49.50" N / 72° 41' 17.84" W

Nearest GPS Street Address to display set up: 300 North Main Street Florence, MA. 01062

Date of Display: June 22, 2019 Time of Display: 9:15 P.M. Rain Date: June 23, 2019

Largest Shell Size to be Fired 4-inch Number of Aerial Shells: 1,302

Number of Ground Pieces: None Number of Cakes & Max. Diameter None

This Show is: Public  Private

Fireworks/Special Effects Company: Pyrotecnico Fireworks, Inc. Phone #: 800.458.4656

Current Users Certificate Number: PY-001012 Date of Expiration: 01/14/2020

Name of Competent Operator: William Willard

Certificate of Competency #: FW-000252 Expiration Date: 11/09/2019

Company Supplying Fireworks: (if different from applicant user certificate listed above): \_\_\_\_\_

Manner and Location of Storage of Fireworks Prior to Display:

On site, in a D.O.T. approved vehicle, secured and placarded

Signature of Competent Operator: \_\_\_\_\_

Thomas Spencey ←

Date: April 02, 2019

FACILITY MANAGER

I hereby certify that the competent operator named above has my approval and that in my opinion, the display described will be of such character, so located, discharged or fired as not to be hazardous to property or to endanger any person or persons. (G.L. Chapter 148, §39A)

There are no changes to the natural barrier approval (no new developments, etc)

Restrictions:

Chief officer required on scene upon the arrival of fireworks and throughout the shoot. An Engine company required to be on scene for the display.

Signature of Head of Fire Department: \_\_\_\_\_

Duane Nichols

Date: 4-12-19

This permit will expire at midnight on June 24 2019

One copy of this form must be forwarded to the State Fire Marshal (electronically, mail or fax) no more than five (5) days after receipt of said application by the head of the fire department as required by 527 CMR 1.00: 1.12.8.39.2.2 (4).

### For Fire Department Use Only

#### Before the Show

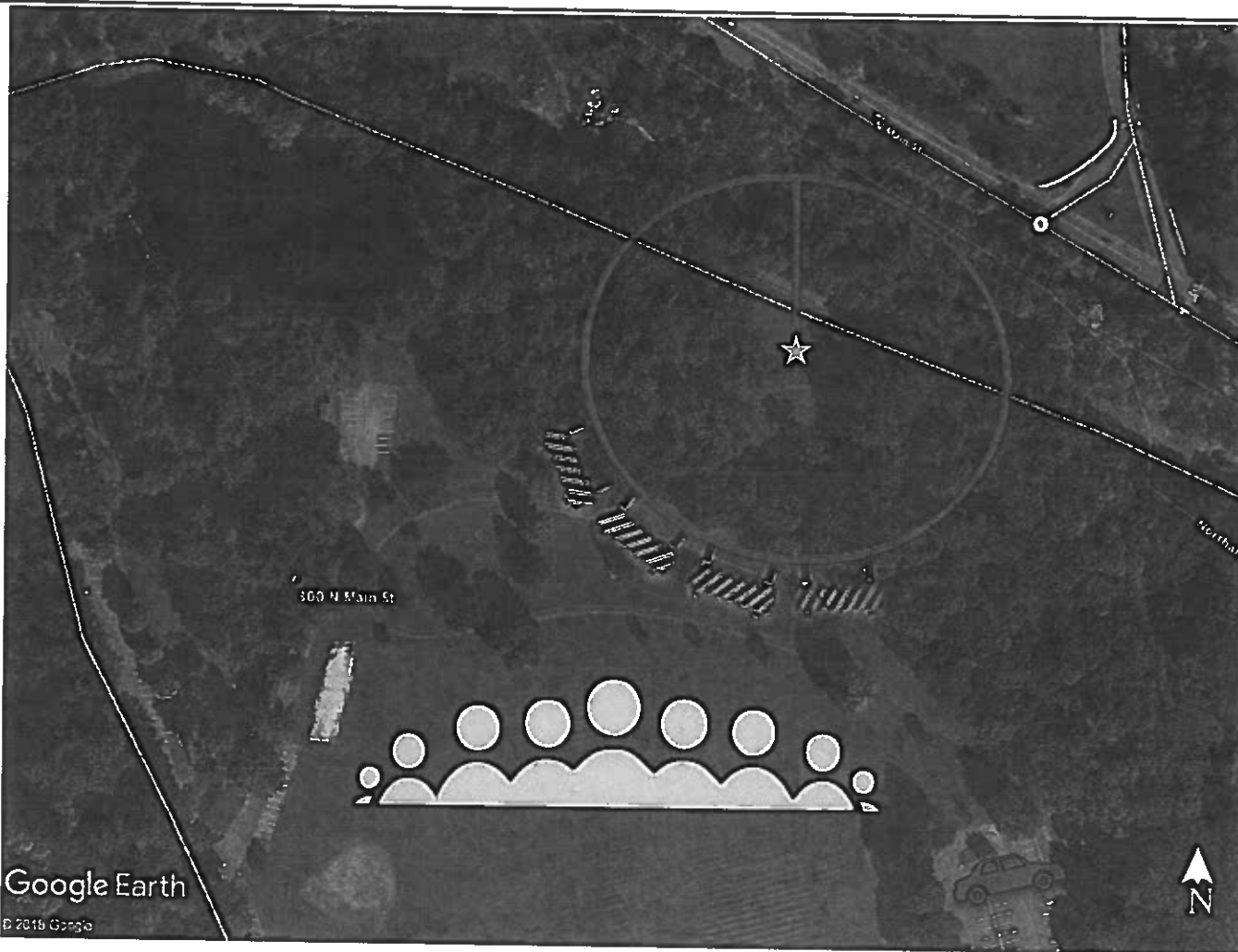
- Review DEP advisory on perchlorates
- Verify active license and company information at [www.mass.gov/dfs](http://www.mass.gov/dfs) (License Lookup)

#### Day of Show

- Pre show site inspection: Establish secured area with a suitable barrier such as snow fencing or equivalent (caution tape is not sufficient). Natural barriers, as approved by SFMO, have not changed. Secured area must be established and maintained from the arrival of the fireworks until the completion of the display.
- If using racks, determine that the rack placement conforms to the approved site.
- Check racks for correct spacing and stability. Check angling of mortars.
- If not using racks, determine that mortar tubes are sufficiently buried. Check angling of mortars.
- Determine weather and wind conditions just prior to display. If necessary conduct a test shot.
- All fireworks shall be fired electrically.

#### Following the Show

- A competent operator must ensure a search is made for any unignited shells and related materials immediately following the display and at the first available daylight.
- Upon completion of the search, a competent operator shall report all findings to the head of the local fire department.



Google Earth  
© 2019 Google

☆ - Firing Site     - Closed \*Northampton to provide snow fence + security & fire watch detail

 - Audience     - Parking

○ - Safety Fallout Zone     - 280' Radius    4" Maximum Device Per NFPA 70' Per Inch Policy

**NORTHAMPTON  
FAMILY FOURTH**  
Display Site Plan  
Show Date: 06.22.2019  
Rain Date: 06.23.2019

**Look Park**  
300 North Main Street  
Florence, MA 01062

**LAT / LONG**  
42° 20' 49.50" N  
72° 41' 17.84" W

**REVISED DATE:**  
January 3, 2019

**NOTES:**  
Site plan is drawn to an  
approximate scale using  
NFPA 1123, NFPA 1126 or  
NFPA 160 as applicable.



PYROTECNICO fx



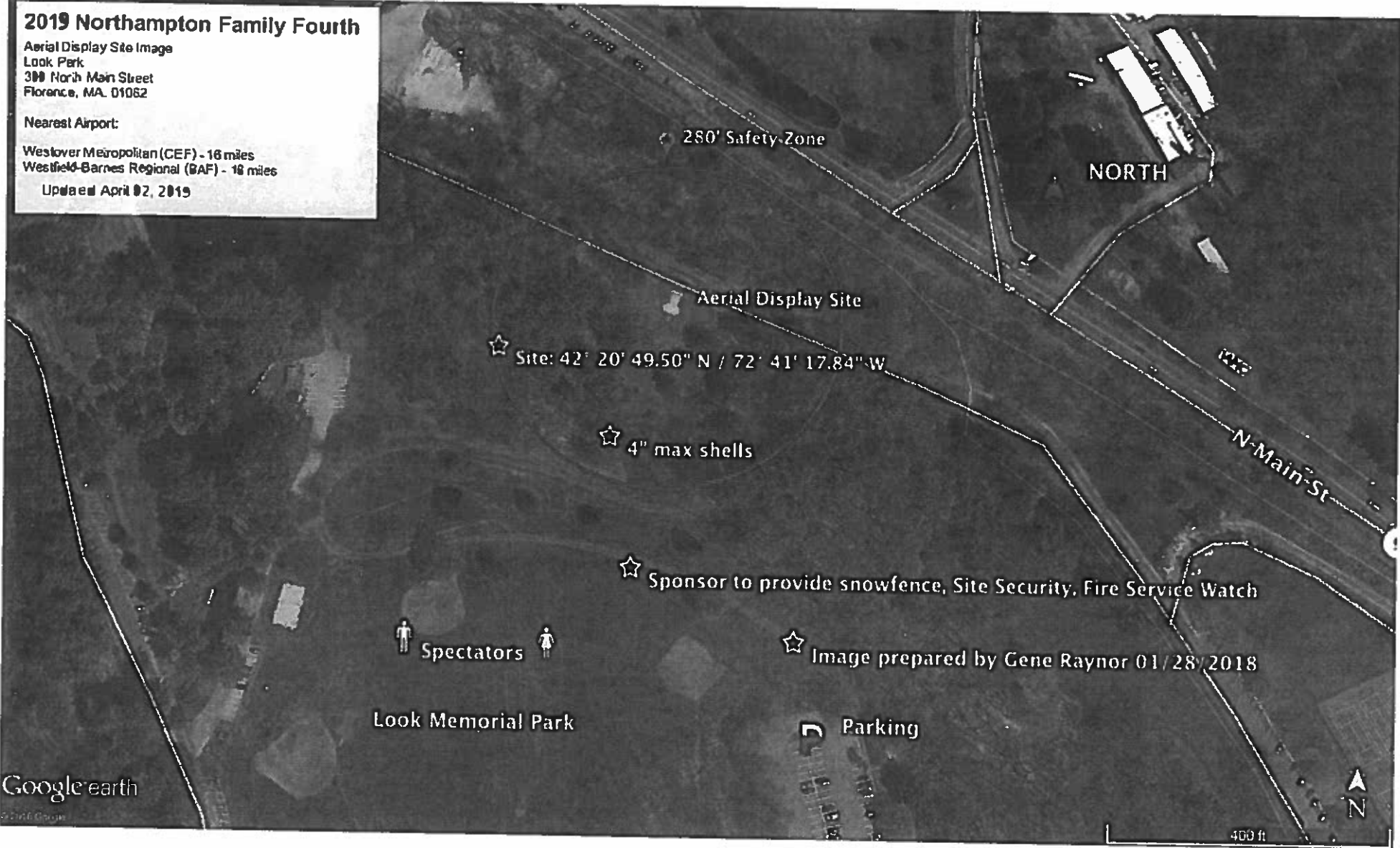
# 2019 Northampton Family Fourth

Aerial Display Site Image  
Look Park  
300 North Main Street  
Florence, MA. 01062

## Nearest Airport:

Westover Metropolitan (CEF) - 16 miles  
Westfield-Barnes Regional (BAF) - 18 miles

Updated April 02, 2019





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/2/2019

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> PHONE (A/C, No., Ext): 216-658-7100      FAX (A/C, No.): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com															
<b>INSURED</b> Pyrotecnico Fireworks Inc. P.O. Box 149 299 Wilson Road New Castle PA 16103		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Everest Indemnity Insurance Co.</td> <td>10851</td> </tr> <tr> <td>INSURER B: Everest National Insurance Company</td> <td>10120</td> </tr> <tr> <td>INSURER C: Maxum Indemnity Company</td> <td>26743</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Everest Indemnity Insurance Co.	10851	INSURER B: Everest National Insurance Company	10120	INSURER C: Maxum Indemnity Company	26743	INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**      **CERTIFICATE NUMBER: 325927168**      **REVISION NUMBER:**

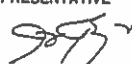
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSR	SUBR 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			S18ML00891-191	1/14/2019	1/14/2020	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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S18CA00141-191	1/14/2019	1/14/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			EXC6030375	1/14/2019	1/14/2020	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	<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		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Excess Liability #2			EXC6034019	1/14/2019	1/14/2020	Each Occurrence \$5,000,000 Aggregate \$5,000,000 Total Excess Limits \$9,000,000

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.  
Fireworks Display Date: June 22, 2019 Rain Date: June 23, 2019  
Location: Look Memorial Park, 300 N Main Street, Florence, MA 01062  
Additional Insured: Northampton Family Fourth Committee, Inc.; Look Memorial Park; City of Florence, MA

**CERTIFICATE HOLDER**      **CANCELLATION**

Northampton Family Fourth Committee, Inc. 300 N Main Street Florence MA 01062	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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/15/2018

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 have ADDITIONAL INSURED provisions or 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> MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265 Birmingham, AL 35202	<b>CONTACT NAME:</b> Melanie Allen	
	<b>PHONE (A/C, No, Ext):</b> 800-476-2211	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> mail@mcgriff.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Continental Indemnity Company		28258
<b>INSURER B :</b>		
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED**  
Pyrotecnico Fireworks, Inc.  
P.O. Box 149  
New Castle, PA 16103

### COVERAGES

CERTIFICATE NUMBER:GYVC7B96

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	ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COM/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<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	Y/N	N/A	738720960414 (Blanket Waiver of Subrogation Incl'd)	06/07/2018	06/07/2019	X PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
								\$
								\$
								\$
								\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Evidence of Coverage

### CERTIFICATE HOLDER

### CANCELLATION

Evidence of Coverage	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 

**VERIFICATION CERTIFICATE FOR  
INDEFINITE TERM SURETY BOND**

---

THIS IS TO CERTIFY that Bond No. 21BSBFX8422 issued by Hartford Fire Insurance Company dated this 1 day of February, 2011, in the amount of Fifteen Thousand Dollars and 00/100 Dollars (\$15,000.00), on behalf of Pyrotecnico Fireworks Inc. (as Principal), and in favor of The Commonwealth of Massachusetts (as Obligee), covers a term which began on the 1 day of February, 2011, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated\* (enter below)  
December 27, 2018

Hartford Fire Insurance Company

BY: Mark W. Edwards, II  
Mark W. Edwards, II  
Attorney-in-Fact

2/1/2019 – 2/1/2020

\*Use current or renewal date.

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# POWER OF ATTORNEY

Direct Inquiries/Claims to:

**THE HARTFORD**

BOND, T-12

One Hartford Plaza

Hartford, Connecticut 06155

[Bond.Claims@thehartford.com](mailto:Bond.Claims@thehartford.com)

call: 888-268-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MCGRIFF SEIBELS & WILLIAMS INC  
Agency Code: 21-250036

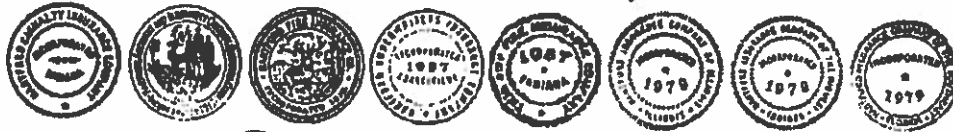
- Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited :

R.E. Daniels, Shelby E. Daniels of Pensacola, FL, Robert Read Davis of Atlanta, GA, Robert M. Verdin of Metairie, LA, Christopher C. Gardner of Union, MS, Anna Childress, Mark W. Edwards II, Alisa B. Ferris, Robert R. Freel, Ronald B. Giadrosich, Jeffrey M. Wilson of BIRMINGHAM, Alabama

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



*John Gray*

John Gray, Assistant Secretary

*M. Ross Fisher*

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

} ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

*Kathleen T. Maynard*

Kathleen T. Maynard  
Notary Public

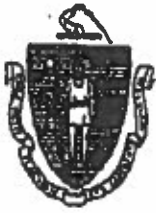
My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of December 27, 2018.  
Signed and sealed at the City of Hartford.



*Kevin Heckman*

Kevin Heckman, Assistant Vice President



*The Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Department of Fire Services*

*P.O. Box 1025 ~ State Road*

*New, Massachusetts 01775*

*(978) 567-3100 Fax (978) 567-3121*



*JW*

**COPY**

**Approval of Natural Barriers**

527 CMR 2.08 (3) (c)

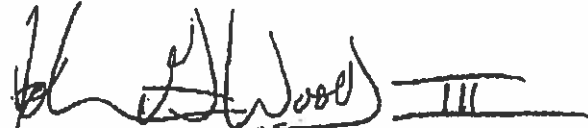
Date of Inspection/Approval: May 2, 2011

Location of Display: Look Park, Northampton Ma

Type of Natural Barrier: Woods, Embankment

This letter constitutes approval of natural barriers as provided in 527 CMR 2.08 (3) (c). This approval is granted subject to the following terms and limitations.

1. It is the responsibility of the competent operator (CO) to insure that the distance from the mortars to the outer edge of the natural barriers is no less than the distance specified in NFPA 1123(2010 Edition) Table 5.1.3.1
2. It is the responsibility of the competent operator (CO) to insure that all areas not protected by an approved natural barrier are protected as provided in 527 CMR 2.08 (3) (b).
3. It is the responsibility of the competent operator (CO) to insure that any openings in the natural barrier e.g.: paths, trails etc. are secured as provided in 527 CMR 2.08 (3) (b).
4. It is the responsibility of the competent operator (CO) to insure that adequate provisions are made so that no watercraft may enter the restricted area specified in NFPA 1123(2010 Edition) Table 5.1.3.1
5. This letter shall be deemed to be part of any Permit issued for the display of fireworks at the location specified above. 527 CMR 2.04 (4) (g).
6. This approval does not constitute a waiver of any of the requirements or responsibilities specified in Chapter 148 or 527 CMR 2.

Approved: 

Compliance Officer  
Code Compliance & Enforcement Unit  
Division of Fire Safety

Department of Fire Services

FW-000252

Fireworks Certificate of Competency


Bill T Willard  
51 South Road  
Westhampton MA 01027



Expiration Date  
11/09/2019

State Fire Marshal *Re J. [Signature]*

MASSACHUSETTS COMMERCIAL DRIVER'S LICENSE



12-18-2014 XTP 553592455  
11-09-2019 11-09-1954  
WILLARD  
WILLIAM T JR  
51 SOUTH RD  
WESTHAMPTON, MA 01027-9662

*William T. Willard*

F 00 13 10 2014 Rev 07-15 2009



*The Commonwealth of Massachusetts*  
*Department of Fire Services*  
**Pyrotechnic User Certificate**  
**PY-001012**

This is to certify that in accordance with all Massachusetts laws and regulations a  
Pyrotechnic User Certificate is hereby issued to:

**Expiration Date: 01/14/2020**

**Restrictions or Secondary License Type:**

**Pyrotecnico Fireworks, Inc.**  
**PO Box 149**  
**New Castle PA 16103**

**State Fire Marshal**

A handwritten signature in black ink, appearing to read "Peter J. O'Sullivan".

Post in a conspicuous place. Verify the status of this Certificate at [www.mass.gov/dfs](http://www.mass.gov/dfs)



*The Commonwealth of Massachusetts*  
*Department of Fire Services*

**Permit to Transport Fireworks**  
**TF-004053**

This is to certify that in accordance with all Massachusetts laws and regulations a  
Permit to Transport Fireworks is hereby issued to:

**Expiration Date: 07/25/2019**

**Restrictions or Secondary License Type:**

**Pyrotecnico Fireworks, Inc.**  
**PO Box 149**  
**New Castle PA 16103**

**State Fire Marshal**

A handwritten signature in black ink, appearing to read "Peter J. O'Sullivan".

Post in a conspicuous place. Verify the status of this Certificate at [www.mass.gov/dfs](http://www.mass.gov/dfs)



U.S. Department  
of Transportation

Eastern Service Center  
Operations Support Group  
AJV-E2

1701 Columbia Ave.  
College Park, GA 30337

## FIREWORKS DISPLAY NOTIFICATION

Company Name: Pyrotecnico Fireworks, Inc  
Email Address of Person Submitting Request: graynor@pyrotecnico.com  
Cell Phone Number for On-Site Technician: 413.584.1108  
Event Name: Northampton Family Fourth Committee Event  
Display Date: June 22, 2019 Rain Date: June 23, 2019  
Display Start Time: 9:15 P.M.  
Duration of Fireworks Display: 15 - 20 minutes  
Max Height of Fireworks: 400' AGL  
Address, City and State: Look Memorial Park 300 N. Main St. Florence, MA. 01062  
Latitude: 42° 20' 49.50" N (North) Longitude: 72° 41' 17.84" W (West)  
List the Closest Public Use Airport Within 5 Nautical Miles of the Display if the Fireworks Will Reach or Exceed 500 Ft. Westover Metropolitan A/P (CEF) is approximately 16 miles away from the site  
Special Notes site attached

**Please email your request to:**

[9-ATO-ESA-OSG-Fireworks@faa.gov](mailto:9-ATO-ESA-OSG-Fireworks@faa.gov)



Gene Raynor <graynor@pyrotecnico.com>

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## Northampton Family Fourth - Fireworks Display - June 22, 2019

1 message

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Gene Raynor <graynor@pyrotecnico.com>  
To: Contact <9-ato-esa-osg-fireworks@faa.gov>

Tue, Apr 2, 2019 at 8:42 PM

Good evening,

Please see the attached files for the FAA Notification and the Fireworks Display Site Image.

Please let me know if you have any questions. Thank you for your assistance and follow up.

Best regards,

Gene Raynor  
Show Producer | PYROTECNICO  
800.458.4656 Office | 603.321.0605 Cell | [www.pyrotecnico.com](http://www.pyrotecnico.com)

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### 2 attachments

 190622 Northampton Family Fourth Committee MA\_FAA Notification.pdf  
266K

 190622\_Northampton Family Fourth Committee, Inc.\_Site Plan.pdf  
3023K

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53. See "WARNINGS" and "NOTICES" on reverse.

Direct ATF: ATF - Chief, FEELC  
Correspondence To: 244 Needy Road  
Martinsburg, WV 25405-9431

License/Permit Number: **8-PA-073-23-1J-12122**

Chief, Federal Explosives Licensing Center (FEELC)  
*Christopher L. Peers*  
Expiration Date: **September 1, 2021**

Name: **PYROTECNICO**

Premises Address (Changes? Notify the FEELC at least 10 days before the move.)  
**299 WILSON RD  
NEW CASTLE, PA 16101**

Type of License or Permit:  
**23-IMPORTER OF EXPLOSIVES**

**Purchasing Certification Statement**  
The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. Certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FEELC of any changes.)

**PYROTECNICO FIREWORKS INC  
PYROTECNICO  
PO BOX 149  
NEW CASTLE, PA 16103-0149**

Licensee/Permittee Responsible Person Signature:  
*Stephen J. Vitale*  
Printed Name: **Stephen J. Vitale**

*President/CEO*  
Position Title:  
Date: **Feb. 7, 2019**

**Federal Explosives License (FEL) Customer Service Information**

Federal Explosives Licensing Center (FEELC)  
244 Needy Road  
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352  
Fax Number: (304) 616-4401  
E-mail: FEELC@atf.gov

ATF Homepage: www.atf.gov

**Change of Address (27 CFR 555.54(a)(1)).** Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. (The Chief, FEELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)

**Right of Succession (27 CFR 555.59).** (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FEELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here ✂

Federal Explosives License/Permit (FEL) Information Card	
License/Permit Name:	PYROTECNICO FIREWORKS INC
Business Name:	PYROTECNICO
License/Permit Number:	8-PA-073-23-1J-12122
License/Permit Type:	23-IMPORTER OF EXPLOSIVES
Expiration:	September 1, 2021
Please Note: Not Valid for the Sale or Other Disposition of Explosives	