



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, 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 #: 413-348-7451

Address of Sponsor: PO Box 60092 Florence, MA 01062

Location of Display (GPS coordinates): Parking lot - N42°20'48.73" / W72°41'24.98"

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

Date of Display: 6/24/2023 Time of Display: 9:30pm Rain Date: 6/25/2023

Largest Shell Size to be Fired 4 inch Number of Aerial Shells: - »» 1 1/2 » 1/2

Number of Ground Pieces: _____ Number of Cakes & Max. Diameter _____

This Show is: Public Private _____

Fireworks/Special Effects Company: DS&T 1/2 1/2 U&C 1/2 1/2 Phone #: 603-532-8324

Current Users Certificate Number: DC i 00i Date of Expiration: 1/9/2024

Name of Competent Operator: Brickett Allis cell#413-522-1240

Certificate of Competency #: FW 332 Expiration Date: 6/12/2024

Company Supplying Fireworks: (if different from applicant user certificate listed above): DS&T 1/2 1/2 U&C 1/2 1/2

Manner and Location of Storage of Fireworks Prior to Display:

Fireworks arrive day of display, no overnight storage

Signature of Competent Operator: Thomas Spence Date: 4/28/23

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 on site upon arrival of the fireworks and an Engine Co. Required for the display

Signature of Head of Fire Department: [Signature] Date: 4/29/23

This permit will expire at midnight on 6/26/23

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 (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.

State of Connecticut
Dept. Emergency Services & Public Protection
Certificate of Competency

Lic # 332 Type 1
Exp. 6/12/2024

Brickett M. Allis
PO BOX 443
DEERFIELD, MA 01342
DOB 01/29/81



Department of Fire Services
FW-004498

Fireworks Certificate of Competency

Brickett M. Allis
300 Wells Street
Greenfield MA 01301



Expiration Date
01/29/2024

State Fire Marshal



The Commonwealth of Massachusetts
Executive Office of Public Safety and
Security

Department of Fire Services



MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

TERRENCE M. REIDY
SECRETARY

P.O. Box 1025 ~State Road
Stow, Massachusetts 01775
Telephone (978) 567~3100

PETER J. OSTROKEY
STATE FIRE MARSHAL

Approval of Natural Barriers

527 CMR 1.00 65.1.4.5

Date of Inspection/Approval: 4/3/2023

Location of Display's: Look Park Rte 9 Florence/ Northampton Ma

Type of Natural Barrier: Look Park Pond and wooded area around the pond.

This letter constitutes approval of natural barriers as provided in 527 CMR 1.00 65.1.4.5
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(2018 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.
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.
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(2018 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.
6. This approval does not constitute a waiver of any of the requirements or responsibilities specified in Chapter 148 or 527 CMR 1.00

Approved:

John G. Wood III

Compliance Officer
Code Compliance & Enforcement Unit
Division of Fire Safety

Administrative Services • Division of Fire Safety
Hazardous Materials Response • Massachusetts Firefighting Academy



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: thughgill@pyrotecnico.com

Cell Phone Number for On-Site Technician: 603-387-8158

Event Name: Northampton Family Fourth Committee

Display Date: 6/24/2023

Rain Date: _____

Display Start Time: 9:30pm

Duration of Fireworks Display: 15 - 20 min.

Max Height of Fireworks: 400' max

Address, City and State: Look Memorial Park - 300 N. Main Street, Florence, MA 01062

Latitude: 42°20'48.73"

(North) Longitude: 72°41'24.98"

(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 AP is approximately 16 miles away from Site

Special Notes _____

Please email your request to:

9-ATO-ESA-OSG-Fireworks@faa.gov



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/23/2023

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 Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com															
INSURED Pyrotecnico Fireworks Inc. P.O. Box 149 299 Wilson Road New Castle PA 16103		2299 INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Everest Indemnity Insurance Co.</td> <td>10851</td> </tr> <tr> <td>INSURER B : Everest Denali Insurance Company</td> <td>16044</td> </tr> <tr> <td>INSURER C : Arch Speciality Ins Co</td> <td>21199</td> </tr> <tr> <td>INSURER D : Continental Indemnity Company</td> <td>28258</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A : Everest Indemnity Insurance Co.	10851	INSURER B : Everest Denali Insurance Company	16044	INSURER C : Arch Speciality Ins Co	21199	INSURER D : Continental Indemnity Company	28258	INSURER E :		INSURER F :	
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COVERAGES

CERTIFICATE NUMBER: 1684563489

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	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	SI8ML00891-231	1/14/2023	1/14/2024	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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	SI8CA00141-231	1/14/2023	1/14/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	UXP1035252-03	1/14/2023	1/14/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	82-872096-04-27	6/7/2022	6/7/2023	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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
A	Excess Liability #2	Y	Y	SI8EX01314-231	1/14/2023	1/14/2024	Each Occ/ Aggregate Total Limits \$5,000,000 \$10,000,000

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: 6/24/2023 with a Rain Date of 6/25/2023

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.
 PO Box 60092
 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

Northampton Family Fourth Committee

Northampton, MA

42°20'48.73"N / 72°41'24.98"W

Legend

-  280' radius circle - 4 Inch Max
-  42°20'48.73"N / 72°41'24.98"W
-  Snow Fencing



EX Number Sheet:

Item	Qty	EX Number
EM-CANSMETER	300	2006060240



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: 01/09/2024

Restrictions or Secondary License Type

Pyrotecnico Fireworks, Inc.

PO Box 149

New Castle PA 16103

State Fire Marshal

Post in a conspicuous place. Verify the status of this Certificate at 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: 07/25/2023

Restrictions or Secondary License Type:

Pyrotecnico Fireworks, Inc.

PO Box 149

New Castle PA 16103

State Fire Marshal

Post in a conspicuous place. Verify the status of this Certificate at www.mass.gov/dfs



The Commonwealth of Massachusetts
Department of the State Treasurer

One Ashburton Place, 12th Floor
Boston, MA 02108

Expires: 09-Jan-24

Date: 14-Jan-23

To Whom It May Concern

I hereby certify that **Pyrotecnico Fireworks, Inc.**

of **NEW CASTLE, PA** has on file at this office on this date a

bond in the penal sum of **FIFTEEN THOUSAND DOLLARS, (\$15,000)**, in accordance with the provisions of chapter 148 of the General Laws as amended

by chapter 501 of the Acts of 1946. The bond is dated

1/9/2023

A handwritten signature in black ink, appearing to be "Shirley", written over a horizontal line.

Authorized Signature

and provides for cancellation upon 30 days notice to the State Treasurer from the principal or surety company.