

# **Exhibit “A”**

# TOWNSHIP OF WEST ORANGE

Date: 5/18/2022

## APPLICATION FOR PERMISSION TO CONDUCT FIREWORKS DISPLAY

Application is hereby made by Montclair Golf Club of West Orange for permission to conduct a fireworks display or exhibition in conformity with the State of New Jersey.

Type 3 Permit Fee \$427

When will fireworks be held? July 2, 2022  
During what hours? 8:30 p.m. to 10 p.m.

Type: Permit  
Fee: \_\_\_\_\_

Rain Date July 3, 2022

Where will the display be held? Montclair Golf Club - 25 Prospect Ave

Name(s) & Address(es) of the person(s), firm, partnership, corporation, association or group of individuals making the display:

Montclair Golf Club  
25 Prospect Ave  
West Orange, NJ 07052

Garden State Fireworks  
383 Carlton Road  
Millington, NJ 07946

Where will the fireworks be stored prior to the holding of the display?

Garden State Fireworks Truck

Where will the fireworks be stored during the progress of the display?

Garden State Fireworks Truck

What safeguards will be arranged for the protection of private and public interests?

Both the Golf Club & the Fireworks Company will adhere to all State & local codes & safety regulations. Personnel from both agencies will be on site to secure display.

Is this application accompanied by the Surety Bond required by Chapter 51 of the Laws of 1937? YES

Is this application accompanied by a Hold Harmless Agreement & Insurance? YES

Application is hereby approved ✓

disapproved \_\_\_\_\_

[Signature]  
Director/Chief of Police

Application is hereby approved ✓

disapproved \_\_\_\_\_

[Signature]  
Fire Official

All appropriate portions of N.F.P.A. 1123, 1126 and the International Fire Code of New Jersey Edition including Section 5608 shall be complied with.

## Montclair Golf Club

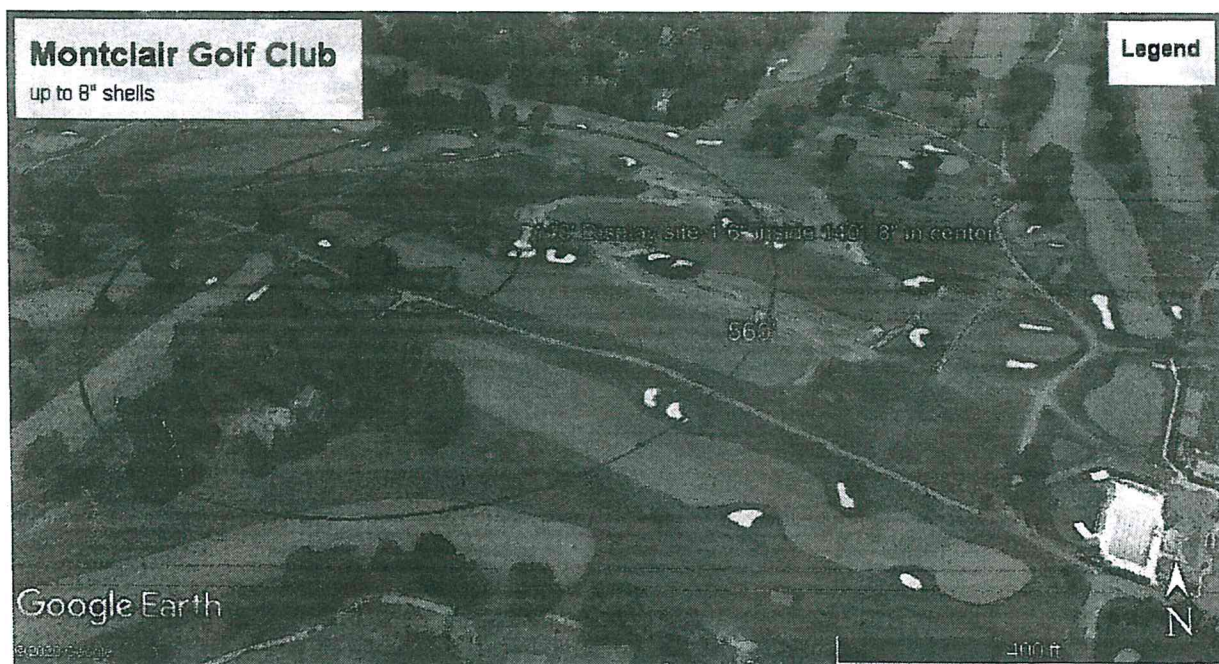
info <info@gardenstatefireworks.com>

Fri 8/28/2020 2:24 PM

To: West Orange Fire Official <FireOfficial@westorange.org>;

ATTN: STEVE

Subject: Montclair Golf Club





P.O. Box 194  
Montclair, New Jersey 07042

Tel: 973-239-1800

Fax: 973-239-3504

---

Tuesday, May 17, 2022  
West Orange Fire Department  
Chief Anthony Vecchio ([firechief@westorange.org](mailto:firechief@westorange.org))  
415 Valley Road  
West Orange, NJ 07052

RE: Letter of Intent - Annual Fireworks Display at Montclair Golf Club

Dear Chief Vecchio,

I hope this letter finds you well.

Please be advised that we will be hosting our Annual Fireworks Display on Saturday, July 2nd with a rain date of Saturday, July 3<sup>rd</sup>, 2022

The fireworks will be set off shortly after dusk at approximately 8:30 and could last as late as approximately 10:00pm.

The display will take place on our Golf Course grounds and we approve Garden State Fireworks as our vendor to execute this wonderful display on our grounds.

Please feel free to reach out with any questions or should you require any additional information.

Sincerely,

Zoltan Toth  
Clubhouse Manager  
Montclair Golf Club  
[ztoth@montclairgolfclub.org](mailto:ztoth@montclairgolfclub.org)  
973.239.1800 x 151

# 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. 215087

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.** CA000016477-11

**NAMED INSURED** Garden State Fireworks, Inc.  
New Vernon Fireworks  
P.O. Box 403  
Millington, NJ 07946

**POLICY TERM** March 1, 2022 to March 1, 2023; Both Days 12:01 A.M. Standard Time

**COVERAGE** Commercial General Liability: ☒ Occurrence Basis ☐ Claims Made Basis

**LIMIT OF LIABILITY** \$5,000,000 each occurrence, \$10,000,000 general aggregate, \$6,000,000 products/completed operations aggregate  
The limit of liability shall not be increased by the inclusion of more than one insured or additional insured.

**INSURED OPERATIONS** Public fireworks display and special effects contractor

It is certified that, if named below, this policy includes as Additional Insureds 1) the sponsor(s), promoter(s), organizer(s) (including other entities having similar interests), of insured pyrotechnic events and/or 2) the owner(s) of real property (or barges) at which insured pyrotechnic events are held and/or 3) the owner(s), manager(s), tenant(s), mortgagee(s) (including other entities having similar interests), of buildings, stadiums, arenas and similar facilities at which insured pyrotechnic events are held and/or 4) the licensing or permitting authority, or other authority having jurisdiction, issuing licenses/permits for insured pyrotechnic events and/or 5) any other entity for which the insurance is required to be afforded under written contract. Coverage applies only as respects the legal liability of such Additional Insured(s) for bodily injury and property damage caused by the operations of the Named Insured. The insurance afforded any Additional Insured excludes liability for bodily injury or property damage arising from the Additional Insureds own negligent acts or omissions or from the failure of such Additional Insured to fulfill its obligations specified in its contract with the Named Insured.

**NAME(S) OF  
ADDITIONAL INSURED(S)**

**MONTCLAIR GOLF CLUB  
PO BOX 194  
MONTCLAIR, NJ 07043**

**TOWNSHIP OF WEST ORANGE  
66 MAIN STREET  
WEST ORANGE, NJ 07052**

**DISPLAY LOCATION**

**CLUB GROUNDS**

**DISPLAY DATE(S)**

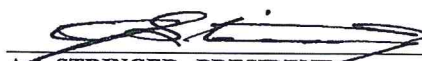
**JULY 2, 2022; RAID DATE JULY 3, 2022**

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.**

**MAY 16, 2022**

**DATE OF ISSUE**

  
**A.J. STRINGER, PRESIDENT**

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/  
DIVISION OF REVENUE  
PO BOX 252  
TRENTON, N J 08646-0252

TAXPAYER NAME:

GARDEN STATE FIREWORKS, INC.

TRADE NAME:

TAXPAYER IDENTIFICATION#:

222-896-574/000

SEQUENCE NUMBER:

0537204

ADDRESS:

383 CARLTON RD  
MILLINGTON NJ 07946-0403

ISSUANCE DATE:

09/08/04

EFFECTIVE DATE:

07/08/88

FORM-BRC(08-01)

*John S. Tully*  
Acting Director

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address

CERTIFICATE OF EMPLOYEE INFORMATION REPORT  
RENEWAL

Certification 8614

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-JUN-2019 to 15-JUN-2026

GARDEN STATE FIREWORKS, INC.  
383 CARLTON ROAD  
MILLINGTON NJ 07946



*Elizabeth Maher Muoio*

ELIZABETH MAHER MUOIO  
State Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
03/03/22

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><br>DRAYTON INSURANCE BROKERS INC<br>2500 Center Point Rd #301<br>Birmingham, AL 35215          |  | <b>CONTACT NAME:</b><br>PHONE (A/C No, Ext): (205)854-5806 FAX (A/C, No): (205)854-5899<br>E-MAIL ADDRESS: georgine@draytonins.com |  |              |
| <b>INSURED</b><br>Garden State Fireworks, Inc.<br>New Vernon Fireworks<br>P.O. Box 403<br>Millington, NJ 07946 |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                               |  | <b>NAIC#</b> |
|                                                                                                                |  | INSURER A: ADMIRAL INSURANCE COMPANY                                                                                               |  | 24856        |
|                                                                                                                |  | INSURER B:                                                                                                                         |  |              |
|                                                                                                                |  | INSURER C:                                                                                                                         |  |              |
|                                                                                                                |  | INSURER D:                                                                                                                         |  |              |
|                                                                                                                |  | INSURER E:                                                                                                                         |  |              |
|                                                                                                                |  | INSURER F:                                                                                                                         |  |              |

## COVERAGES

CERTIFICATE NUMBER:

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 INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CA000016477-11 | 3/1/22                  | 3/1/23                  | EACH OCCURRENCE \$ 5,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Anyone person) \$ NONE<br>PERSONAL & ADV INJURY \$ 5,000,000<br>GENERAL AGGREGATE \$ 10,000,000<br>PRODUCTS - COMP/OP AGG \$ 6,000,000 |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                          |           |          |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                         |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE                                                                                                                                                                                                                    |           |          |                |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                      |
|          | DED <input type="checkbox"/> RETENTIONS                                                                                                                                                                                                                                                                             |           |          |                |                         |                         |                                                                                                                                                                                                                                         |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              |           |          |                |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                        |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |                |                         |                         |                                                                                                                                                                                                                                         |

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

## CERTIFICATE HOLDER

## CANCELLATION

Municipal Excess Liability Joint  
Insurance Fund  
9 Campus Drive, Suite 16  
Parsippany, NJ 07054

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/17/2022

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).

|                            |          |                                                  |                |
|----------------------------|----------|--------------------------------------------------|----------------|
| PRODUCER                   |          | CONTACT NAME:                                    |                |
| COVER ME INS AGCY OF NJ    |          | PHONE (A/C, No, Ext):                            | FAX (A/C, No): |
| 610-618 W ST GEORGE        |          | E-MAIL ADDRESS:                                  |                |
| LINDEN                     | NJ 07036 | INSURER(S) AFFORDING COVERAGE                    |                |
| 29H3M                      |          | INSURER A: ST. PAUL PROTECTIVE INSURANCE COMPANY |                |
| INSURED                    |          | INSURER B:                                       |                |
| GARDEN STATE FIREWORKS INC |          | INSURER C:                                       |                |
| PO BOX 403                 |          | INSURER D:                                       |                |
| MILLINGTON NJ 07946        |          | INSURER E:                                       |                |
|                            |          | INSURER F:                                       |                |
|                            |          | NAIC #                                           |                |

## COVERAGES

CERTIFICATE NUMBER:

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 INSD | SUBR WVD | POLICY NUMBER          | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                   |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|------------------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> AGGREGATE <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC                                                                                                                                                  |           |          |                        |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                           |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED \$ RETENTION \$ |           |          |                        |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$        |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                                                                                                  | N/A       | N        | (6SPPTUB-6R28552-7-22) | 03-01-22                | 03-01-23                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>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)

## CERTIFICATE HOLDER

## CANCELLATION

MUNICIPAL EXCESS LIABILITY  
JOINT INSURANCE FUND  
9 CAMPUS DR, STE 16  
PARSIPPANY NJ 07054

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

©1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/3/2022

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><br>Britton Gallagher<br>One Cleveland Center, Floor 30<br>1375 East 9th Street<br>Cleveland OH 44114 |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> 216-658-7100<br><b>FAX (A/C, No):</b> 216-658-7101<br><b>E-MAIL ADDRESS:</b> |  |               |
| <b>INSURED</b><br>Garden State Fireworks Inc.<br>383 Carlton Road<br>Millington NJ 07946                             |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                              |  | <b>NAIC #</b> |
|                                                                                                                      |  | INSURER A: Everest National Insurance Company                                                                                     |  | 10120         |
|                                                                                                                      |  | INSURER B: Axis Surplus Insurance Company                                                                                         |  | 26620         |
|                                                                                                                      |  | INSURER C:                                                                                                                        |  |               |
|                                                                                                                      |  | INSURER D:                                                                                                                        |  |               |
|                                                                                                                      |  | INSURER E:                                                                                                                        |  |               |
| INSURER F:                                                                                                           |  |                                                                                                                                   |  |               |

**COVERAGES**

CERTIFICATE NUMBER: 1636441566

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                                                                                                                                                                                                                                 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br><b>GEN'L AGGREGATE LIMIT APPLIES PER:</b><br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                    |                    |                         |                         | <b>EACH OCCURRENCE</b> \$<br><b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$<br><b>MED EXP (Any one person)</b> \$<br><b>PERSONAL &amp; ADV INJURY</b> \$<br><b>GENERAL AGGREGATE</b> \$<br><b>PRODUCTS - COMP/OP AGG</b> \$<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS                              |                    | SI8CA00125-221     | 3/1/2022                | 3/1/2023                | <b>COMBINED SINGLE LIMIT (Ea accident)</b> \$ 1,000,000<br><b>BODILY INJURY (Per person)</b> \$<br><b>BODILY INJURY (Per accident)</b> \$<br><b>PROPERTY DAMAGE (Per accident)</b> \$<br>\$                                            |
| B        | <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><b>DED</b> <b>RETENTION \$</b>                                                                                                                   |                    | P-001-000087442-04 | 3/1/2022                | 3/1/2023                | <b>EACH OCCURRENCE</b> \$ 5,000,000<br><b>AGGREGATE</b> \$ 5,000,000<br>\$                                                                                                                                                             |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br><b>Y/N</b> <input type="checkbox"/> N/A                                                                   |                    |                    |                         |                         | <b>WC STATUTORY LIMITS</b> <b>OTHER</b><br><b>E.L. EACH ACCIDENT</b> \$<br><b>E.L. DISEASE - EA EMPLOYEE</b> \$<br><b>E.L. DISEASE - POLICY LIMIT</b> \$                                                                               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Municipal Excess Liability Joint Insurance Fund  
9 Campus Drive  
Suite 16  
Parsippany NJ 07054

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

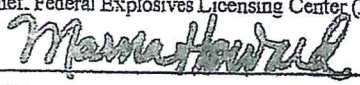
AUTHORIZED REPRESENTATIVE

U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

Federal Explosives License/Permit  
(18 U.S.C. Chapter 40)

3-1070 (Rev. 11-15-10) (18 U.S.C. Chapter 40, 18 U.S.C. 855.54)

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<br>Correspondence To                   | ATF - Chief, FELC<br>244 Needy Road<br>Martinsburg, WV 25405-9431                | License/Permit<br>Number | 8-NJ-027-20-4D-00096 |
| Chief, Federal Explosives Licensing Center (FELC) |  | Expiration<br>Date       | April 1, 2024        |

Name  
GARDEN STATE FIREWORKS, INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

383 CARLTON RD  
MILLINGTON, NJ 07946-0000

Type of License or Permit

20-MANUFACTURER 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. I 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 FELC of any changes.)

GARDEN STATE FIREWORKS, INC  
PO BOX 403  
MILLINGTON, NJ 07946-0000

Licensee/Permittee Responsible Person Signature

Position/Title

Printed Name

Date

Previous Edition is Obsolete GARDEN STATE FIREWORKS, INC 383 CARLTON RD 07946-0000 8-NJ-027-20-4D-00096 1, 2024 20-MANUFACTURER OF EXPLOSIVES

ATF Form 5400.14-5400.15 Part I  
Revised September 2011

Federal Explosives License (FEL) Customer Service Information

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

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

ATF Homepage: [www.atf.gov](http://www.atf.gov)

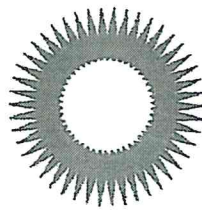
**Change of Address (27 CFR 555.54(a)(1)).** Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification 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, FELC, 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, FELC, 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: GARDEN STATE FIREWORKS, INC                        |               |
| Business Name:                                                          |               |
| License/Permit Number: 8-NJ-027-20-4D-00096                             |               |
| License/Permit Type: 20-MANUFACTURER OF EXPLOSIVES                      |               |
| Expiration:                                                             | April 1, 2024 |
| Please Note: Not Valid for the Sale or Other Disposition of Explosives. |               |



THE FINEST  
SINCE 1890

# GARDEN STATE FIREWORKS

THE SANTORE BROS.  
WORLD CHAMPIONS

January 2, 2022

Municipal Excess Join Underwriting Fund  
9 Campus Drive  
Parsippany, NJ 07034

Dear Mr. Hrubash:

With reference to your bulletin MEL 17-08, Garden State Fireworks Inc., agrees that we will make a through search of the firing area and fall out area, after all fireworks Displays, and we will dispos of any all unfired materials.

Under NFPA 1123, 2010 edition, section 4-2 12 states: that following the dispay, the firing crew shall conduct an inspections of the fallout area for the purpose of finding any unexploded aerial shells or live components. This information shall be conducted before any public access to the site shall be permitted.

Also, enclosed are our automobile and compensation certificates for your review and approval.

Please call our office at 800-999-0912 Fax 908-647-6258 if you have any questions.

Yours sincerely,

August N. Santore  
CEO

**GARDEN STATE FIREWORKS INC.**

Visit our Website at: [gardenstatefireworks.com](http://gardenstatefireworks.com)



**Main Office/Plant:** P.O. Box 403, Millington, NJ 07946 1-908-647-1086 1-800-999-0912 Fax: 1-908-647-6258  
**Regional Offices:** PO Box 137821, Clermont, FL 34713 1-352-536-1558  
7055 Speedway Blvd., Suite E-103, Las Vegas, NV 89115 1-702-453-0808  
41152 Mayberry Avenue, Hemet, CA 92544 1-909-223-0454  
Visit our website at: [www.gardenstatefireworks.com](http://www.gardenstatefireworks.com)



U.S. Department  
of Transportation  
Federal Aviation  
Administration

FAA/Air Traffic Organization  
Eastern Service Center

1701 Columbia Avenue  
College Park, GA 30337

Dear Fireworks Proponent:

Thank you for informing us of your proposed fireworks display.

Although there are currently no federal regulations specific to fireworks displays, the Federal Aviation Administration (FAA) has been tasked with regulating the safe and efficient use of the navigable airspace (49 U.S.C. § 40103). In recognition of this role in promoting aviation safety, many jurisdictions require notice to the FAA as a condition of approval of a fireworks permit.

We acknowledge your notification and have no objection to the fireworks display provided it is conducted in a manner that does not create a hazard to other persons, or their property.

To enhance the safety of your event, we recommend the following actions:

- ➔ Fireworks staff should remain vigilant to ensure that no aircraft are in the area prior to beginning the fireworks display.
- ➔ If your event is within 5 miles of a public use airport, or if the display will exceed 500 feet Above Ground Level (AGL), contact Leidos Flight Service at 1-877-4-US-NTMS (1-877-487-6867) at least 24 hours (but not more than 72 hours) in advance to request a Notice to Airman (NOTAM). You will need to provide the following information:
  - Name and address of the person filing the NOTAM
  - Date, time(s), and event location (City, State, and location in reference to the airport)
  - Maximum altitude of the display

This letter should not be construed as superseding or invalidating any existing rules or regulations promulgated by any other federal, state, county, or municipal government which may be required for this display.

If you have any questions regarding this information, please contact our office at (404) 305-5570 or [9-ATO-ESA-OSG-Fireworks@faa.gov](mailto:9-ATO-ESA-OSG-Fireworks@faa.gov).

Sincerely,

Ryan W. Almasy  
Manager, Operations Support Group  
Eastern Service Center, Air Traffic Organization

## FIREWORKS DISPLAY

### HOLD HARMLESS AGREEMENT

Between West Orange, NJ and Montclair Golf Club and Garden State Fireworks Inc. (Contractor).

WITNESSETH:

1. GARDEN STATE FIREWORKS INC. (Contractor) agrees to release, indemnify, and hold harmless West Orange, NJ and Montclair Golf Club. from any losses for bodily injury and/or property damage, including attorneys' fees and expenses incurred by the latter entities and their respective employees, agents, volunteers, or their representatives, arising out of or in any manner relating to the manufacture, installation, firing or disassembly of any pyrotechnic equipment or device and/or the supervision and presentation thereof.

2. The applicant has furnished the Certificate of Insurance with the limits of liability described below:

|                                   |                       |
|-----------------------------------|-----------------------|
| Workers Comp/Employers Liability: | <u>\$1,000,000.00</u> |
| General Liability:                | <u>\$5,000,000.00</u> |
| Automobile Liability:             | <u>\$5,000,000.00</u> |
| Umbrella Liability:               | <u>N/A</u>            |

A true copy of the Certificate of Insurance is attached indicating the member entity and applicable associations, recreations or committees formed by the member entity to organize the "event" must be named as additional insured on all liability policies.

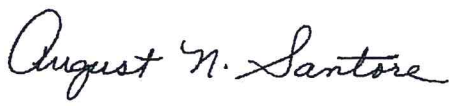
3. The facilities will be used for the following purpose and no other\*:

|            |                          |
|------------|--------------------------|
| Event:     | <u>Fireworks Display</u> |
| Date:      | <u>July 2, 2022</u>      |
| Rain Date: | <u>July 3, 2022</u>      |

\* Should the rain date not be used, this agreement shall apply to any day designated by West Orange, NJ and Montclair Golf Club

WITNESS: 

SIGNED:

  
(Contractor)

DATED: May 16, 2022

State of New Jersey  
Department of Community Affairs  
Division of Fire Safety  
101 S. Broad St.  
P. O. Box 809  
Trenton, NJ 08625-0809  
(609) 633-6132  
Fax (609) 633-6330



### **DISPLAY COMPANY REQUIREMENTS**

- ☐ 1. Provide total number of shells and sizes (U.S. diameter) being used.
- ☐ 2. Provide types and amounts of ground (set pieces) or low-level devices (cakes, candles) to be used.
- ☐ 3. For displays fired from barges or roof tops, provide documentation, including all calculations that the discharge area meets or exceeds the requirements of NFPA 1123 (2014 Edition) Section 6.3 Platform Sizing Requirements
- ☐ 4. Indicate method in which the display will be fired. If it is an electrically-fired display, provide name of N. J. Department of Labor licensed operator. Operator must have valid license in their possession at display site.
- ☐ 5. Provide timetable of: delivery of fireworks to site; set-up; live load; and display time.
- ☐ 6. Provide Certificate of Insurance (general and auto liability) in the amount of not less than \$500,000.00. The certificate must be valid for duration of event, including rain dates.
- ☐ 7. The use of salutes / reports up to 5" in diameter are permitted, provided the requirements of NFPA 1123 (2014 edition) Section 4.1.7 are obeyed.
- ☐ 8. No display shall be fired if winds exceed 25 MPH.
- ☐ 9. Provide the name of the lead operator who will be representing the display company.
- ☐ 10. Submit a post-display report via RIMS Online within 48 hours of display.  
Report must include the following: display information; time that the search of fallout zone was conducted and the results; any product malfunctions; and any injuries.
- ☐ 11. Provide a letter attesting to the understanding of all of the above requirements as well as requirements set forth in Chapter 56 of the 2015 International Fire Code – New Jersey Editions and NFPA 1123 (2014 edition), 1124 (2006 edition), and 1126 (2011 edition) and that the display will be in compliance with the same.



Display Company Representative      Date

***ALL REQUIRED INFORMATION MUST BE SUBMITTED THROUGH RIMS ONLINE WITH THE PERMIT APPLICATION. FAILURE TO PROVIDE THE REQUIRED INFORMATION WILL RESULT IN DELAYS WHICH COULD AFFECT THE PROCESSING OF THE PERMIT. SPECIFIC CODE SECTIONS FROM THE 2015 INTERNATIONAL FIRE CODE NEW JERSEY EDITION MAY BE VIEWED BY GOING TO THE FOLLOWING WEBSITE:***

***<https://codes.iccsafe.org/public/document/details/toc/1172>***

**MUNICIPAL/SPONSOR REQUIREMENTS ARE ON PAGE 1 OF THIS FORM.**

DIVISION OF FIRE SAFETY STATE OF N.J.  
Montclair Golf Club, July 2, 2022

1. TOTAL NUMBER OF SHELLS ARE LISTED ON THE FIRE PERMIT APPLICATION
2. TOTAL, IF ANY, ARE LISTED ON THE FIRE PERMIT APPLICATION
4. DISPLAY TO BE HAND FIRED AND OR ELECTRICAL FIRE  
CERTIFIED OPERATOR IS: **Gabe Auslander** AND CREW
5. DELIVERY TO SITE WILL BE APPROXIMATELY 2:00 P.M. TO 3:00 PM  
UNTIL COMPLETION AT APPROXIMATELY 5:00 TO 7:00-P.M.
6. INSURANCE CERTIFICATE ISSUED AND ON FILE WITH THE PROPER  
OFFICIAL
7. AGREED AND UNDERSTOOD
8. AGREED AND UNDERSTOOD
9. **Gabe Auslander** AND CREW0
10. AGREED AND UNDERSTOOD
11. WE ATTEST TO THE UNDERSTANDING OF ALL RULES AND  
REGULATIONS AND THE DISPLAY WILL BE IN ACCORDANCE WITH NFPA  
1123, 1124 AND 1126 AND NJAC IFC 2015 CHAPTER 56. THE DISPLAY WILL  
BE IN COMPLIANCE WITH THE SAME

August N. Santore V-Pres



Date: May 16, 2022

Display Company Representative

# Arrayal

Montclair Golf Club  
July 2, 2022 \$24,000.00

## Opening:

|     |       |                                                 |
|-----|-------|-------------------------------------------------|
| 300 | 1"-2" | Assorted Multi-Break Special Effect Shells      |
| 40  | 2.5"  | Assorted Star Shells                            |
| 30  | 2.5"  | Titanium Report                                 |
| 8   | 4"    | Bumper Harvest Shell                            |
| 4   | 5"    | Spangle Chrysanthemum                           |
| 2   | 6"    | Color Changing Peony with Color Changing Pistol |
| 2   | 6"    | Shell of Shells Chrysanthemum                   |
| 1   | 8"    | Color Changing Chrysanthemum                    |

## Body:

|     |    |                                                                   |
|-----|----|-------------------------------------------------------------------|
| 240 | 3" | Assorted chrysanthemum Peony pattern & Reports                    |
| 108 | 4" | Santore Bros. Special Multi-Break & Custom designer Chrysanthemum |
| 72  | 5" | Assorted Color Chrysanthemum & Reports                            |
| 18  | 6" | Large Spreading & Special Breaking Multi-Effect Shells            |
| 27  | 6" | Assorted Chrysanthemum Peonies                                    |
| 18  | 6" | Fancy Assorted Pastel Color                                       |

## Special Effects:

|                |      |                                   |
|----------------|------|-----------------------------------|
| <u>15/30MM</u> |      |                                   |
| 100            | Shot | Criss Cross Magnesium Crossetti   |
| 500            | Shot | Assorted Color Comets (Pre-Boxed) |
| 72             | Shot | White Glittering with Red Pistol  |
| 72             | Shot | V Cake Rapid Fire Bees            |
| 100            | Shot | W Cake Gold willow Comets         |
| 350            | Shot | Flash & Thunder Reports           |
| 200            | Shot | Falling Leaves Mixed Color        |
| 100            | Shot | Crazy Bees                        |
| 120            | Shot | Falling Leaves assorted effects   |
| 120            | Shot | Zipper Z Cake                     |

## Brocade Tableau:

|    |    |                                 |
|----|----|---------------------------------|
| 30 | 3" | Long Duration twinkling Brocade |
| 12 | 4" | Long Duration twinkling Brocade |
| 8  | 5" | Long Duration twinkling Brocade |
| 4  | 6" | Long Duration twinkling Brocade |

**Crossetti Tableau:**

|           |    |                 |
|-----------|----|-----------------|
| <u>30</u> | 3" | Fancy Crossetti |
| <u>12</u> | 4" | Fancy Crossetti |
| <u>8</u>  | 5" | Fancy Crossetti |
| <u>4</u>  | 6" | Fancy Crossetti |

**Pre-Finale:**

|             |                |                                               |
|-------------|----------------|-----------------------------------------------|
| <u>1150</u> | <u>15/30MM</u> | Flying Fish, Whistles, Comets & Report Shells |
|-------------|----------------|-----------------------------------------------|

**Grand Finale:**

|            |      |                                                                                             |
|------------|------|---------------------------------------------------------------------------------------------|
| <u>200</u> | 2.5" | Assorted Colors Star Shells                                                                 |
| <u>120</u> | 3"   | Fancy Colors and Reports Mine shells with Color Crackling reports<br>3,750 Assorted Effects |
| <u>60</u>  | 3"   | Assorted Star Shells                                                                        |
| <u>180</u> | 3"   | Color and lightning Flashes 6,000 crackling effects                                         |
| <u>180</u> | 3"   | Assorted Color Strobing Stars 6,000 bright Flashes                                          |
| <u>120</u> | 3"   | Color and Multi- Salute, 750 Staccato effects                                               |
| <u>60</u>  | 3"   | White Spiders                                                                               |
| <u>60</u>  | 3"   | Fancy Gold Spider                                                                           |
| <u>150</u> | 3"   | Titanium Report                                                                             |
| <u>36</u>  | 4"   | Assorted Chrysanthemum and Peony                                                            |
| <u>24</u>  | 5"   | Glittering Silver Color Changing Red, White and Blue                                        |
| <u>16</u>  | 6"   | Color Changing Chrysanthemum                                                                |
| <u>5</u>   | 8"   | Chrysanthemum with color Heart                                                              |
| <u>60</u>  | 3"   | Titanium Reports Volley                                                                     |

| Shell Size                    | 1"-2" | 2.5" | 3"   | 4"  | 5"  | 6" | 8" | 15/30 MM | Assorted Effects | Total  |
|-------------------------------|-------|------|------|-----|-----|----|----|----------|------------------|--------|
| Total Pieces, shots & Effects | 300   | 270  | 1290 | 176 | 116 | 91 | 6  | 2,884    | 16,500           | 21,633 |

**Total Program Value \$24,000.00**



# West Orange Fire Department

## Fire Prevention Bureau

415 Valley Road, West Orange, New Jersey 07052

(973) 325-4175 Fax (973) 669-1080

fireprev@westorange.org

## APPLICATION FOR PERMIT

The Uniform Fire Code states:

"Permits shall be required and obtained from the local enforcing agency for the activities specified in this section, except where they are an integral part of a process or activity by reason of which a use is required to be registered and regulated as a life hazard use. Permits shall at all times be kept in the premises designated therein and shall at all times be kept in the premises designated therein and shall at all times be subject to inspection by the Fire Official." [N.J.A.C. 5:70-2.7(a)]

Applicant Name: Garden State Fireworks

Today's Date: May 16, 2022

Organization/Company/Vendor Name: Garden State Fireworks

Address of Organization/Company/Vendor: 383 Carlton Road, Millington, NJ 07946

Phone No. 908-647-1086

Fax No. 908-647-6258

Emergency Contact No. 908-4641080-Augie Santore

Block/Lot No. \_\_\_\_\_

Registration No. \_\_\_\_\_

Fed ID No. \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Date of Activity: July 2, 2022; Rain Date July 3, 2022

Time of Activity: 9:00PM-9:30PM

The above named applicant hereby requests permission to conduct the following activity at the above indicated location:

Fireworks display. Montclair Golf Club Grounds 25 Prospect Ave. West Orange, NJ 07052

For keeping, storage, occupancy, sale, handling or manufacture of the following items:

Fireworks 1.3G UN0335-Shells are pre-loaded. See list of materials enclosed.

State quantities for each category to be stored or used. State the method of storage and uses.

Fireworks are kept on locked truck until loaded into their mortars.

I hereby acknowledge that I have read this application, that the information given is correct and that I am the owner, or duly authorized to act on the owner's behalf, and as such hereby agree to comply with the applicable requirements to the Fire Code, Township Ordinance, as well as any specific conditions imposed by the Fire Official.

August M. Santore  
Applicant Signature

\_\_\_\_\_  
Fire Official Signature

\_\_\_\_\_  
Fee Amount

\_\_\_\_\_  
Permit Type