

www.peifx.com

999 South Oyster Bay Road • Suite 111
Bethpage, NY 11714
T: 516.597.5500 • F: 516.597.5507



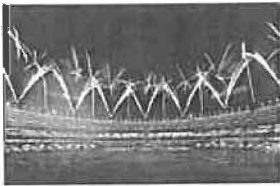
www.bayfireworks.com

World Class Productions



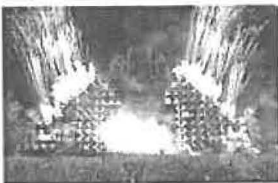
Fireworks Symposium
at Walt Disney World
America's 400th Anniversary
Customers: Baby's, Caesars, Claridge
Major Theme Parks
NASA's 50th Anniversary
Universal's Dollywood Resort
Centennial / Milestone Events

Major Sporting Events



Major League Baseball
U.S. Olympic Committee
State Games of America
National Football League
Minor League Baseball
PGA / LPGA Courses & Events
Goodwill Games

Concert Tours - Close Proximity



Ultra Music Fest - Miami
Electric Daisy Carnival - Las Vegas
Katy Perry - One Direction
Alicia Keys - Swedish House Mafia
Stadium, Stage, Concerts
Theatrical Events
Theme Park Design - Consultation

Date: 10/4/16

County of El Dorado Board of Supervisors
330 Fair Lane
Placerville, CA 95667

To whom it may concern:

Pyro Engineering Inc. dba Bay Fireworks has been contracted by the El Dorado Hills Fire Fighters Association to conduct a fireworks display on December 17th 2016.

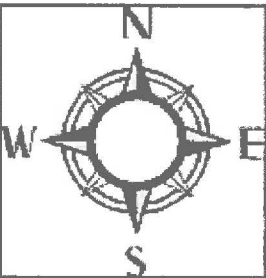
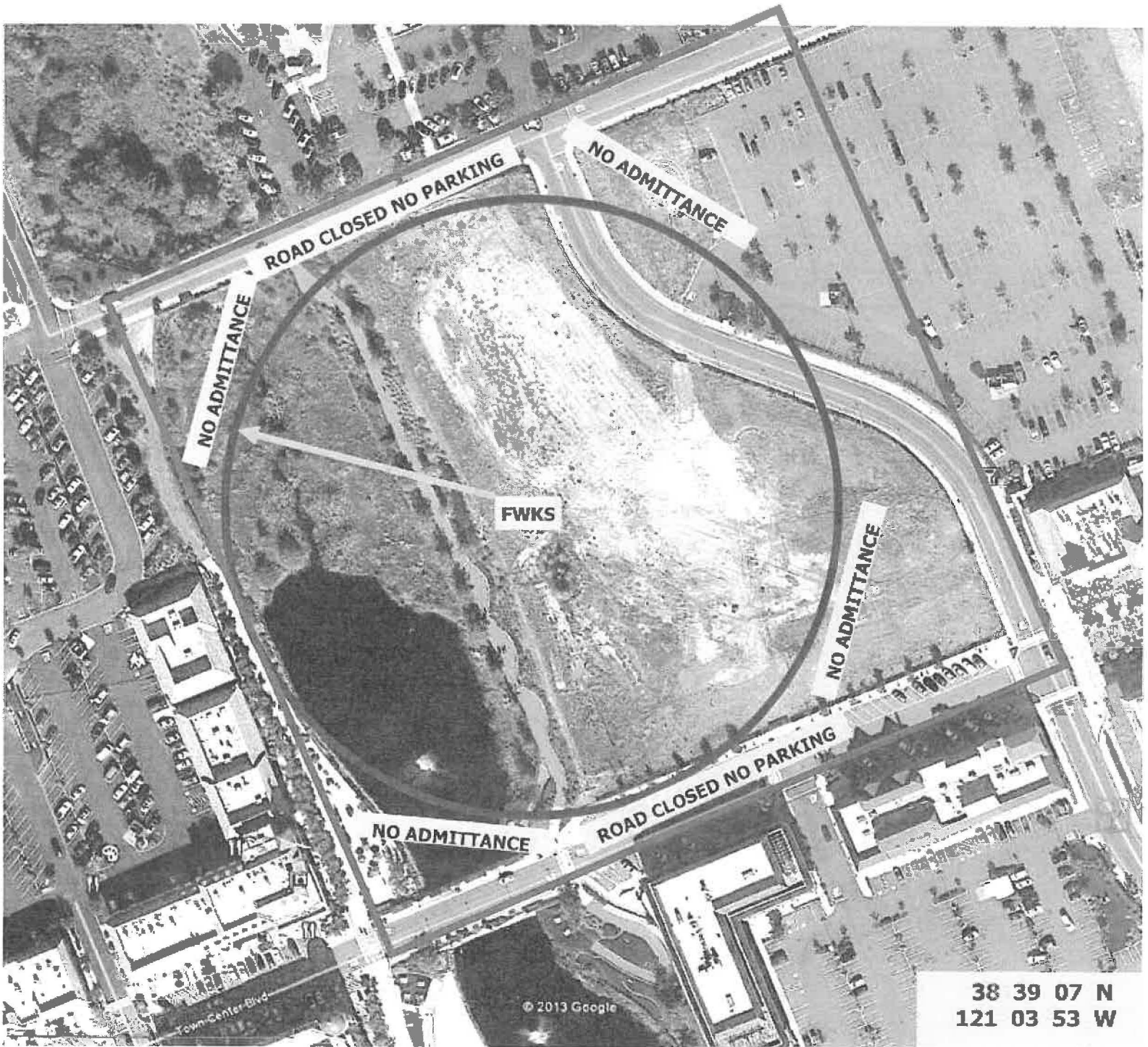
The fireworks site location is located at Vine & Town Center Blvd. A site map is attached. Time of display is 6:15 pm for a duration of approximately 5 minutes.

If you need any further information please contact our Corporate Office at 516-597-5500.

Thank you.

Sincerely,

Jo-Anne Triolo
joanne@bayfireworks.com



**EL DORADO
HILLS**

**3" MAX SIZE
SHELL**

300' RADIUS

**38 39 07 N
121 03 53 W**



SPONSOR: El Dorado Hills Fire Fighters Association

Fireworks Company

Pyro Engineering, Inc. dba Bay Fireworks
999 S. Oyster Bay Rd., Suite 111
Bethpage, NY 11714
P: 516-597-5500/ F: 516-597-5507

Show Date(s): 12/17/16

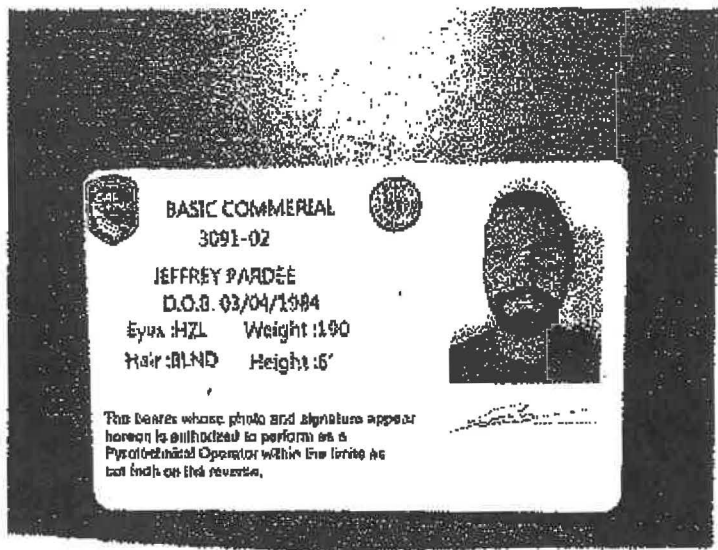
Rain Date(s): N/A

Location: El Dorado Hills Town Center

Time: 6:15 pm

1. Total number of Class B shells being used: 2.5"=360, 3"=72. Cakes=1.
Shell size: between 2 and 3 inches in diameter.
2. All shells are DOT approved.
3. Display will be fired electrically.
4. All displays will comply with all requirements as set forth under California Title 19.
5. Pyro Engineering, Inc. has complete understanding of all rules and regulations governing public fireworks displays and this display will be in accordance with those rules and regulations.
6. Delivery of Product will be day of display
7. Personnel representing fireworks display company:
Lead: Jeffrey Pardee (CA license #3091-02)
8. Technician(s): tbd

Signed 
Fireworks Company Representative

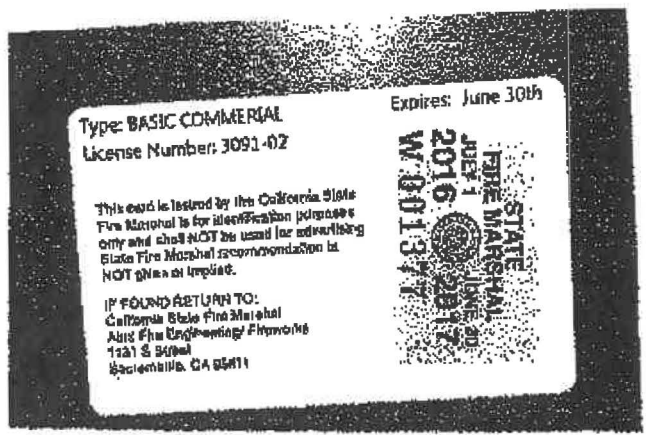


BASIC COMMERCIAL
3091-02

JEFFREY PARDEE
D.O.B. 03/04/1984

Eyes: HZL Weight: 190
Hair: BLND Height: 5'

The bearer whose photo and signature appear hereon is authorized to perform as a Pymolinated Operator within the limits set out on the reverse.



Type: BASIC COMMERCIAL
License Number: 3091-02

Expires: June 30th

This card is issued by the California State Fire Marshal is for identification purposes only and shall NOT be used for advertising. State Fire Marshal's recommendation is NOT given or implied.

IF FOUND RETURN TO:
California State Fire Marshal
Auto Fire Engineering Programs
1221 S 54th St
Sacramento, CA 95811

STATE FIRE MARSHAL
JUL 1 2016
M 801317



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2016

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	Allied Specialty Insurance, Inc. 10451 Gulf Boulevard Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	
		PHONE (A/C No., EXT.):	FAX (A/C No.):
INSURED	Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714	E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: T.H.E. Insurance Company	NAIC # 12866
		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	ADDITIONAL INSURER	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: POLICY: <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0101284-06	02/15/2016	02/15/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Protection & Indemnity \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CPP0101284-06	02/15/2016	02/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: <input type="checkbox"/> RETENTIONS: <input type="checkbox"/>		ELP0010292-06 (VL)	02/15/2016	02/15/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	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 <input type="checkbox"/> N/A	WCP0005167-002	02/15/2016	02/15/2017	<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/OCCUR		ELP0010298-06 (GL)	02/15/2016	02/15/2017	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000

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

DISPLAY DATE: 12/17/16 RAIN DATE: TBD LOCATION: El Dorado Hills Town Center, El Dorado Hills CA

RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE NEGLIGENCE OF THE NAMED INSURED: EDH Town Center East Owners Association; Town Center East LP; The Mansour Company; The Nagle Company Inc; EDH Theatre LLC; Town Center Management Group Inc; Tradewinds Partnership; El Dorado Hills Fire Fighters Association; City of El Dorado CA; El Dorado Hills Fire Department; Michelle Affinito; EDH Waterfront LLC; Athena Management Inc

CERTIFICATE HOLDEREl Dorado Hills Fire Fighters Association
1050 Wilson Rd
El Dorado Hills CA 95762

Cert # 2820

CANCELLATIONThirty (30) Days Notice of Cancellation Applies
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

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/04/2016

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 Allied Specialty Insurance, Inc. 10451 Gulf Boulevard Treasure Island, FL 33706-4814 1-800-237-3355	CONTACT NAME:	
	PHONE (A/C, Rtg, Ext):	FAX (A/C, Nbr):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE:	NAIC #
	INSURER A: T.H.E. Insurance Company	12866
INSURED Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bathpage, NY 11714	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	INSURER G:	

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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-LOC		CPP0101284-06	02/15/2016	02/15/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$N/A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/PROP AGG Protection & Indemnity \$2,000,000 \$1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS		CPP0101284-06	02/15/2016	02/15/2017	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$		ELP0010282-06 (VL)	02/15/2016	02/15/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N N/A	WCP0005167-002	02/15/2016	02/15/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER 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/OCCUR		ELP0010286-06 (GL)	02/15/2016	02/15/2017	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000

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

DISPLAY DATE: 12/17/16 RAIN DATE: TBD LOCATION: El Dorado Hills Town Center, El Dorado Hills CA

RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE NEGLIGENCE OF THE NAMED INSURED: EDH Town Center East Owners Association; Town Center East LP; The Mansour Company; The Nagle Company Inc; EDH Theatre LLC; Town Center Management Group Inc; Tradewinds Partnership; El Dorado Hills Fire Fighters Association; City of El Dorado CA; El Dorado Hills Fire Department; Michels Affinito; EDH Waterfront LLC; Athena Management Inc

CERTIFICATE HOLDER

Michelle Affinito
2920 Arden Way
Suite R-1
Sacramento CA 95825

Cert # 2820B

CANCELLATION

Thirty (30) Days Notice of Cancellation Applies 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

© 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

PYROE-1 OP ID: MADE

DATE (MM/DD/YYYY)
06/01/2016

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).

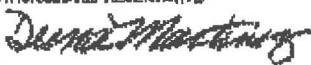
PRODUCER (SU)The Olson Duncan Agency 25558 Hawthorne Blvd., Ste 203 Torrance, CA 90505 James C. Kinnaman	CONTACT NAME: PHONE: (APC No. Ext): FAX (A/C. No.): E-MAIL: ADDRESS:																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAC #</th> </tr> <tr> <td>INSURER A: State Compensation Ins</td> <td></td> <td>35076</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAC #	INSURER A: State Compensation Ins		35076	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAC #																			
INSURER A: State Compensation Ins		35076																			
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Pyro Engineering Inc 999 S Oyster Bay Rd, Ste 111 Bethpage, NY 11714-1041																					

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.

INSTR	TYPE OF INSURANCE	ADD'L SUBRS INSR. W/O?	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-SECT <input type="checkbox"/> LOC.					EACH OCCURRENCE \$ DAMAGE TO TREATED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea. acc/occ) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	UMBRELLA/E&B <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 <input type="checkbox"/> N/A	N/A	1876001-15	06/01/2016	06/01/2017	<input checked="" type="checkbox"/> WC STABLE-TORY LIMITS <input type="checkbox"/> OTH-ER E-1. EACH ACCIDENT \$ 1,000,000 E-1. DISEASE - EA EMPLOYEE \$ 1,000,000 E-1. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Workers Compensation coverage is afforded in the State of California

CERTIFICATE HOLDER Pyro Engineering Inc dba Bay Fireworks 999 S Oyster Bay Rd, Ste 111 Bethpage, NY 11714-1041	CANCELLATION 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 
--	--

© 1988-2010 ACORD CORPORATION. All rights reserved.

ROUTE PLAN

DATE 12/17/16

DESTINATION EL DORADO HILLS FD
FROM RANCHO CORDOVA FACILITY

ROUTE GO EAST ON DOUGLAS RD GO 1.2 MILES MAKE LEFT ON GRANT LINE RD GO 2.7 MILES GRAN LINE RD BECOMES WHITE ROCK RD GO 5.8 MILES WHITE ROCK RD BECOMES PLACERVILLE RD GO .9 MILE PLACERVILLE RD BECOMES WHITE ROCK RD GO 1.2 MILES MAKE LEFT ON LATROBE RD GO .2 MILE MAKE 1ST RIGHT ONTO TOWN CENTER BLVD GO .3 MILES TO VINE STREET

SITE IS: EL DORADO HILLS TOWN CENTER AT THE INTERSECTION OF VINE ST & TOWN CENTER BLVD

SPECIAL CONTACT FIRE CHIEF DAVE ROBERTS
916-276-5760

SPECIAL INSTRUCTIONS

EMERGENCY PHONES

RYDER	800-327-7777
BUDGET	800-835-6469
DENNIS BRADY SR	516-233-4132
CORPORATE OFFICE	516-597-5500
WESTHAMPTON FACILITY	631-288-6102



CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIREWORKS LICENSE

License type: GPD-1362

Issue Date: 05/12/2016

Licensee: PYRO ENGINEERING INC DBA BAY FIREWORKS
ATTN: DENNIS BRADY JR.
999 SOUTH OYSTERS BAY ROAD #111
BETHPAGE, NY 11714

The named licensee is authorized to perform all acts permitted a fireworks

PUBLIC DISPLAY (GENERAL)

pursuant to Part II, Chapter 1 of the Health and Safety Code of the State of California.

Deputy State Fire Marshal

Expires: 6/30/2017



CALIFORNIA DEPARTMENT OF FORESTRY and FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIREWORKS LICENSE

License Type: I/E-1363

Issue Date: 04/21/2016

Licensee: PYRO ENGINEERING INC. DBA BAY FIREWORKS
ATTN: DENNIS BRADY JR.
999 SOUTH OYSTER BAY ROAD #111
BETHPAGE, NY 11714

The named licensee is authorized to perform all acts permitted a fireworks

IMPORTER/EXPORTER

pursuant to Part II, Chapter I of the Health and Safety Code of the State of California.

Deputy State Fire Marshal

Expires: 6/30/2017

FR-10(02-14-01)



CALIFORNIA DEPARTMENT OF FORESTRY and FIRE PROTECTION
OFFICE OF THE STATE FIRE MARSHAL
FIREWORKS LICENSE

License Type: W-1364

Issue Date: 04/21/2016

Licensee: PYRO ENGINEERING INC. DBA BAY FIREWORKS
ATTN: DENNIS BRADY JR.
999 SOUTH OYSTER BAY ROAD #111
BETHPAGE, NY 11714

The named licensee is authorized to perform all acts permitted a fireworks

WHOLESALE

pursuant to Part II, Chapter I of the Health and Safety Code of the State of California.



Deputy State Fire Marshal

Expires: 6/30/2017

2010/02/14-01