

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**



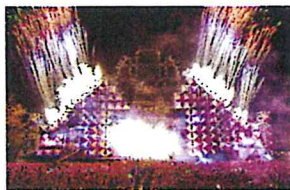
Fireworks Symposium  
at Walt Disney World  
America's 400th Anniversary  
Casinos - Bally's, Caesars, Claridge  
Major Theme Parks  
NASA's 50th Anniversary  
Universal Orlando Resort  
Centennial / Milestone Events

**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  
Alice Cooper - Swedish House Mafia  
Stadium, Stage, Concerts  
Theatrical Events  
Theme Park Design - Consultation

Date: 10/8/15

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 19<sup>th</sup> 2015.

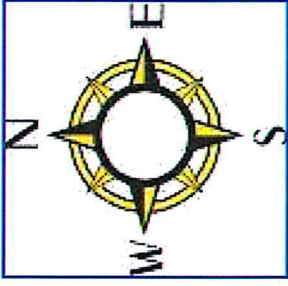
The fireworks site location is located at Vine & Town Center Blvd. A site map is attached. Time of display is 6:00 pm for a duration of approximately 10-12 minutes.

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

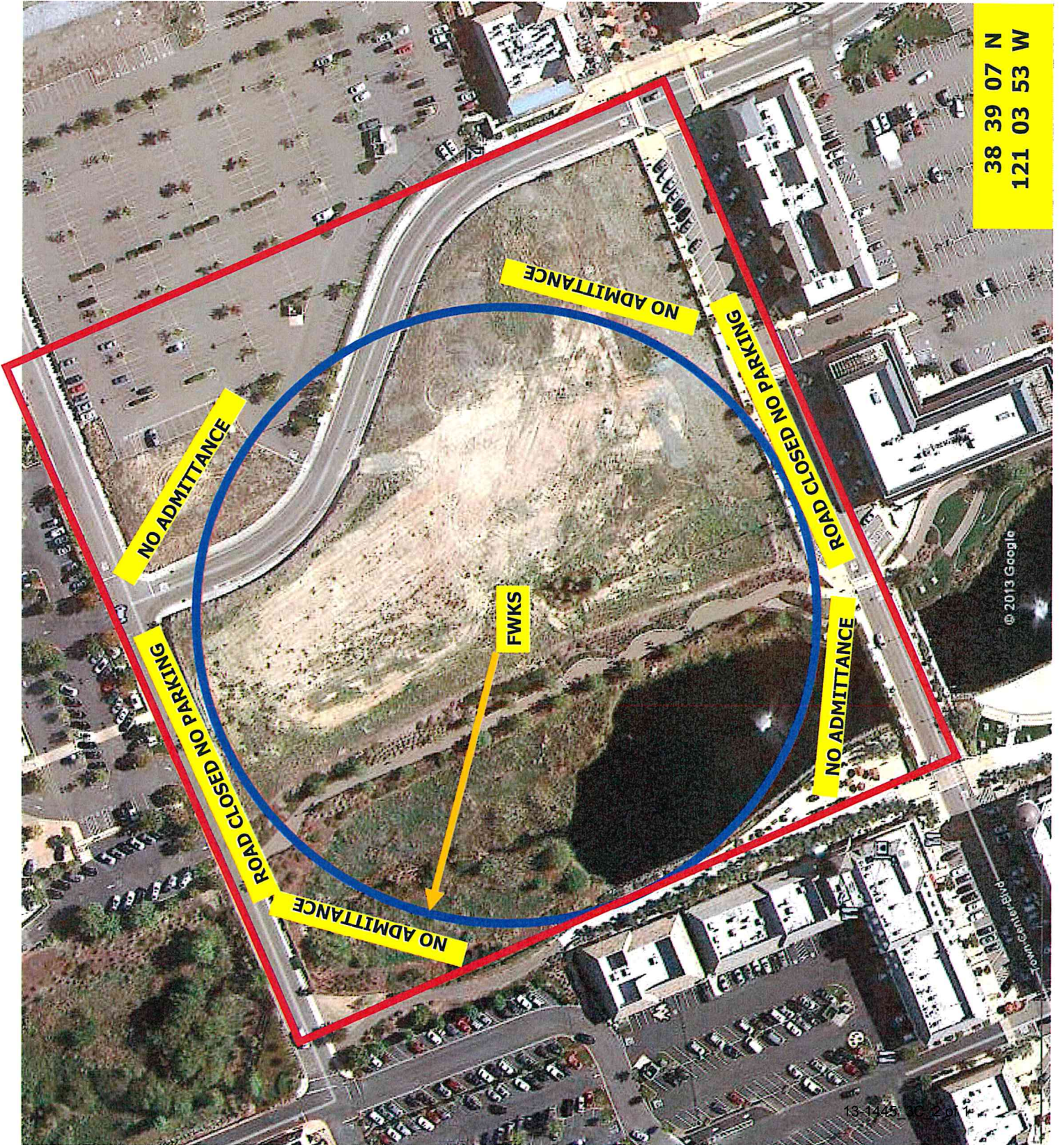
Thank you.

Sincerely,

Jo-Anne Triolo  
[joanne@bayfireworks.com](mailto:joanne@bayfireworks.com)



**EL DORADO  
HILLS**  
**3" MAX SIZE  
SHELL**  
**300' RADIUS**



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

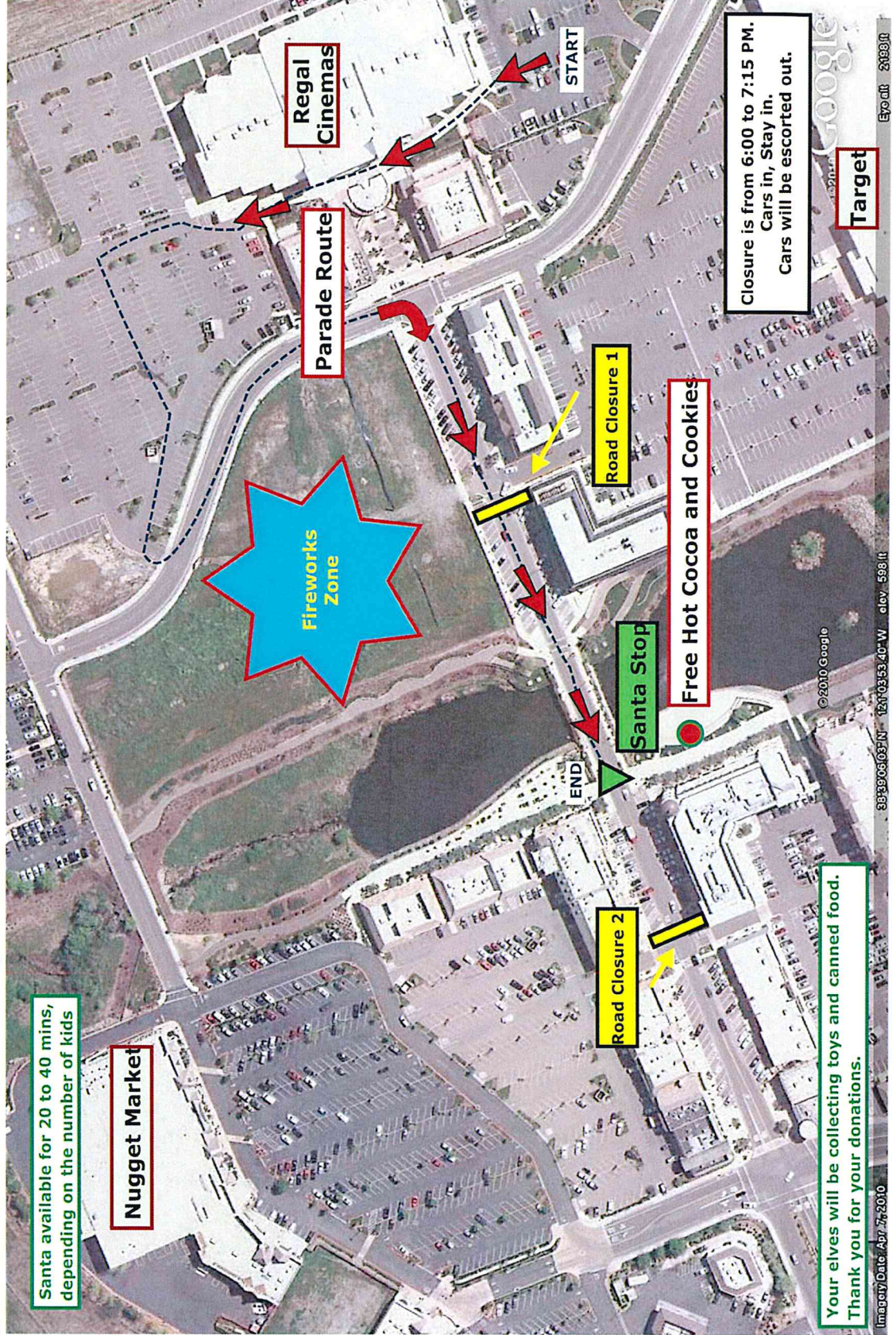
13-1245



Thalhamer 7/2015



# El Dorado Hills Firefighters' Association Grand Finale - Town Center December 19, 2015 6:00 PM [Santa arrives at 6:15 PM, then Fireworks]



Santa available for 20 to 40 mins, depending on the number of kids

Nugget Market

Fireworks Zone

Parade Route

Regal Cinemas

START

END

Road Closure 1

Santa Stop

Free Hot Cocoa and Cookies

Road Closure 2

Closure is from 6:00 to 7:15 PM. Cars in, Stay in. Cars will be escorted out.

Target

Your elves will be collecting toys and canned food. Thank you for your donations.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/05/2015

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> Allied Specialty Insurance, Inc. 10451 Gulf Boulevard Treasure Island, FL 33706-4814 1-800-237-3355	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td style="width:80%;">INSURER A : T.H.E. Insurance Company</td> <td style="width:20%;">NAIC # 12866</td> </tr> <tr> <td colspan="2">INSURER B :</td> </tr> <tr> <td colspan="2">INSURER C :</td> </tr> <tr> <td colspan="2">INSURER D :</td> </tr> <tr> <td colspan="2">INSURER E :</td> </tr> <tr> <td colspan="2">INSURER F :</td> </tr> </table>	<b>CONTACT NAME:</b>		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		<b>INSURER(S) AFFORDING COVERAGE</b>		INSURER A : T.H.E. Insurance Company	NAIC # 12866	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
<b>CONTACT NAME:</b>																					
PHONE (A/C, No, Ext):	FAX (A/C, No):																				
E-MAIL ADDRESS:																					
<b>INSURER(S) AFFORDING COVERAGE</b>																					
INSURER A : T.H.E. Insurance Company	NAIC # 12866																				
INSURER B :																					
INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
<b>INSURED</b> Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714																					

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	GENERAL LIABILITY			CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE	\$ 1,000,000				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								\$				
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC				\$					
A	AUTOMOBILE LIABILITY			CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				BODILY INJURY (Per person)	\$				
							BODILY INJURY (Per accident)	\$				
							PROPERTY DAMAGE (Per accident)	\$				
							\$	\$				
A	UMBRELLA LIAB	<input checked="" type="checkbox"/>		ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE	\$ 4,000,000				
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 4,000,000				
							\$	\$				
								\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A				E.L. EACH ACCIDENT	\$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000				
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000				
A	EXCESS LIABILITY/OCCUR			ELP0010296-05 (GL)	02/15/2015	02/15/2016	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: 12/19/2015    RAIN DATE: N/A    LOCATION: El Dorado Hills Town Center - Center & Vine St El Dorado CA  
 RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED INSURED ONLY: 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

**CERTIFICATE HOLDER**

EDH Town Center East Owners Association  
 C/O Town Center Management Group Inc  
 4364 Town Center Blvd Site 310  
 El Dorado Hills CA 95762  
  
 Cert # 2242

**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  
*Carol A Serra*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/05/2015

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):	
E-MAIL ADDRESS:				
INSURER(S) AFFORDING COVERAGE				NAIC #
INSURED	Pyro Engineering, Inc. dba: Bay Fireworks 999 South Oyster Bay Rd., Suite 111 Bethpage, NY 11714	INSURER A : T.H.E. Insurance Company		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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		CPP0101284-05	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <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		CPP0101284-05	02/15/2015	02/15/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	ELP0010292-05 (VL)	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
<b>A</b>	<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 <input type="checkbox"/> N / A	WCP0005167-001	02/15/2015	02/15/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS 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
<b>A</b>	<b>EXCESS LIABILITY/OCCUR</b>		ELP0010296-05 (GL)	02/15/2015	02/15/2016	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: 12/19/2015    RAIN DATE: N/A    LOCATION: El Dorado Hills Town Center - Center & Vine St El Dorado CA  
RE: GENERAL LIABILITY, THE FOLLOWING ARE NAMED AS ADDITIONAL INSURED IN RESPECTS TO THE OPERATION OF THE NAMED  
INSURED ONLY: 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

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

Cert # 2242B

**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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/27/2015

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 U/The Olson Duncan Agency 1550 Hawthorne Blvd., Ste 203 Irvine, CA 92614 James C Kinmartin	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : State Compensation Ins		35076
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		


INSURED	Pyro Engineering Inc dba Bay Fireworks 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.

IS/RT	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	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						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (PER ACCIDENT)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						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		N/A	1976001-15	06/01/2015	06/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Workers Compensation coverage is afforded in the State of California

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



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

License Type: GPD-1362

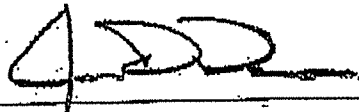
Issue Date: 06/03/2015

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

**PUBLIC DISPLAY (GENERAL)**

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

  
\_\_\_\_\_  
Deputy State Fire Marshal

Expires: 6/30/2016

**SPONSOR: El Dorado Hills Fire Fighters Assoc.**

Fireworks Company

Pyro Engineering, Inc. dba Bay Fireworks  
999 S. Oyster Bay Rd., Suite 111  
Bethpage, NY 11714

**Show Date(s): 12/19/15**

**Rain Date(s): N/A**

**Location: El Dorado Town Hills Town Center**

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: Chris Lawyer (CA Operator # 1256-02)
8. Technician(s):

Signed   
Fireworks Company Representative



CALIFORNIA  
PYROTECHNIC OPERATOR  
PUBLIC DISPLAY



NAME CHRIS T. LAWYER

SOC. SEC. NO. 564-04-9238

The Bearer, whose photograph and signature appear hereon, is authorized to perform as a Public Display Pyrotechnic Operator within the limits set forth on the reverse.

*Chris T. Lawyer*  
SIGNATURE

FW-31 (REV. 5-75)

Lic. No.:

1256-02

PUBLIC DISPLAY

- Unrestricted
- Basic Commercial
- Restricted Commercial

This license is for identification only, and shall NOT be used for advertising. State Fire Marshal recommendation is NOT given or implied.



# ROUTE PLAN

DATE	12/19/15
------	----------

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
	<b>SITE IS: EL DORADO HILLS TOWN CENTER AT THE INTERSECTION OF</b>
	<b>VINE ST &amp; TOWN CENTER BLVD</b>

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