



# TEXAS DEPARTMENT OF INSURANCE

State Fire Marshal's Office (112-FM)

333 Guadalupe, Austin, Texas 78701 \* PO Box 149221, Austin, Texas 78714-9221  
(512) 676-6800 | F: (512) 490-1063 | (800) 578-4677 | TDI.texas.gov | @TXSFMO

(1.4G)

## APPLICATION FOR CLASS ~~B~~ FIREWORKS (FIREWORKS ~~1.3G~~) SINGULAR OR MULTIPLE DISPLAY PERMIT

This application must be accompanied by the appropriate fee and all documents and information required by Chapter 2154 of the Texas Occupations Code and the Fireworks Rules. Complete answers must be given to all questions.

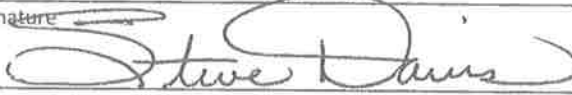
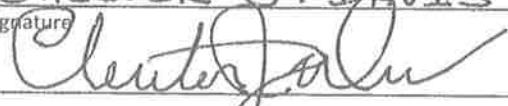
Please print or type.

A public fireworks display permit may not be issued to any person who is under 21 years of age. Any fraudulent representation on this application shall be cause for denial, suspension, or revocation of a permit. All fees are non-refundable, except for overpayments resulting from mistakes of law or fact.

PERMIT			
CHECK ONE	TYPE OF PERMIT	PERMIT FEE	CODE
<input checked="" type="checkbox"/>	Singular Display Permit	\$50.00	570-07
<input type="checkbox"/>	Multiple Display Permit	\$400.00	570-08

APPLICANT			
NAME OF APPLICANT		Telephone No. (512) 321-4416	
CHES-LEE ENTERPRISES, INC. DBA AMERICAN FIREWORKS		Fax No. (512) 321-7272	
ADDRESS	CITY	STATE	ZIP
P.O. Box 64	BASTROP	TX.	78602
E-MAIL ADDRESS FOR NOTIFICATION PURPOSES (optional)	WEB SITE ADDRESS (optional)		
Steve.davis@buyamericanfireworks.com			
Applicant doing business as (Check One)			
<input type="checkbox"/> Individual.	Yes	No	<input checked="" type="checkbox"/> Corporation
Is the individual 21 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Partnership.	Yes	No	<input type="checkbox"/> Other -- describe:
Is each partner 21 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>	
Federal employer's identification (FEI) number: 75-2409133			

DISPLAY INFORMATION			
Date of display	APRIL 29, 2017	Time	9:15pm
Alternate date of display	MAY 6, 2017	Time	9:15pm
Exact location description or address of display and/or alternate location for the display			
2201 E. VETERANS MEMORIAL BLVD.			
KILLEN, TEXAS 76543 (BELL COUNTY)			
Pyrotechnic operator licensed in Texas who will be at the display site to supervise the display:			
Name	STEPHEN JOSEPH DAVIS	License number	SEO-1829306
Name	JOHNNY GLENN HOFFMAN	License number	SEO-2163348
Name		License number	

QUESTIONS		1.4G
Size and estimated number of 1.4G fireworks to be discharged: 1.4G CONSUMER FIREWORKS		
Other items (1.4G fireworks, flame effects, set pieces, etc.) 50-500 GRAM CAKES, 6-3" RACKS, 4 FINALE RACKS		
Manner and address of storage of fireworks prior to and during the display PRIOR: AMERICAN FIREWORKS WAREHOUSE - 1315 HWY 71 W. BASTROP, TX. 78602 (BASTROP COUNTY) DURING: TRAILER - 2201 E. VETERAN MEMORIAL BLVD. KILLEEN, TX. 76543 (BELL COUNTY)		
Manufacturer or distributor licensed in Texas who is to supply the fireworks: Name CHES-LEE ENTERPRISES, INC. BBA AMERICAN FIREWORKS License number FWD-0051		
SIGNATURES		
In applying for a fireworks permit, I certify that I am familiar with and will comply with Chapter 2154 of the Texas Occupations Code and the Fireworks Rules. I hereby authorize the state fire marshal or any of his duly authorized deputies, upon notice, to enter, examine, and inspect any premises, building, room, or establishment used in connection with the permit for which I am applying to determine compliance with the provisions of Chapter 2154 and the Fireworks Rules. By my signature, I verify that the information on this application and its attachments are true. I understand that knowingly providing a false answer to any question or submitting false information or documents with this application may be tampering with a governmental record which is punishable under the Texas Penal Code Chapter 37, §37.10.		
Printed name STEPHEN DAVIS	Title DIRECTOR OF PYROTECHNIC DISPLAYS	
Signature 	Date 3-1-2017	
Printed name CHESTER J. DAVIS	Title CEO / OWNER	
Signature 	Date 3-1-2017	

APPLICATIONS MUST BE SIGNED BY AN INDIVIDUAL APPLICANT, BY AN OFFICER OF A CORPORATION, BY THE SOLE PROPRIETOR, BY EACH PARTNER OF A GENERAL PARTNERSHIP, BY THE GENERAL PARTNER OF A LIMITED LIABILITY PARTNERSHIP OR BY AN OFFICER OR MEMBER OF A LIMITED LIABILITY COMPANY.

APPLICATIONS SUBMITTED BY A GOVERNMENTAL ENTITY MUST BE SIGNED BY THE APPROPRIATE OFFICER. FOR EXAMPLE, A CITY'S APPLICATION SHOULD BE SIGNED BY THE MAYOR, CITY MANAGER, CITY ADMINISTRATOR, CITY SECRETARY, ETC.

Check or money order should be made payable to the TEXAS DEPARTMENT OF INSURANCE.

Mail this completed application along with the appropriate fee and additional documents to:

Mail Address:	State Fire Marshal's Office Mail Code 9999 P. O. Box 149221 Austin, TX 78714-9221 (512) 676-6808	Physical Address:	State Fire Marshal's Office 333 Guadalupe Austin, TX 78701 (512) 490-1056 www.tdi.texas.gov/fire
		Fax No.	(512) 490-1056
		Web Site Address:	www.tdi.texas.gov/fire

**NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES**

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **SINGULAR OR MULTIPLE DISPLAY PERMIT SITE DIAGRAM/PLAN**

**Please make sure the below listed items are included on the site diagram**

**Address of display location**

**Show location of firing site**

**Show location of spectators**

**Show minimum secured area on all sides of firing site**

**Show method of restraint/security on all sides of firing site**

**Show location of health care, detention and correctional facilities. If there are no such facilities within the distance required by NFPA 1123, 1995 ed., please indicate such in a statement on the diagram.**

**Show location of school buildings and/or churches. If there are no buildings within 600 feet of the firing site, please indicate such in a statement on the diagram.**

**Show location of hazardous materials. If there are no hazardous materials within the distance required by NFPA 1123, 1995 ed., please indicate such in a statement on the diagram.**

Texas Department of Insurance  
State Fire Marshal's Office  
Application for Class A Fireworks (Fireworks 1.3G) Singular or Multiple Display Permit  
Site Inspection Certification

1 Name of applicant CHES-LEE ENTERPRISES, INC. DBA AMERICAN FIREWORKS  
Address P.O. Box 64 Telephone (512) 321-4416  
City BASTROP State TEXAS Zip Code 78602  
2 Date of display APRIL 29, 2017 Time 9:15-9:30pm  
Alternate date of display MAY 6, 2017 Time 9:15-9:30pm  
3 Location and/or alternate location for the display 2201 E. VETERANS MEMORIAL BLVD  
KILLEEN, TX. 76543 (BELL COUNTY)

4. As the fire prevention officer, I approve of the display site and have reviewed the site diagram  Yes  No
5. I approve of the location and manner for storage of display fireworks before and during the display  Yes  No
6. I approve of the potential landing area for fireworks debris.  Yes  No
7. The display is to be conducted in compliance with TX Occupations Code, Regulation of Fireworks & Fireworks Displays and the Fireworks Rules.  Yes  No

8 My approval is subject to the following conditions

List conditions, if applicable, or indicate "None" \_\_\_\_\_

9 As the appropriate fire prevention officer, I have inspected the display site(s) to determine whether this proposed display is of a nature or in a location that may be hazardous to property or dangerous to any person. This form is my notice to the state fire marshal of the results of the inspection as required in Sec. 2154.206, Chapter 2154, Texas Occupations Code.

Signature of fire prevention officer [Signature] #189 Date 3-7-17

Printed name of fire prevention officer MIKE EREANS #189 Title Captain

Department Fire Marshal's Office Telephone No 254-501-6583

Email address meveans@killeentexas.gov Mobile Phone No \_\_\_\_\_

Telephone No (512) 676-6808  
Fax No (512) 490-1056  
Web Site Address [www.tdi.texas.gov/fire](http://www.tdi.texas.gov/fire)

C (1.4G)  
**APPLICATION FOR CLASS B FIREWORKS (FIREWORKS ~~1.2G~~)**  
**SINGULAR OR MULTIPLE DISPLAY PERMIT**

**APPLICANTS FOR A SINGULAR OR MULTIPLE DISPLAY PERMIT MUST SUBMIT THE FOLLOWING:**

1. An application for a singular or multiple display permit.
2. A certificate of general liability insurance.

**ITEMS TO BE INCLUDED ON INSURANCE CERTIFICATES:**

1. The name of the insurer and the policy number.
2. The name of the insured, which must be the same name as on the display application.
3. Effective dates (or days) of the policy.
4. The amount of coverage must not be less than \$500,000. The policy shall be conditioned to pay those sums the insured becomes obligated to pay as damages because of bodily injury and property damage caused by an occurrence involving the insured or the insured's servant, officer, agent, or employee in the conduct of a public fireworks display.
5. The words "fireworks display" and the date(s) of the display should appear under description of operations on the certificate. Any alternate date(s) should also be included.
6. The State Fire Marshal's Office should be listed as the certificate holder.
7. Must be issued by an insurer authorized to do business in Texas and countersigned by an insurance agent licensed in Texas.

ADDITIONAL DOCUMENTS			
If you are a Texas or Foreign Corporation submit the following	If you are a Sole Proprietorship or General Partnership submit the following:	If you are a Texas or Foreign Limited Partnership submit the following	If you are a Texas or Foreign Limited Liability Company submit the following
Certificate of general liability insurance	Certificate of general liability insurance	Certificate of general liability insurance	Certificate of general liability insurance
Corporate Charter, Certificate of Existence, or Certificate of Authority issued by the Texas Secretary of State		Certificate of Limited Partnership, Registration Application for Foreign Limited Partnership	Certificate of Organization, or Certificate of Authority issued by the Texas Secretary of State
Franchise Tax Account Status must be ACTIVE with the TX Comptroller of Public Accounts		Franchise Tax Account Status must be ACTIVE with the TX Comptroller of Public Accounts	Franchise Tax Account Status must be ACTIVE with the TX Comptroller of Public Accounts
Assumed Name Certificate from Texas Secretary of State (if using a d/b/a)	Assumed Name Certificate from your County Clerk (if using a d/b/a)	Assumed Name Certificate from Texas Secretary of State (if using a d/b/a)	Assumed Name Certificate from Texas Secretary of State (if using a d/b/a)

Texas Secretary of State: (512) 463-5578

Texas Comptroller of Public Accounts (800) 252-1386