



General Land Use Application

1 page

Name of Project:	
Location or Address:	

Map & Tax Lot #	T:	R:	Section:	Tax Lot (s):
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Request:

I am the (check one) owner lessee of the property listed above, and the statements and information contained herein are in all respects true, complete and correct to the best of my knowledge and belief.

Applicant (if different than owner)	Owner
Address	Address
City/State/Zip	City/State/Zip
Email	Email
Phone	Phone
Signature <i>Shanee A Sabater</i>	Signature

Staff Use Only

File #:	Date:	Fee\$:	Planner:
Type of review: Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type IV <input type="checkbox"/>			
Has applicant attended a pre-app? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date of pre-app meeting:			



39250 PIONEER BOULEVARD ? SANDY, OR 97055

FIREWORK STAND CHECKLIST

- Temporary Land Use Application
- Fee for \$138 payable to The City of Sandy (no fee for non-profits)
- Name of property owner with accompanying Letter/Notice from property Owner with permission to use property
- Retail Sales Permit for Allowed Fireworks from Dept. of State Police, Office of State Fire Marshall
- Security Information when stand is unmanned.
- Fireworks Stand Plot Plan Layout
- Certificate of Flame Resistance of Tent (if tent utilized for display)
- Certificate of Liability Insurance naming as additional insured The City of Sandy for not less than \$1,000,000.

SIGNAGE

See attached Sign Overview (Temporary Signs) for information.

City of Sandy
39250 Pioneer Blvd.
Sandy, OR 97055
www.ci.sandy.or.us
(503) 489-2160 (Planning Department)



March 15, 2024

TNT Fireworks - Leasing Operations
 4003 Helton Drive
 Florence, AL 35630

RE: 2024 July TNT Fireworks Locations – Fred Meyer

Subject to the terms of any applicable property lease agreement, any applicable REA's or property management requirements and approvals, and to a fully executed License Agreement.

Kroger Store ID	Store	Address	City	State		
701	5	2500 Santiam Hwy Se	Albany	OR	ORE2950	
701	19	801 Auburn Way N	Auburn	WA	WAS2004	
701	35	11425 Sw Beaverton Hillsdale Hwy	Beaverton	OR	ORE1452	
701	41	20901 Highway 410	Bonney Lake	WA	WAS2010	
701	49	560 W Kathleen Ave	Coeur D Alene	ID	IDA1004	
701	50	1020 S 1st Street	Coos Bay	OR	ORE5016	
701	60	2200 Baseline St	Cornelius	OR	ORE1850	
701	63	16301 Se 82Nd Dr	Clackamas	OR	ORE2050	
701	90	3740 Market St Ne	Salem	OR	ORE2552	
701	127	2497 Se Burnside Rd	Gresham	OR	ORE1250	
701	140	7700 Ne Highway 99	Vancouver	WA	WAS4038	
701	143	6495 Se Tualatin Valley Hwy	Hillsboro	OR	ORE1753	
701	153	8955 Se 82Nd Ave	Happy Valley	OR	ORE1150	
701	156	1555 Northgate Mile	Idaho Falls	ID	IDA5006	
701	163	2811 W 10Th Ave	Kennewick	WA	WAS8044	
701	165	2655 Shasta Way	Klamath Falls	OR	ORE7511	
701	171	5050 State Highway 303 Ne	Bremerton	WA	WAS2019	
701	185	3184 Ocean Beach Hwy	Longview	WA	WAS4029	
701	198	1850 E Fairview Ave	Meridian	ID	IDA2057	
701	210	18805 State Route 2	Monroe	WA	WAS1039	
701	218	695 S Highway 101	Warrenton	OR	ORE0006	
701	220	3300 Portland Rd	Newberg	OR	ORE0009	
701	225	2855 Broadway St Ne	Salem	OR	ORE2551	
701	226	50 2Nd St S	Nampa	ID	IDA2016	
ORE4750	701	227	150 Ne 20Th St	Newport	OR	
	701	240	14700 Se Mcloughlin Blvd	Oak Grove	OR	ORE2053
	701	242	1839 Molalla Ave	Oregon City	OR	ORE2052





RE: 2024 July TNT Fireworks Locations – Fred Meyer (continued)

701	260	800 Yellowstone Ave	Pocatello	ID	IDA5003
701	265	1100 N Meridian	Puyallup	WA	WAS2092
701	285	7700 Sw Beaverton Hillsdale Hwy	Portland	OR	ORE1159
701	286	101 Wellsian Way	Richland	WA	WAS8018
701	375	11565 Sw Pacific Hwy	Tigard	OR	ORE1650
701	377	2500 Main Ave N	Tillamook	OR	ORE0003
701	383	705 Blue Lakes Blvd. N	Twin Falls	ID	IDA4006
701	393	19200 Sw Martinazzi Ave	Tualatin	OR	ORE1651
701	424	17404 MERIDIAN E	Puyallup	WA	WAS2087
701	439	10751 W Overland Rd	Boise	ID	IDA2037
701	449	5425 W Chinden Blvd	Garden City	ID	IDA2063
701	460	800 Ne Tenney Rd	Vancouver	WA	WAS4036
701	462	51501 Columbia River Hwy	Scappoose	OR	ORE0011
701	482	15995 Sw Walker Rd	Beaverton	OR	ORE1450
701	614	401 Nw 12Th Ave	Battle Ground	WA	WAS4003
701	615	6305 Bridgeport Way W	University Place	WA	WAS2129
701	650	944 Sw Veterans Way	Redmond	OR	ORE7517
701	655	1900 Se Sedgwick Rd	Port Orchard	WA	WAS2079
701	660	22855 Ne Park Ln	Wood Village	OR	ORE1053
701	661	7355 NE Imbrie Dr	Hillsboro	OR	ORE1760
701	662	5230 W Franklin Rd	Boise	ID	IDA2031
701	663	16625 Se 362Nd Dr	Sandy	OR	ORE2062
701	665	1201 Valley Ave E	Sumner	WA	WAS2117
701	681	2801 Bickford Ave	Snohomish	WA	WAS1052
701	685	1400 W Chinden Blvd	Meridian	ID	IDA2054
701	688	2902 164Th St Sw	Lynnwood	WA	WAS1034

Should you have any questions please feel free to contact me.

Sincerely,

Liz Harpole | Real Estate Development
 1014 Vine Street | Cincinnati, OH 45202
 Office: 513.562.4293
 liz.harpole@kroger.com



SITE DIAGRAM

Location Name Fred Meyer #663

Location # ORE2062

Site Address 16625 SE 362nd Dr

Ordinance Of Sandy Fire District

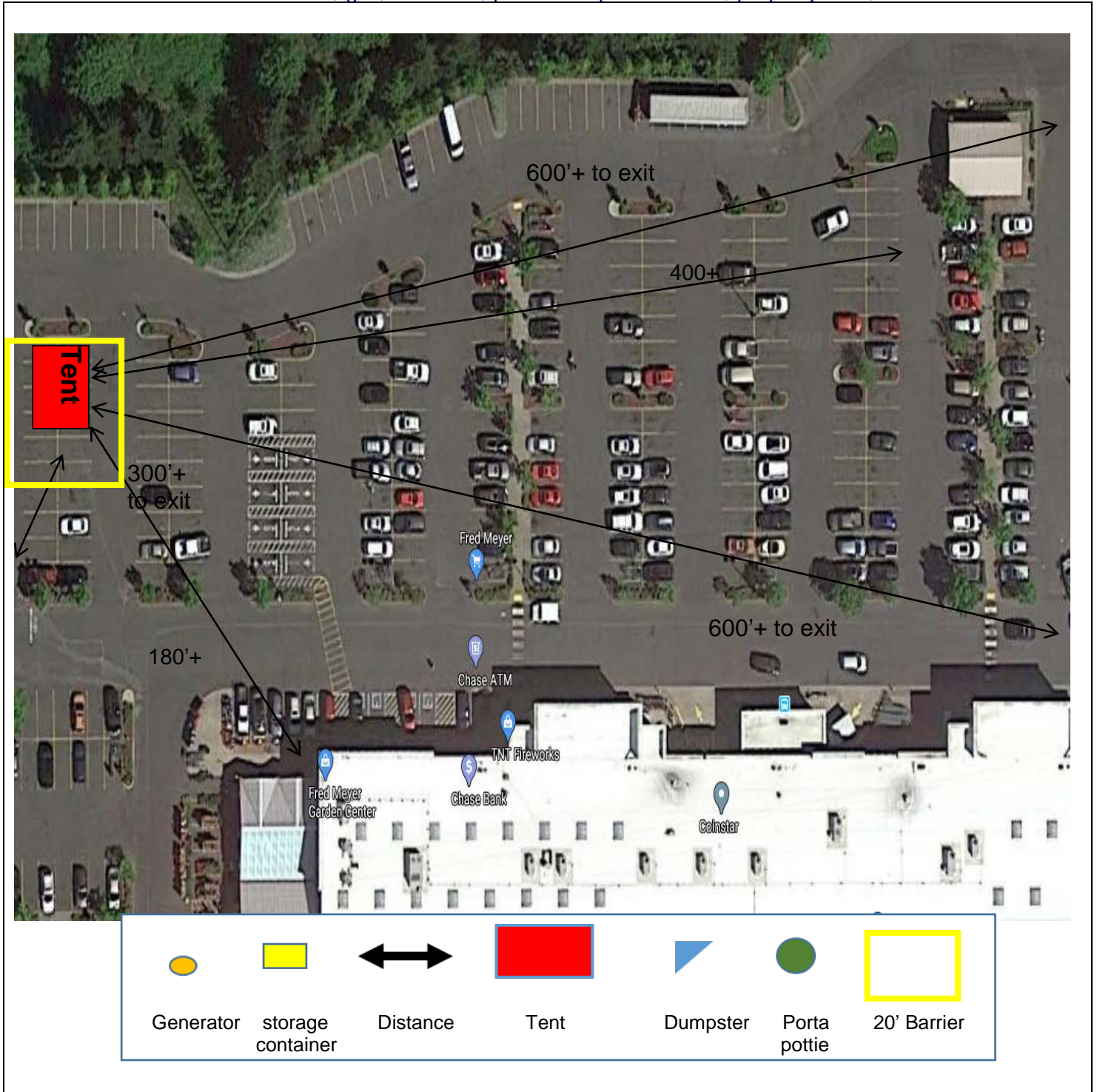
City, State, Zip Sandy, OR 97055

Structure Type & Size Tent - 20' x 40'

Cross Streets _____ and _____

Structure Faces _____

Show all setback from structures, gas, fire lanes, public and private roads, property lines, trees and landmarks



Notes

See Tent Layout for Exits

Estimated # of parking space: 10



Dear Fire Authority,

The following is information regarding the Tent operation for your review:

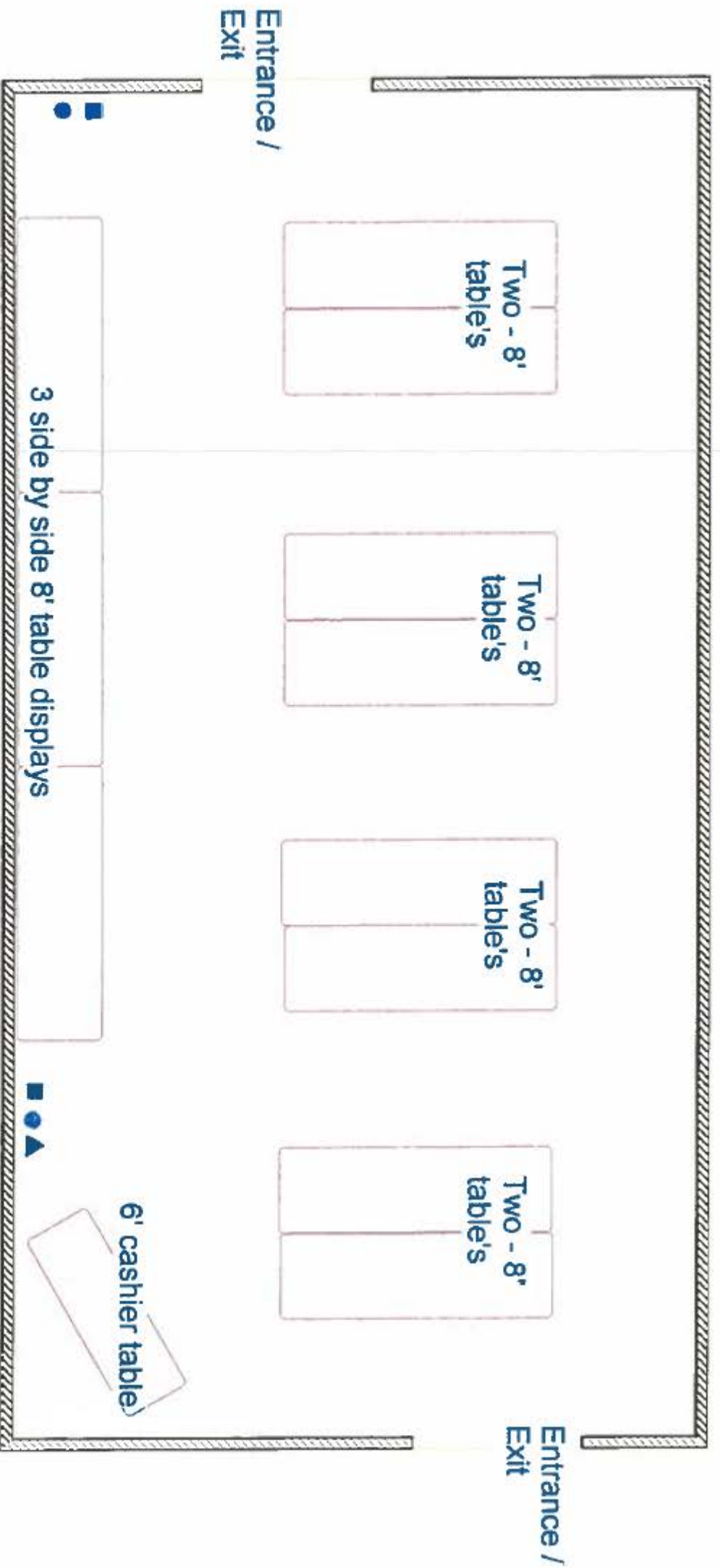
1. Tent size = 20' X 40' framed tent
2. Entrance/Exits = Each tent will have two entrance/exit
3. Fire extinguishers = Minimum of 2 ea, 2A: 10 BC, 2 ea, type 2A water and 1 ea, 40BC
4. Aisles = aisle ways of at least 4' will be maintained
5. Signs = Exit and No Smoking signs will be posted at every exit
6. Product = Will be displayed on 8' tables and free standing pallet displays
7. Security = 24 hour security will be provided as each site

Enclosed is a diagram of the tent layout along with a copy of the certificate of flame resistant and the certificate of insurance.

Please contact us if you have any questions or request for further information.

Enclosure

AMERICAN PROMOTIONAL EVENTS, INC.
PO BOX 836 • CLACKAMAS, OR 97015-0836
PHONE (503) 653-9655 • FAX (509) 654-0619
www.tntfireworks.com



20' X 40' Fireworks Sales Tent

- 2A:10B:C FIRE EXT.
- 2A-WATER-FIRE EXT.
- ▲ 40B:C FIRE EXT.
(For Generator)



RETAIL FIREWORKS SALES PERMIT APPLICATION

ORE2062

OREGON STATE FIRE MARSHAL

PAYMENT AND APPLICATIONS MAILED ONLY TO:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
P.O. Box 4395 Unit 09
Portland, OR 97208-4395

Checks, Money Orders and Cashier's Checks must be made payable to:
Oregon State Fire Marshal

CONTACT INFORMATION:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
Phone: 503-934-8274 or 8272
Fax: 503-373-1825
Email: OSFM.LP@OSFM.Oregon.gov

IMPORTANT: Due to the high volume of applications please submit your applications by **APRIL 15, with the fee of \$100.** The applicant and individual responsible for sales are responsible for reading, understanding, and following all laws and rules regarding fireworks in Oregon. The retail permit shall be issued prior to any activities allowed by this permit. All sections must be completed. Incomplete applications will not be processed. For more information, please visit our website at <https://www.oregon.gov/osfm/education/pages/fireworks.aspx>

PERMIT HOLDER INFORMATION

COMPANY, ORGANIZATION, OR PERSON TO WHOM PERMIT IS TO BE ISSUED
Name BRANDIE BASELER
Full Mailing Address 14675 SE BARTELL ROAD, BORING OR, 97009
(Street, City, State, Zip)
Work/Cell Phone No. 503-740-3444 **Fax No.** **Email Address**

INDIVIDUAL REPRESENTING COMPANY OR ORGANIZATION LISTED ABOVE
Name BRANDIE BASELER
Full Mailing Address 14675 SE BARTELL ROAD, BORING OR, 97009
(Street, City, State, Zip)
Phone No. 503-740-3444 **Email Address**

INDIVIDUAL RESPONSIBLE FOR SALES (SHALL BE RESPONSIBLE FOR ONLY ONE LOCATION)

Name BRANDIE BASELER
Full Mailing Address 14675 SE BARTELL ROAD, BORING OR, 97009
(Street, City, State, Zip)
24-HOUR NUMBER 503-740-3444 **Age** 47 **Email Address** brandie.baseler@comcast.net

STORAGE INFORMATION

NO STORAGE
Address (es) Where fireworks will be stored (Street, City, State, Zip)
Phone Number **Storage location type (CHECK ONE)** U-Detached Explain: M S-1
Approximate dates the fireworks will be at the storage area(s) **Beginning Date** **Ending Date**
Location of fireworks to open flames, exposed heating elements, and direct sources of ignition.
Indicate which of the following apply: None: **Distance in Feet** **Type of Ignition Source**
Describe fire extinguishing equipment available at storage area(s)

FIRE AUTHORITY SIGNATURE FOR STORAGE LOCATION (ONLY if storing)

Printed Name of Fire Authority N/A	Signature of Fire Authority N/A
Title of Fire Authority N/A	Mailing Address NO SIGNATURE REQUIRED - ONLY SIGN 2ND PAGE
Name of Fire Department N/A	Phone No. N/A Fax No.
Date Signed by Fire Authority N/A	Email Address N/A

Identification provided to local fire official at time of application for outside sales (tents/stands) only Yes No

RETAIL SALES LOCATION INFORMATION ORE2062

Complete address of sales (STREET, CITY, STATE, ZIP)
 16625 SE 362ND DR , SANDY, OR 97055

County **CLACKAMAS** **Check One:** Inside Sales Outside Sales **Check One:** Stand Tent Dimensions 20' X 40'

WHOLESALE INFORMATION Oregon Licensed Wholesaler from whom applicant intends to purchase allowed fireworks

Wholesaler from whom applicant intends to purchase allowed fireworks. 1. AMERICAN PROMOTIONAL EVENTS INC - WEST #44 2. 3. 4.	5. 6. 7. 8.
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INDIVIDUAL COMPLETING APPLICATION INFORMATION
 Information of individual completing application and where the permit will be emailed

Printed Name of Individual JASON SIMPSON **Signature of Individual** *Jason Simpson*

If Representing A Fireworks Wholesale Company, List What Company: AMERICAN PROMOTIONAL EVENTS INC - WEST #44

Mailing Address (Street, City, State, Zip) PO BOX 836, CLACKAMAS, OR 97015

Phone No. 503-653-9655 **Fax No.** 503-654-0619

Email Address SIMPSONJ@TNTFIREWORKS.COM AND SABATERS@TNTFIREWORKS.COM Age 54

NOTE: By signing this application I verify the information is true to the best of my knowledge.

FIRE AUTHORITY SIGNATURE FOR SALES LOCATION

Printed Name of Fire Authority VALERE LILJEFELT	Signature of Fire Authority <i>Valere Liljefelt</i>
Title of Fire Authority LT. DEPUTY FIRE MARSHAL	Mailing Address 2930 SE OAK GROVE BLVD, MILWAUKIE, OR 97267
Name of Fire Department CLACKAMAS CO FIRE DISTRICT #1	Phone No. <i>503-742-2665</i> Fax No.
Date Signed by Fire Authority <i>May 14, 2024</i>	Email Address VALERE.LILJEFELT@CLACKAMASFIRE.COM

Identification provided to local fire official at time of application for outside sales (tents/stands) only Yes No

MAP INFORMATION

REQUIRED INFORMATION <i>INSIDE SALES DIAGRAM</i>	REQUIRED INFORMATION <i>OUTSIDE SALES DIAGRAM</i>
The location of fireworks display inside the structure. Location of all exits and distance (in feet) from fireworks to all exits. Location of highly combustible materials, open flames, heating elements, or direct ignition sources within a 20-foot radius of fireworks display	Location of outside sales stand or tent and location of all exits Show the distance from tent or stand to the following: Streets/sidewalks - minimum 15 feet Buildings/ combustible structures - minimum 10 feet Dispensers of flammable liquids - minimum 50 feet

ATTACH A SEPARATE SHEET OF PAPER WITH A DETAILED MAP WITH REQUIRED INFORMATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2024

5/9/2024

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 Lockton Companies 3280 Peachtree Road NE, Suite #1000 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: PHONE (A/C. No. Ext):		FAX (A/C. No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Everest Indemnity Insurance Company			10851
INSURER B :			
INSURER C :			
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES ORE2062 **CERTIFICATE NUMBER:** 20570204 **REVISION NUMBER:** XXXXXXXX

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 <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 checked="" type="checkbox"/> LOC OTHER:	Y	N	SI8GL00242-231	11/1/2023	11/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 Tent operations at Fred Meyer #663 located at 16625 SE 362nd Dr, Sandy, OR 97055 (ORE2062). Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

20570204
 City of Sandy
 39250 Pioneer Blvd
 Sandy OR 97055

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

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