



**General Land Use Application**

**1 page**

<b>Name of Project:</b>	
<b>Location or Address:</b>	

<b>Map &amp; Tax Lot #</b>	<b>T:</b>	<b>R:</b>	<b>Section:</b>	<b>Tax Lot (s):</b>
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<b>Request:</b>	

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](http://www.ci.sandy.or.us)  
(503) 489-2160 (Planning Department)

# SITE DIAGRAM

Location Name: Safeway #782

Location #: ORE2014

Site Address: 37601 Hwy 26

Ordinance: Sandy FD #72

City, State, Zip: Sandy, OR 97055

Structure Type & Size: Stand - 8' X 16' \*\*

Cross Streets: \_\_\_\_\_ and \_\_\_\_\_

Structure Faces: \_\_\_\_\_

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



Notes

X=Exits

\*\*Stand has 12' wings signs at each end

Sales Rep: \_\_\_\_\_



February 14, 2024

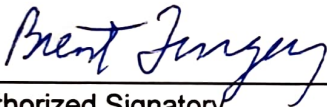
TO WHOM IT MAY CONCERN:

Subject to the terms of that certain Master Fireworks Agreement dated March 8, 2019, as amended to date (collectively, the "Agreement") by and between Albertsons Companies Inc., a Delaware corporation ("Grantor"), on behalf of itself and each of its subsidiaries, and American Promotional Events, Inc. – East, an Alabama corporation, American Promotional Events, Inc. – Northwest, a Washington corporation, and American Promotional Events, Inc. – West, a California corporation, each doing business as TNT Fireworks (collectively, "TNT"), permission is hereby granted by Grantor to TNT or their authorized agent, for the exclusive right to enter upon a portion of the parking lot of Grantor's store identified on Exhibit "A" attached hereto and incorporated herein (the "Store") for the sole purpose of selling fireworks on or around the Summer holiday event. Dates of Sale for the Stores is June 20, 2024 through July 10, 2024.

Please contact Kathy Vilendrer at [Kathy.Vilendrer@Albertsons.com](mailto:Kathy.Vilendrer@Albertsons.com) with any questions.

All business will be conducted in accordance with all City, County, and State regulations.

Sincerely,  
Albertsons Companies Inc.



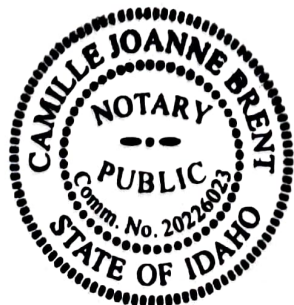
\_\_\_\_\_  
Authorized Signatory

STATE OF IDAHO                    )  
  ) ss.  
County of Ada                        )

On this 14<sup>th</sup> day of February, in the year 2024, before me, a Notary Public in and for the State of Idaho, personally appeared Brent Tingey, known or identified to me to be the Authorized Signatory of Albertsons Companies Inc., the company that executed the instrument or the person who executed the instrument on behalf of said company, and acknowledged to me that such company executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

[SEAL]



\_\_\_\_\_  
NOTARY PUBLIC for Idaho  
Residing at Meridian, Idaho  
My commission expires: 12/27/2028

TNT Loc #	RE ID #	Legacy Store #	New Store #	Legal Entity	Region	Operating Status	Division	Banner	Street Address	City	ST
ORE2020	0521AS	521	521	Safeway Inc.	West	1-Open	Portland	Safeway	20151 SE Highway 212	Damascus	OR
CSR7107	0524AS	6524	524	ABS CA-O LLC	West	1-Open	SoCal	Albertsons	12013 Central Avenue	Chino	CA
WAS1006	0535AS	535	535	Safeway Stores 58, Inc.	West	1-Open	Seattle	Safeway	20711 Bothell Everett Hwy	Bothell	WA
ORE1054	0536AS	536	536	ABS OR-O LLC	West	1-Open	Portland	Safeway	25691 SE Stark St	Troutdale	OR
WAS1041	0537AS	537	537	Safeway Inc.	West	1-Open	Seattle	Safeway	19651 Hwy 2	Monroe	WA
WAS2043	0547AS	547	547	Safeway Inc.	West	1-Open	Seattle	Safeway	10105 224th St E	Graham	WA
ORE2097	0571AS	571	571	ABS OR-O LLC	West	1-Open	Portland	Albertsons	19007 S Beavercreek Rd.	Oregon City	OR
ORE7512	0577AS	577	577	ACI Real Estate SPE 127, LLC	West	1-Open	Portland	Albertsons	5500 South 6th St.	Klamath Falls	OR
ORE1755	0590AS	590	590	Albertson's LLC	West	1-Open	Portland	Albertsons	7500 E Main St	Hillsboro	OR
ORE1759	0591AS	591	591	Albertson's LLC	West	1-Open	Portland	Safeway	888 NE 25th Avenue	Hillsboro	OR
CSR0457	0598AS	6598	598	Albertsons Store Sub LLC	West	1-Open	SoCal	Albertsons	2000 E. 17th St.	Santa Ana	CA
ORE2014	0782AS	782	782	Safeway Inc.	West	1-Open	Portland	Safeway	37601 Highway 26	Sandy	OR
COL1097	0804AS	804	804	ABS RM Investor LLC	West	1-Open	Denver	Safeway	1451 W. Eisenhower Blvd	Loveland	CO
FUL1944	0819AS	6119	819	Albertson's LLC	West	1-Open	SoCal	Albertsons	1930 N Placentia Ave	Fullerton	CA
COL1192	0839AS	839	839	ABS RM Investor LLC	West	1-Open	Denver	Safeway	8434 South Kipling Parkway	Littleton	CO
CNM1949	0983AS	983	983	Safeway Inc.	West	1-Open	NorCal	Safeway	1071 11th St	Lakeport	CA
ORE2290	1047AS	1047	1047	Safeway Realty LLC	West	1-Open	Portland	Safeway	17779 SW Lower Boones Ferry Rd.	Lake Oswego	OR
NVR5500	1059AS	6059	1059	Albertson's LLC	West	1-Open	Southwest	Albertsons	5500 Boulder Hwy	Las Vegas	NV
WAS4028	1078AS	1078	1078	Safeway Inc.	West	1-Open	Portland	Safeway	2930 Ocean Beach Highway	Longview	WA
XXX0214	1105AS	6105	1105	Albertsons Store Sub LLC	West	1-Open	SoCal	Albertsons	8880 Valley View Street	Buena Park	CA
COL3069	1131AS	1131	1131	Safeway Stores 46, Inc.	West	1-Open	InterMtn	Safeway	1329 South Townsend Ave	Montrose	CO
MON2001	1158AS	1158	1158	Safeway Inc.	West	1-Open	InterMtn	Safeway	201 N Main St	Deer Lodge	MT
WAS6016	1159AS	1159	1159	Safeway Inc.	West	1-Open	Seattle	Safeway	121 W Walnut	Newport	WA
AZP0037	1201AS	1201	1201	Safeway Inc.	West	1-Open	Southwest	Safeway	4005 East Chandler Blvd.	Phoenix	AZ
AZP2935	1221AS	1021	1221	ABS SW Investor LLC	West	1-Open	Southwest	Albertsons	2935 E. Riggs Road	Chandler	AZ
DIX0001	1258AS	1258	1258	Safeway Inc.	West	1-Open	NorCal	Safeway	1235 Stratford Ave	Dixon	CA
CNM3282	1289AS	1289	1289	ACI Real Estate SPE 121, LLC	West	1-Open	NorCal	Safeway	8377 Elk Grove Florin Rd.	Sacramento	CA



# RETAIL FIREWORKS SALES PERMIT APPLICATION

ORE2014

## 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](mailto: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 <b>BRANDIE BASELER</b>	
Full Mailing Address <b>14675 SE BARTELL ROAD, BORING OR, 97009</b> <small>(Street, City, State, Zip)</small>	
Work/Cell Phone No. <b>503-740-3444</b>	Fax No. _____ Email Address _____
INDIVIDUAL REPRESENTING COMPANY OR ORGANIZATION LISTED ABOVE	
Name <b>BRANDIE BASELER</b>	
Full Mailing Address <b>14675 SE BARTELL ROAD, BORING OR, 97009</b> <small>(Street, City, State, Zip)</small>	
Phone No. <b>503-740-3444</b>	Email Address _____
INDIVIDUAL RESPONSIBLE FOR SALES (SHALL BE RESPONSIBLE FOR ONLY <u>ONE</u> LOCATION)	
Name <b>JUSTIN BASELER</b>	
Full Mailing Address <b>14675 SE BARTELL ROAD, BORING OR, 97009</b> <small>(Street, City, State, Zip)</small>	
24-HOUR NUMBER <b>503-519-2979</b>	Age <b>52</b> Email Address <b>justin@pavemaint.com</b>
STORAGE INFORMATION	
NO STORAGE <input checked="" type="checkbox"/>	
Address (es) Where fireworks will be stored <small>(Street, City, State, Zip)</small>	
Phone Number _____	Storage location type (CHECK ONE) U-Detached <input type="checkbox"/> Explain: _____ M <input type="checkbox"/> S-1 <input type="checkbox"/>
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: <input type="checkbox"/> 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 <b>N/A</b>	Signature of Fire Authority <b>N/A</b>
Title of Fire Authority <b>N/A</b>	Mailing Address <b>NO SIGNATURE REQUIRED - ONLY SIGN 2ND PAGE</b>
Name of Fire Department <b>N/A</b>	Phone No. <b>N/A</b> Fax No. _____
Date Signed by Fire Authority <b>N/A</b>	Email Address <b>N/A</b>
Identification provided to local fire official at time of application for outside sales (tents/stands) only Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	



**RETAIL SALES LOCATION INFORMATION** ORE2014

**Complete address of sales (STREET, CITY, STATE, ZIP)**  
 37601 HWY 26, SANDY, OR 97055

County **CLACKAMAS**      Check One: Inside Sales  Outside Sales  Check One: Tent  Stand  Dimensions 8' X 16'

**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	5.
2.	6.
3.	7.
4.	8.

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

**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**

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

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

**MAP INFORMATION**

<b>REQUIRED INFORMATION</b> <i>INSIDE SALES DIAGRAM</i>	<b>REQUIRED INFORMATION</b> <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

11/1/2023

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> Lockton Companies 3280 Peachtree Road NE, Suite #1000 Atlanta GA 30305 (404) 460-3600	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b>		<b>FAX (A/C. No):</b>
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A:</b> Everest Indemnity Insurance Company			10851
<b>INSURED</b> 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

COB2014

CERTIFICATE NUMBER: 19562379

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.

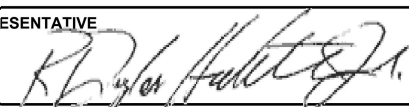
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input 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 \$
	<b>AUTOMOBILE LIABILITY</b> <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
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<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	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)

Stand operation at Safeway #782 located on 37601 Hwy 26, Sandy, OR 97055 (ORE2014). Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

## CERTIFICATE HOLDER

## CANCELLATION

<b>19562379</b> City of Sandy 39250 Pioneer Blvd Sandy OR 97055	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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