



**DUPAGE
COUNTY**

BUILDING & ZONING DEPARTMENT

630-407-6700
fax: 630-407-6702

www.dupagecounty.gov/building

MEMORANDUM

TO: DuPage County Development Committee

FROM: Staff

DATE: April 1, 2025

RE: **ZSE-25-000001 Medinah Country Club Fireworks Display**
(02-13-101-005, 02-12-300-002, 02-12-107-003, 02-13-101-002, 02-13-300-002, 02-13-200-010, 02-13-200-001, 02-12-404-001, 02-12-404-002, 02-12-401-012, 02-12-401-013)
(Bloomingdale/ District 1)

Action: To approve ZSE-25-000001 Medinah Country Club Fireworks Display, to be held on Friday, July 4, 2025, at approximately 9:15 PM.

The Medinah Country Club has requested to conduct a firework display at their facility on Friday, July 4, 2025, beginning at approximately 9:15 P.M. The firework display will be conducted by Pyrotecnico Fireworks Inc.

The Special Event will consist of the following and the applicant has provided the following pursuant to the special event requirements of the Zoning Ordinance:

Date	Friday, July 4, 2025
Hours	Beginning at approximately 9:15 P.M.
Activities	Firework Display by Pyrotecnico Fireworks Inc. (See attached document and insurance of \$1,000,000)
Location	Medinah Country Club, 6N001 Medinah Road, Medinah, IL 60157 (over 400 acres)
Traffic/Parking	All parking will occur in existing Medinah Country Club parking lot.
Insurance	Acrisure, Great Lakes Partners Insurance Services, in the amount of \$1,000,000.



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February 17, 2025

Jessica Infelise
Building and Zoning Department
Jack T. Knuepfer Administration Building
421 North County Farm Road
Wheaton, IL 60187

Application for Special Event Permit, Fireworks Display

Display Date: July 4, 2025

Sponsor: Medinah Country Club
6N001 Medinah Road
Medinah, IL 60157

Display Location: Medinah Country Club

Display Time: Approximately 9:15 pm

Please find attached the insurance certificate, site diagram, and our distributor's license.

If you have any questions or need any other information, please give me a call. Once the permit has been approved and issued, please forward a copy to me for our files.

Thank you for your time and attention to this matter.

Sincerely,

Wanda Schoof
Pyrotecnico Fireworks, Inc.



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/17/2025

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
Acrisure Great Lakes Partners Insurance Services
223 West River Ave #1
Howell MI 48843

CONTACT
NAME:
PHONE (A/C No. Ext): 216-658-7100 FAX (A/C No.): 216-658-7101
E-MAIL ADDRESS: info@brittongallagher.com

INSURED
Pyrotechnico Fireworks Inc.
P.O. Box 149
299 Wilson Road
New Castle PA 16103

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Everest Denali Insurance Company	18044
INSURER B: Arch Specialty Insurance Company	21199
INSURER C: Pennsylvania Insurance Company	21962
INSURER D: James River Insurance Company	12203
INSURER E: AXIS Surplus Insurance Company	28620
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 799753041

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
D	GENERAL LIABILITY	Y	Y	PC000003353	11/14/2024	12/14/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIED PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY	Y	Y	GC00010016-241	11/14/2024	12/14/2025	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
B	UMBRELLA LIAB	Y	Y	UXP1038282-05	11/14/2024	12/14/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						
	DED: RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y	Y	82-8723096-04-3616 (STATED)	10/14/2024	12/14/2025	<input checked="" type="checkbox"/> W/C STATUS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					
E	Excess Liability #2	Y	Y	P-001-001451057-01	11/14/2024	12/14/2025	Each Occ/Aggregate Total Limits \$5,000,000 \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured extension of coverage is provided by above referenced policies where required by written agreement.
DISPLAY DATE: July 4, 2025

LOCATION: Medinah Country Club, Medinah, Illinois

ADDITIONAL INSURED: Bloomingdale Fire Protection District #1; Medinah Country Club; City of Medinah, Illinois: DuPage County

CERTIFICATE HOLDER

CANCELLATION

Medinah Country Club
6N001 Medinah Road
Medinah IL 60157

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

ACORD 25 (2010/05)

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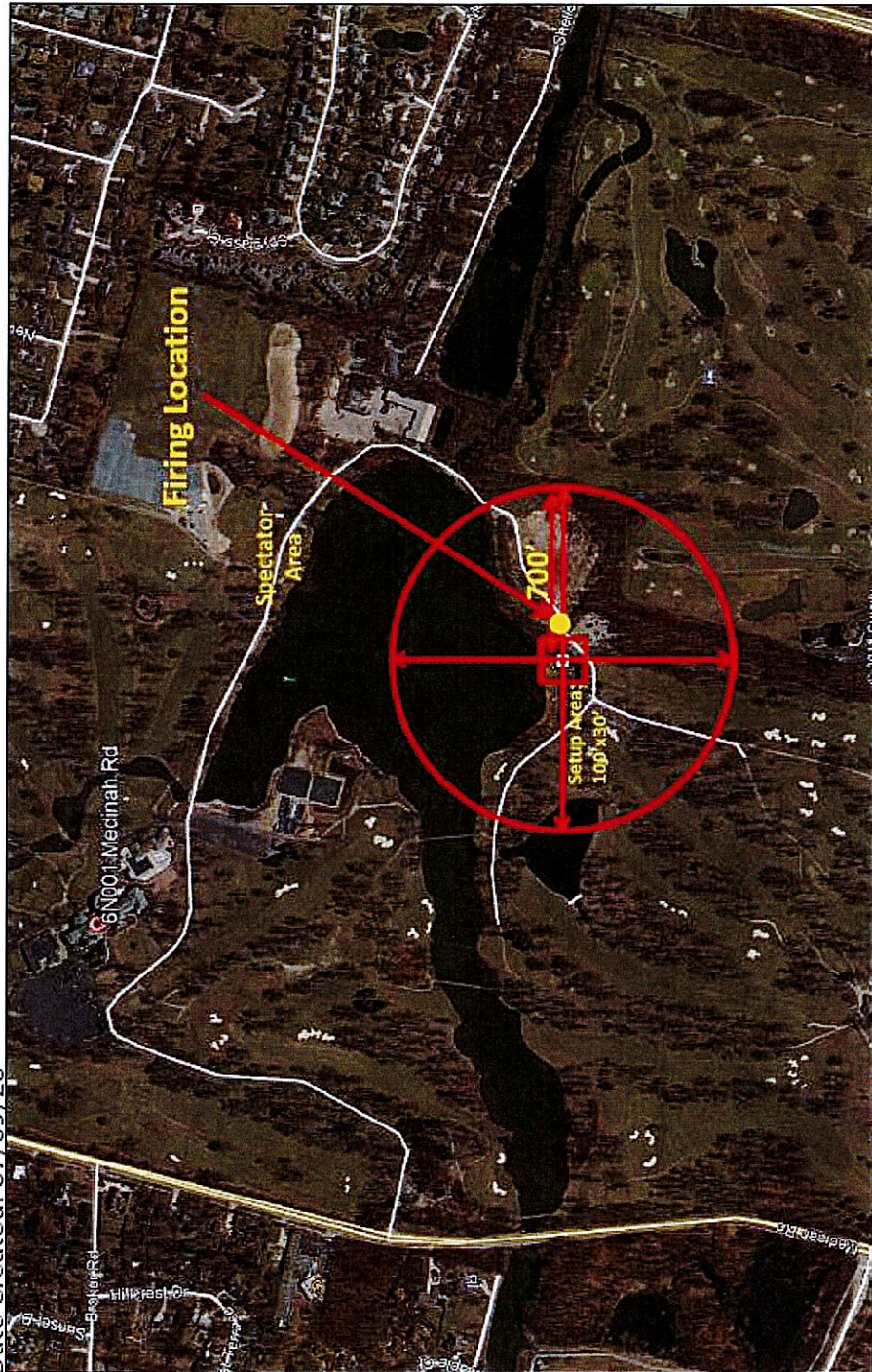
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Show Name: Medinah Country Club
Location: 6N001 Medinah Rd, Medinah, IL 60157
Date Created: 07/09/20

Fall-Out Radius: 700'
Distance To Audience: 1,200'



Launch Location: ☐ Setup area Dimensions: 100'x30'
Firing location must be at least 75' from the display set up area.



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STATE OF ILLINOIS
OFFICE OF THE STATE FIRE MARSHAL
DIVISION OF FIRE PREVENTION
1035 Stevenson Drive • Springfield, IL 62703-4259



Pyrotechnic Distributor License

PYROTECNICO FIREWORKS INC
299 WILSON ROAD
NEW CASTLE, PA 16101

IL07-OPF-00036

License #

06/15/2025

EXPIRATION DATE

OPF

CLASSIFICATION

Matt Perez
STATE FIRE MARSHAL

This license may be revoked by
the Office of the State Fire Marshal
for failure to comply with the lawful
rules regulating this program.