



**DUPAGE
COUNTY**

Building
Division

Zoning &
Planning Division

Environmental
Division

BUILDING & ZONING DEPARTMENT

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

www.dupagecounty.gov/building

MEMORANDUM

TO: DuPage County Development Committee

FROM: Staff

DATE: June 4, 2024

RE: **ZSE-24-000002 Medinah C.C. 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-24-000002 Medinah C.C. Fireworks Display, to be held on July 4, 2024, at approximately 9:15 PM.

The Medinah Country Club has requested to conduct a firework display at their facility on Thursday, July 4, 2024, 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	Thursday, July 4, 2024
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, LLC. dba Britton-Gallagher and Associates, Inc. in the amount of \$1,000,000



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May 24, 2024

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, 2024

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)
4/26/2024

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 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, LLC dba Britton Gallagher & Associates 3737 Park East Dr. STE 204 Beachwood OH 44122		CONTACT NAME: PHONE (A/C No. Ext): 216-658-7100 FAX (A/C No.): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com	
INSURED Pyrotecnico Fireworks Inc. P.O. Box 149 299 Wilson Road New Castle PA 16103		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Everest Indemnity Insurance Co.	NAIC # 10851
		INSURER B : Everest Denali Insurance Company	16044
		INSURER C : Arch Specialty Ins Co	21199
		INSURER D : Pennsylvania Insurance Company	
		INSURER E :	
		INSURER F :	

COVERAGES CERTIFICATE NUMBER: 1996728695 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	ADDITIONAL INSURER	INSURER	YEAR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y		SISML0091-232	10/14/2023	10/14/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ADD \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <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	Y	Y		SIBCA00141-232	10/14/2023	10/14/2024	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$	Y	Y		UNP1035262-04	10/14/2023	10/14/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPOSED OR FUTURE EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A		82-872098-04-15	10/14/2023	10/14/2024	<input checked="" type="checkbox"/> INC STATUS TOBEN (NATS) <input type="checkbox"/> OTH-ERS EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
A	Excess Liability #2	Y	Y		SIBEX01314-232	10/14/2023	10/14/2024	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, 2024
 LOCATION: Medinah Country Club, Medinah, Illinois
 ADDITIONAL INSURED: Bloomingdale Fire Protection District #1; Medinah Country Club; City of Medinah, Illinois; DuPage County

CERTIFICATE HOLDER Medinah Country Club 8N001 Medinah Road Medinah IL 60157	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: _____
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ACORD 25 (2010/05)

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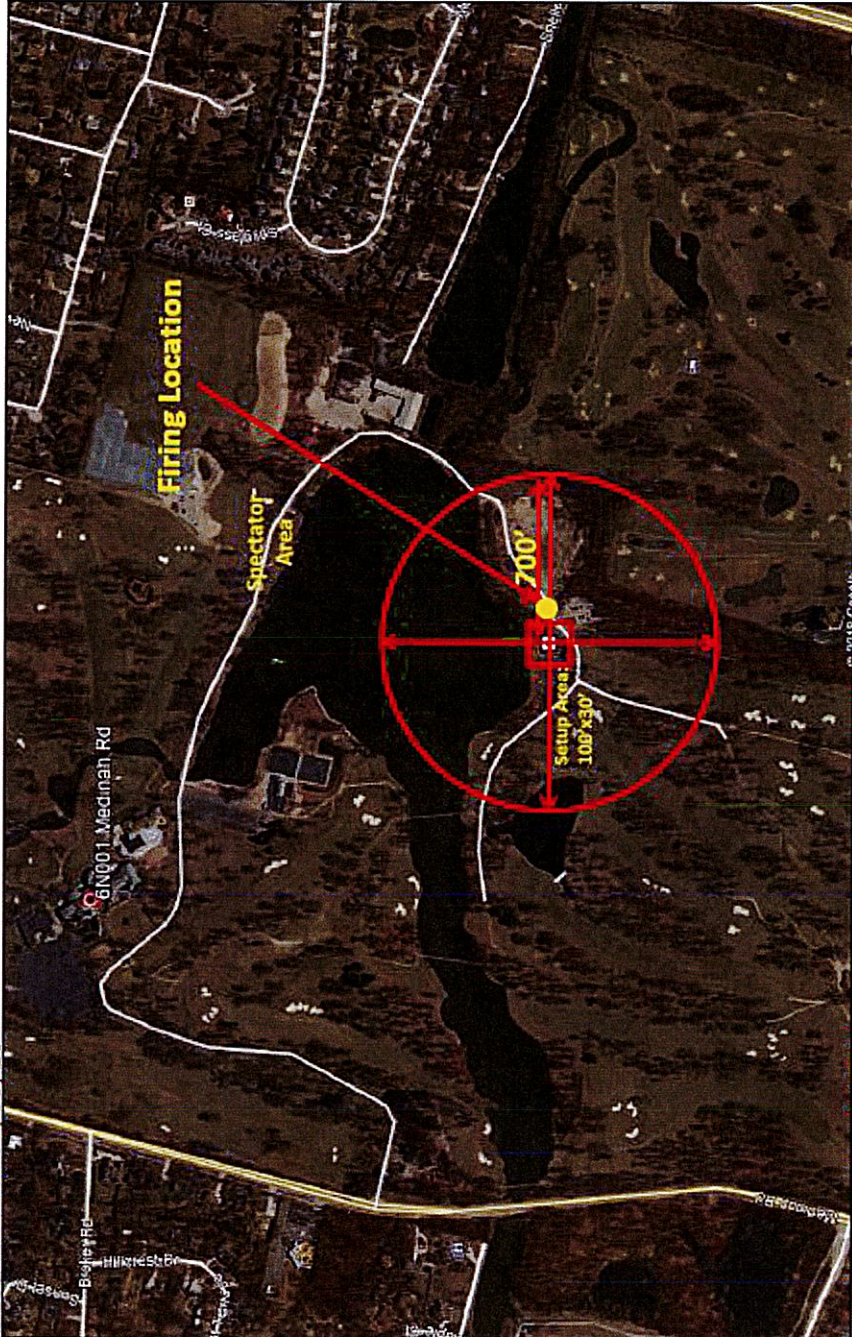
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Show Name: Medinah Country Club
Location: 6N001 Medinah Rd, Medinah, IL 60157
Date Created: 07/09/20

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 **06/15/2025**
License # EXPIRATION DATE

OFF
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.