



**CITY OF DESERT HOT SPRINGS**

**FIREWORKS PROGRAM PERMIT APPLICATION &  
FIREWORKS FIRE SAFETY PERMIT APPLICATION  
FIREWORKS STAND LICENSE NUMBER \_\_\_\_\_**

FWP 02-17  
2017-066  
Received  
Building Department  
MAR 30 2017  
City of Desert Hot Springs

**For Internal Use Only:**

State Fire Marshall Permit #: \_\_\_\_\_

Program Permit Fee: \$1,835.00 Safety Permit Fee: \$100.00 *110*

Deposit/Bond: \$150.00 (refundable) 501(C)3 #: \_\_\_\_\_

Insurance Certificate: \_\_\_\_\_ Sales Tax Permit #: \_\_\_\_\_

**FIREWORKS PROGRAM PERMITS AND FIREWORKS SAFETY PERMIT** applications are reviewed and approved by the City Council pursuant to Chapter 101.030.D.6 of the Municipal Code. The purpose of this review is to ensure that the sale and discharge of Safe and Sane fireworks, as defined by Section 12529 of the California Health and Safety Code, are done in a manner that protects the health, safety and welfare of the general public.

1. Name of Applicant: Roselie Adams

Mailing Address: 12380 Palm Drive Phone No. 909-263-5625

City State, Zip Code: Desert Hot Springs, CA 92240 Fax No. \_\_\_\_\_

2. Name of Non-Profit Organization: Streams In The Desert/Praise Chapel

Mailing Address: 12380 Palm Drive Phone No. 909-263-5625

City State, Zip Code: Desert Hot Springs, CA 92240 Fax No. \_\_\_\_\_

3. Name of Property Owner: SEJ Asset Management & Inv. Co. 7-Eleven Inc.

Mailing Address: 3200 Hackberry Rd. Phone No. 972-828-7011

City State, Zip Code: Irving, TX 75063 Fax No. \_\_\_\_\_

4. Location of Firework Stand: 66500 8th St., Desert Hot Springs, CA

5. Existing Land Use of Property: Store Building

6. Existing Zoning of Property: Commercial

Received  
Building Department  
MAR 30 2017  
City of Desert Hot Springs

7. Surrounding Uses:

North: Dirt Lot  
South: Church - Christian Center of DHS  
East: Kam Lun Chinese Restaurant  
West: Hot Springs Park

8. Names of Partners and/or Organization Officers:

Name/Title: Randy Adams  
Address: 9024 Calle Del Diablo, Desert Hot Springs  
Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name/Title: \_\_\_\_\_  
Address: \_\_\_\_\_

I declare under the penalties of perjury, that this application has been examined by me and to the best of my knowledge and belief, is a true, correct and complete statement of facts.

Signature of Applicant:

Signature: [Signature] Date: 3-23-17  
Title: \_\_\_\_\_

Signature of Property Owner(s) if not same as applicant:

Signature: See attached Date: \_\_\_\_\_  
Title: \_\_\_\_\_

(Separate written property owner authorization to submit application may be provided. See attached form.)

**NOTE: FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION  
SHALL BE GROUNDS FOR DENIAL**





Received  
Building Department  
**MAR 30 2017**  
City of Desert Hot Springs

**PROPERTY OWNER AUTHORIZATION**  
**MUST BE NOTARIZED**

To the City of Desert Hot Springs:

I, 7-ELEVEN, INC., agent for,  
SEJ Asset Management & Inv. Co., do hereby certify that I am the owner, or have the  
(Property Owner / Authorized Person)

Permission #22375  
Power of Attorney for the owner, of the property located at 66500 8th Street (NEC Palm Dr. & 8th), Desert  
(Street Address)

Hot Springs, CA 92240, and that I hereby grant permission to Streams In the Desert/Praise Chapel and  
(Charity / Organization)

Phantom Fireworks to use the above stated property for the express purpose of the  
(Fireworks Supplier)

retail sale of "Safe and Sane Fireworks" (as defined by California Law), for the July 4<sup>th</sup>, 2017  
season, in the City of Desert Hot Springs.

Name: Marjorie Walker Date: 3/29/2017  
(Signature)

Agent/Tenant 7-ELEVEN, INC.  
Property Owner: (If different than above)

Address: 3200 Hackberry Rd.

City, State, Zip: Irving, Texas 75063

Phone Number: 972-828-7011

State of California Texas

County of Dallas

On March 29<sup>th</sup> 2017 before me Marjorie Walker

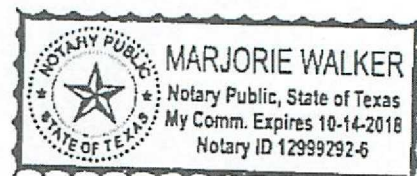
personally appeared Marijan Smith, who proved to  
me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within  
instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies),  
and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s)  
acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true  
and correct.

WITNESS my hand and official seal.

Marjorie Walker  
Signature of Notary

(Notary Seal)



Date: DEC 23 1988

PRAISE CHAPEL CHRISTIAN FELLOWSHIP  
CHURCHES AND MINISTRIES INTL.  
C/O DAN L. HARDWAY  
PO BOX 5278  
FORT WAYNE, IN 46895-5278

Employer Identification Number:  
95-4493537

DIN:

318161087

Contact Person:

JOHN H SHAFER

ID# 31174

Contact Telephone Number:

(877) 829-5500

Addendum Applies:

Yes

Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).

Our records show that you were recognized as exempt from federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 509(a) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your subordinates or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Your subordinates are not required to file Form 990, Return of Organization Exempt From Income Tax, if they qualify as churches or integrated auxiliaries of churches or otherwise meet the exceptions in section 1.6033-2(g) of the Income Tax Regulations.

The law requires that your subordinates make their annual return available for public inspection without charge for three years after the due date of the return. You and your subordinates are also required to make available for public inspection a copy of your exemption application, any supporting documents and this exemption letter to any individual who requests such

Letter 2419 (DO/CG)



# State of California Secretary of State

**N**

## Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FG58291****FILED**

In the office of the Secretary of State  
of the State of California

**OCT-21 2016****1. CORPORATE NAME**

PRAISE CHAPEL CHRISTIAN FELLOWSHIP OF CHURCHES AND MINISTRIES  
INTERNATIONAL

**2. CALIFORNIA CORPORATE NUMBER**

C1925635

This Space for Filing Use Only

**Complete Principal Office Address** (Do not abbreviate the name of the city. Item 3 cannot be a P.O. Box.)**3. STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA, IF ANY****CITY****STATE****ZIP CODE**

10700 JERSEY BLVD STE 250, RANCHO CUCAMONGA, CA 91730

**4. MAILING ADDRESS OF THE CORPORATION****CITY****STATE****ZIP CODE**

ANDREA SOLIS PO BOX 1769, RANCHO CUCAMONGA, CA 91729

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)**5. CHIEF EXECUTIVE OFFICER/****ADDRESS****CITY****STATE****ZIP CODE**

JACK LAWRENCE NEVILLE PO BOX 1769, RANCHO CUCAMONGA, CA 91729

**6. SECRETARY****ADDRESS****CITY****STATE****ZIP CODE**

JOHN DORRIS 1440 PRIMROSE ST, UPLAND, CA 91786

**7. CHIEF FINANCIAL OFFICER/****ADDRESS****CITY****STATE****ZIP CODE**

EARL PATINO 14 MANZANILLA CT, SAN PABLO, CA 94806

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 9 must be left blank.

**8. NAME OF AGENT FOR SERVICE OF PROCESS**

ANDREA NICOLE SOLIS

**9. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL****CITY****STATE****ZIP CODE**

10700 JERSEY BLVD STE 250, RANCHO CUCAMONGA, CA 91730

**Common Interest Developments**

10. ☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act, (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act, (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). Please see instructions on the reverse side of this form.

**11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.**

10/21/2016

ANDREA NICOLE SOLIS

ADMINISTRATOR

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

SIGNATURE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/29/2017

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).

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (A/C No. Ext): 216-658-7100	<b>FAX</b> (A/C No.): 216-658-7101
<b>INSURED</b> Phantom Fireworks Western Region, LLC 555 Martin Luther King Jr Blvd Youngstown OH 44502	<b>E-MAIL ADDRESS:</b> info@brittongallagher.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Everest Indemnity Insurance Co.	
	<b>INSURER B:</b> Maxum Indemnity Company	
	<b>INSURER C:</b> Axis Surplus Ins Company	
	<b>INSURER D:</b> Everest National Insurance Company	
<b>INSURER E:</b> Arch Insurance Co		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER: 864597376** **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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Non-Owned Stand <input type="checkbox"/> End't Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		SI8GL00643-161	10/30/2016	10/30/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
D	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		SI8CA00095-161	10/30/2016	10/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EXC6025343-03	10/30/2016	10/30/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	<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 <input type="checkbox"/> N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Excess Liability #2 Excess Liability #3		EAU784017 UXP0057739-02	10/30/2016 10/30/2016	10/30/2017 10/30/2017	Each Occ/ Aggregate \$5,000,000 Each Occ/ Aggregate \$10,000,000 Total Limits \$20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Products Liability extends only to products purchased from Phantom Fireworks Western Region, LLC. The Certificate Holders are named as Additional Insureds with respect to General Liability as required by written contract subject to policy terms, conditions and exclusions.  
Group: Streams In The Desert /Praise Chapel  
Location: 66500 8Th St Desert Hot Springs CA 92240  
Municipality: The City of Desert Hot Springs its officers, agents, officials, employees and volunteers, when acting in their official capacity as such.

## CERTIFICATE HOLDER

## CANCELLATION

Streams In The Desert/ Praise Chapel  
66500 8th St  
Desert Hot Springs CA 92240

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/7/2017

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).

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<b>INSURED</b> Phantom Fireworks Western Region, LLC 555 Martin Luther King Jr Blvd Youngstown OH 44502	<b>E-MAIL</b> ADDRESS: info@brittongallagher.com	
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	<b>INSURER D:</b> Everest National Insurance Company	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1339380863

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.

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Products Liability extends only to products purchased from Phantom Fireworks Western Region, LLC.

The Certificate Holders are named as Additional Insureds with respect to General Liability as required by written contract subject to policy terms, conditions and exclusions.

Municipality: The City of Desert Hot Springs, its officers, agents, officials, employees, and volunteers, when acting in their official capacity as such.

**CERTIFICATE HOLDER****CANCELLATION**City of Desert Hot Springs  
65-950 Pierson Blvd  
Desert Hot Springs CA 92240

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

© 1988-2010 ACORD CORPORATION. All rights reserved.



CALIFORNIA STATE BOARD OF EQUALIZATION

**TEMPORARY SELLER'S PERMIT**

Valid 06/28/2017 through 07/04/2017



ACCOUNT NUMBER

SR OHC 103-064975

STREAMS IN THE DESERT/PRAISE CHAPEL  
PRAISE CHAPEL CHRISTIAN FELLOWSHIP  
66500 8TH ST  
DESERT HOT SPRINGS, CA 92240-3217

**NOTICE TO PERMITTEE:**  
*You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.*

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID FOR THE PERIODS SHOWN AND IS NOT TRANSFERABLE.

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).  
For information on your rights, contact the Taxpayers' Rights Advocate office at 1-888-324-2798 or 1-916-324-2798.**

BOE-442-ST REV. 5 (11-14)

**A MESSAGE TO OUR NEW PERMIT HOLDER**

**As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:**

- Visiting our website at [www.boe.ca.gov](http://www.boe.ca.gov)
- Visiting a field office
- Attending a Basic Sales and Use Tax Law class offered at one of our field offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

**As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,**

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California State Board of Equalization (BOE)
- You are responsible for following the regulations set forth by the BOE

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a BOE representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a BOE office, or giving it to a BOE representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the BOE, please contact the Taxpayers' Rights Advocate office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

**Please post this permit at the address for which it was issued and at a location visible to your customers.**

CALIFORNIA STATE BOARD OF EQUALIZATION  
Sales and Use Tax Department





Index 5942  
PCA 59420  
Source Code 125700-06

**OFFICE OF THE STATE FIRE MARSHAL  
RETAIL FIREWORKS LICENSE APPLICATION**  
(Print or Type)

Complete and return all copies to the office nearest stand location with the required fee of \$50.00.  
**APPLICATIONS MUST BE RECEIVED PRIOR TO JUNE 15 OF THE CURRENT YEAR.**

1131 S Street  
Sacramento, CA 95811  
(916) 445-8373

**RETAIL FIREWORKS LICENSE**

Licensee	Streams In The Desert/Praise Chapel
Stand Location	66500 8th St
City, State & Zip	DESERT HOT SPRINGS, CA 92240
County	RIVERSIDE
<b>LOCAL CONTACT PERSON</b>	
Name	ANGELA BRANDENBURG
Phone ( )	951-680-9796

**-Notice-  
COPY OF THIS NOTICE MUST BE POSTED AT STAND  
WITH A COPY OF THE LOCAL PERMIT**

A validated license has been issued to this organization shown above for the sale of Safe and Sane fireworks at the location indicated. After a permit has been issued by the authority having jurisdiction this license allows the sale of only classified "Safe and Sane" fireworks at the approved location from NOON, JUNE 28 to NOON, JULY 6, of the year indicated. **NOTE:** Retail licensees are required to be at least 21 years of age, employees of fireworks stands must be at least 18 and fireworks may not be sold to anyone under the age of 16.

**MAILING ADDRESS OF LICENSEE**

Name	Streams In The Desert/Praise Chapel
Address	2023 CHICAGO AVE., SUITE B-13
City, State & Zip	RIVERSIDE, CA 92507

Validation No:

**FIRE AUTHORITY HAVING JURISDICTION**

Fire Dept.	DESERT HOT SPRINGS FIRE DEPARTMENT
Address	65958 PIERSON BLVD.
City, State & Zip	DESERT HOT SPRINGS, CA 92240

  
Signature of Applicant

Signature of Applicant

March 29, 2017

Date



## DEPARTMENT OF FORESTRY AND FIRE PROTECTION

P.O. Box 944246  
SACRAMENTO, CA 94244-2460  
(916) 653-7772  
Website: [www.fire.ca.gov](http://www.fire.ca.gov)



February 22, 2017

RE: Retail Booth Applications

To Whom It May Concern:

Due to the late start of this 2017 Retail Season, processing of retail applications will not begin until March 1, 2017.

We expect completed applications to be available beginning March 8, 2017. Applications will be processed in a timely manner, on a first-in-first-out order.

If you have any questions or concerns, please contact our office via email at:

[FWX@fire.ca.gov](mailto:FWX@fire.ca.gov)

We thank you for your patience.

Thomas Campbell  
Office of the State Fire Marshal  
Deputy State Fire Marshal III (Specialist)  
Fireworks Program Coordinator  
Fire Engineering & Investigations Division



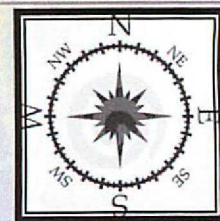
# Phantom Fireworks

DATE 2017

ANCHOR:

ACCOUNT MANAGER: Angela Brandenburg

CONTACT NUMBER: 951-217-0019



STAND Year: 2017

CITY : Desert Hot Springs

ORGANIZATION :

SIZE: 8 \* 24

METAL: WOOD:

ADDRESS : 66500 8th Street @ Palm Dr.

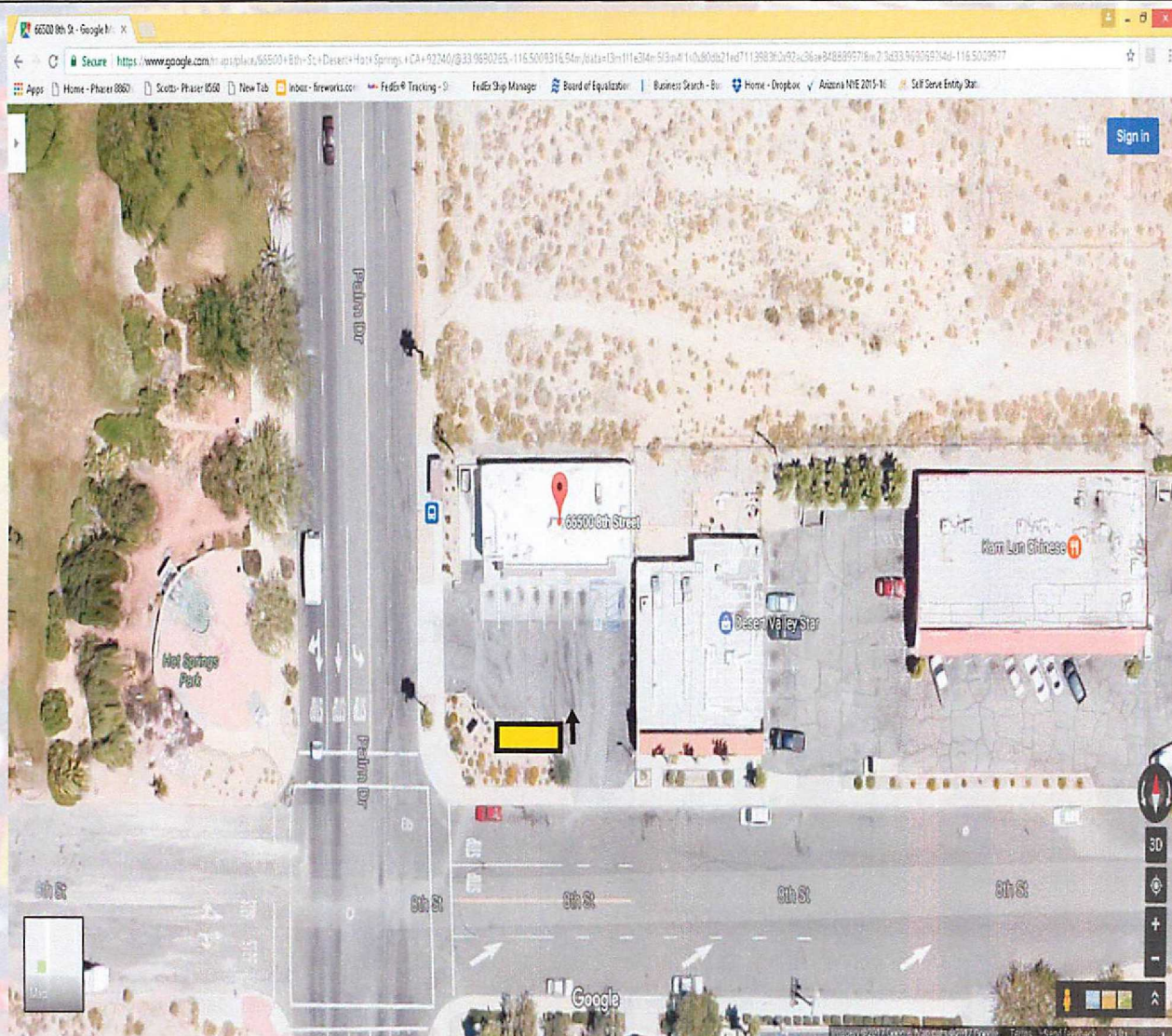
INTERSECTION :

SPECIAL INSTRUCTIONS: PLACE ON MARKS.

SETBACKS- CURBS

SIDEWALKS

BUILDINGS





## **STREAMS IN THE DESERT/PRAISE CHAPEL MEMBERSHIP ROSTER**

<b>MEMBER NAME</b>	<b>MEMBER ADDRESS</b>	<b>CITY,STATE,ZIP</b>
Marivel Hernandez	16377 Avenida Monteflora	D.H.S., Ca. 92240
Monica Rocha	13646 Overlook Drive	D.H.S., Ca. 92240
Lupita	14881 B1 Palm Dr	D.H.S., Ca. 92240
Cary Hannaforb	14881 B1	D.H.S., Ca. 92240
Fernando Ramirez	9591 Palm Dr.	D.H.S., Ca. 92240
Katherine Castellanos	66171 4th Street	D.H.S., Ca. 92240
Tracy Taylor	66163 3rd.St.,#12	D.H.S., Ca. 92240
Elena Ramirez	9591 Palm Dr.	D.H.S., Ca. 92240
Cecilia Tinker	13280 Caliente Dr.	D.H.S., Ca. 92240
Barbara Green	9018 Calle Del Diablo	D.H.S., Ca. 92240
Veronica Bautista	67197 Mission Dr.	D.H.S., Ca. 92240
Daniel Hernandez	16821 Avenida Merced	D.H.S., Ca. 92240
Gabby Martinez	66171 4th St.	D.H.S., Ca. 92240
Samuel Hernandez	P.O.Box 801	D.H.S., Ca. 92240
Joshua Palma	9591 Palm Dr. Ca.	D.H.S., Ca. 92240
Cynthia Ayala	12620 Quinto Way	D.H.S., Ca. 92240
Francis Perez	66595 CAHUILLA	D.H.S., Ca. 92240
Eric Valdivia	46595 Vargas Rd. #38	D.H.S., Ca. 92240
Mary Martinez	66900 Ironwood Dr.	D.H.S., Ca. 92240
Arnold Ayala	13620 Quinto Way	D.H.S., Ca. 92240





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1131 S Street  
Sacramento, CA 95811  
(916) 445-8373

**RETAIL FIREWORKS LICENSE**

Licensee	HANDS OF CHRIST MINISTRIES
Stand Location	13525 PALM DR
City, State & Zip	DESERT HOT SPRINGS, CA 92240
County	RIVERSIDE
<b>LOCAL CONTACT PERSON</b>	
Name	ANGELA BRANDENBURG
Phone ( )	951-680-9796

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WITH A COPY OF THE LOCAL PERMIT**

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**MAILING ADDRESS OF LICENSEE**

Name	HANDS OF CHRIST MINISTRIES
Address	2023 CHICAGO AVE., SUITE B-13
City, State & Zip	RIVERSIDE, CA 92507



*Amie Chaine*  
Signature of Applicant

**FIRE AUTHORITY HAVING JURISDICTION**

Fire Dept.	DESERT HOT SPRINGS FIRE DEPARTMENT
Address	65958 PIERSON BLVD.
City, State & Zip	DESERT HOT SPRINGS, CA 92240

\_\_\_\_\_  
Signature of Applicant  
March 10, 2017  
\_\_\_\_\_  
Date