



City of Jenks
Temporary Use Permit
Application

TUP _____

Note: See Jenks Zoning Code: Chapter 19 at Jenks.com/Ordinances for Temporary Use Permit Specifications

Date of Application: 3/19/21
 Project Name: Jakes Fireworks Proposed Use: Retail Sales of Consumer Fireworks
 Name of Applicant (Print): Jakes Fireworks Phone: 620-231-2264
 Address: 1500 E 27th Terrace Pittsburg, KS Zip Code: 66762
 Email: Karen.Spielbusch@jakesfireworks.com FAX: _____

Property Owner: Oakbrook Investments Phone: 918-829-9971
 Property Owners Address: 8625 E 77th Place, Tulsa, OK Zip Code: 74133
 Email: _____ FAX: _____

If applicant is other than owner, please indicate interest (purchaser, lessee, agent for, other) and provide signed authorization from the owner: See attached lease

Are there any private or deed restrictions controlling use of tract (If yes, explain.): NO

A. GENERAL DESCRIPTION OF PROPERTY

1. Legal Description of tract under application: (If described by metes and bounds, attach plat of survey.): _____

11608 S Union Ave W, Jenks OK 74037

2. County Parcel Number: _____ Township: _____ Range: _____ Section: _____

2. Size in acres or square feet: _____

3. Current Use: Empty Lot

4. Identify structures and improvements on the property: None

5. Topography (Flat, Rolling Hills, Levee, etc): Flat

6. Frontage Road: _____

7. City Water: Yes No

8. City Sewer: Yes No

B. PROPOSED TEMPORARY USE

- Proposed use of subject property (Identify the use(s) intended for the subject property): Seasonal
Retail Sales of Consumer Fireworks in Tent
Selling dates 6/20/21 - 7/5/21
Tent set up around 6/15/21 & Take down around 7/10/21
- The application shall be submitted with a development text outlining all aspects of the proposed use.
- Site plans and elevation drawings shall be submitted and must be drawn to scale and noted on plans.
- Please provide an electronic copy of all drawings in PDF format.

Bill advertising and sign charges to:

Name: _____ Phone: _____

Address: _____

I do hereby certify that the information herein submitted is complete, true and accurate.

Signed: Karen Spielbusch / Sales Fireworks Date: 3/19/21
 Print name: Karen Spielbusch Phone: 620-231-2264
 Address: 1500 E 27th Terrace Pittsburg, KS 66762

DO NOT WRITE IN THIS AREA.

Application Received By: _____	Date: _____
Tract Acreage: _____	Public Hearing Date: _____
Application No. TUP- _____	Section _____ Township _____ Range _____
Present Zoning: _____	Proposed Use: _____
Fee Receipt No.: _____	

PC Recommendation:

Recommendation: _____
 Vote: _____
 Date: _____
 Provisions: _____

City Council Action:

Action: _____
 Vote: _____
 Date: _____
 Provisions: _____

Staff Recommendation:

Recommendation: _____
 Subdivision Name: _____

Date: _____
 Ordinance No: _____

Lease Agreement

THIS AGREEMENT, made and entered into by and between Jake Watkins, DBA: Oakbrook Investments LLC hereinafter referred to as LESSOR, and Jake's Fireworks, Inc., hereinafter referred to as LESSEE.

LESSOR, in consideration of the covenants and agreements hereafter made by LESSEE, hereby leases exclusively unto LESSEE on the following described real estate:

11608 S Union Ave W
Jenks, OK 74037

for the purpose of selling and distributing fireworks for the period of **June 20, 2021, through July 10, 2021**; provided, however, LESSEE shall be allowed to erect and remove his equipment on and from the premises within a reasonable period prior to and following the lease period.

LESSEE AGREES:

1. To pay LESSOR, as rent on the above-described premises, the sum of \$1200 plus 10% of net sales over \$12,000.
2. To operate his business on the leased premises in a lawful manner and in full compliance with applicable laws and regulations.
3. To remove all trash, debris, and rubbish that shall have been caused to be placed thereon by LESSEE's operations.

In the event the leased premises are annexed to a city where the sale of fireworks is not permitted or it is in any other way deemed unlawful to sell fireworks on the leased premises this lease will be terminated and rental money returned to the LESSEE.

This lease may be renewed each year by signature of lease agreement on or about **May 1st** of each consecutive year, provided that the ground is vacant.

LESSEE is hereby granted right of first refusal at this location for the same purpose and period for the year following expiration of this lease.

The agreement and covenants shall extend to the heirs and assigns of each of the parties.

Jake's Fireworks will provide a certificate of insurance on or before June 1st.

IN WITNESS WHEREOF, the parties have executed this lease the day and year first above written.

JAKE WATKINS
Oakbrook Investments LLC



Karen Spulbert
Jake's Fireworks, Inc

Choose an item



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/18/2021

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 Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100		FAX (A/C, No): 216-658-7101
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED Jake's Fireworks Inc. 1500 E 27th Terr. Pittsburg KS 66762	2567	INSURER A : Everest Indemnity Insurance Co.	10851
		INSURER B : Arch Speciality Ins Co	21199
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1456637782

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	
A	GENERAL LIABILITY			SI8ML01699-211	2/15/2021	2/15/2022	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input checked="" type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
			PROPERTY DAMAGE (Per accident)	\$				
				\$				
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	UXP1037038-01	2/15/2021	2/15/2022	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DED		RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N	N/A			WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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 General Liability policy where required by written agreement.

Sales Location: 11608 S Union Ave. W., Jenks, OK

Landowner: Oakbrook Investments LLC

City of Jenks, OK

The Certificate Holder and the above listed are Additional Insured with respect to General Liability Policy as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Jakes Fireworks, Inc
 1500 E 27th Terrace
 Pittsburg KS 66762
 United States

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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CITY OF JENKS COMMERCIAL BUILDING PERMIT

P.O. Box 2007 • 211 N. Elm
Jenks, OK 74037(918) 299-5883

CERTIFICATE OF OCCUPANCY: <i>Jakes Fireworks</i>		BUILDING PERMIT NO.:	
DATE RECEIVED:		Water and Sewer Tap Fees must be paid before permit will be issued. OKLAHOMA STATE SALES TAX All building materials used on this project should indicate on the purchase order that material will be delivered within Jenks City Limits for proper crediting to the City of Jenks. Provide the vendor with Jenks sales tax reporting No. 7208. <u>This requirement is a condition for the validity of this permit.</u> SEE ATTACHED CONDITIONS. Initials: _____	
BUILDING ADDRESS: <i>11608 S Union Ave W</i>			
LOT:	BLOCK:		ADDITION:
SECTION:	TOWNSHIP:		RANGE:
OWNER: <i>Oakbrook Investments</i>			PHONE:
BUSINESS FEDERAL IDENTIFICATION NO.:			OKLA. SALES TAX NO.: <i>10080889-05</i>
BUILDING CONTRACTOR: <i>Jakes Fireworks</i>			CELL PHONE:
ADDRESS: <i>1500 E 27th Terrace</i>			CITY: <i>Pittsburg</i> STATE: <i>KS</i> ZIP: <i>66762</i>
OFFICE PHONE: <i>620-231-2264</i> FAX: <i>620-231-2416</i>			EMAIL: <i>Karen.Spielbusche@jakesfireworks.com</i>
PROPOSED USE:			USE GROUP:
ZONING DISTRICT:			
* RESTAURANT MUST INCLUDE APPROVED HEALTH DEPARTMENT PLANS *			
LOT FRONTAGE:	AVERAGE DEPTH:	Type of Construction:	
BUILDING WIDTH: <i>30' x 50'</i>	DEPTH:	Building Height:	
NO. DWELLING UNITS:	EXT WALLS:	No. of Stories:	
INT WALLS:	EASEMENTS:	No. of Basement Levels:	
ROOF:		Total Sq Feet:	
<input type="checkbox"/> New Building	<input type="checkbox"/> Enlarge Existing Building	Total Lot Area:	
<input type="checkbox"/> City Sewer	<input type="checkbox"/> Accessory	Building Sprinkler: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> City Water	<input type="checkbox"/> Private Sewer Perk Test No.	If Yes, to what standard?	
		<input type="checkbox"/> Interior Remodeling <input type="checkbox"/> Fire Job	
		<input type="checkbox"/> Other Water (Specify) <input type="checkbox"/> Temporary Use	
		Change of Use Group <input type="checkbox"/> Yes <input type="checkbox"/> No	
ESTIMATE TOTAL COST OF BUILDING:			
TWO (2) SETS OF PLANS, SPECIFICATIONS, SITE/PLAN SURVEY AND LEGAL DESCRIPTION MUST BE ATTACHED.			
- - ZONING RESTRICTIONS - -			
PROPERTY LOCATED IN FLOODPLAIN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> CITY OF JENKS FLOODPLAIN DEVELOPMENT PERMIT		<input type="checkbox"/> FEDERAL ELEVATION CERTIFICATE	
PARKING:	BUILDING SETBACK FROM CENTERLINE OF STREET:		
SETBACKS:	SIDE:	SIDE:	
	EXTERIOR SIDE:	BUILDING LINE:	
		REAR:	

PERMITS:		APPROVALS:	
	Zoning	Applicant:	Date:
<i>Tent</i>	Building <i>30 x 50</i>	Zoning:	Date:
	Plumbing	Building Inspector:	Date:
	Electrical	*Fire Chief:	Date:
	Mechanical	Final Inspection:	Date:
	Waste Water Treatment Dev.	*City Engineer:	Date:
	Park Development Fee	Public Works:	Date:
	Other: Promotional	* On all public / commercial / industrial buildings, except Certificate of Occupancy Only with same Use Group and no work requiring permits. ** Building permit total does not include Water & Sewer Tap.	
	OK State Govt. Permit Fee		
\$	TOTAL BUILDING PERMIT**		



Google

35°59'42.21" N 96°00'46.17" W elev 689 ft

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Jenks #2

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