

## Zambelli Fireworks

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Address **1 W Camino Real Blvd, Ste 100**  
**Boca Raton, FL 33432**

Supplier Code 274338

Qualifications **PP-DRUGFREE PP-EQUAL PP-LBTR PP-LOCAL PP-SCRUTINIZED PP-SWORN PP-VENDORINFO PP-VOSB PP-W9**

Item #	Line Item Notes	Unit Price	Qty/Unit	Attch.	Docs
RE-20-06--01-01	3-Inch Shell  <b>Supplier Product Code:</b>  <b>Supplier Notes:</b> 780 x \$5.00 = \$3900 Additional fees: Labor, overhead, insurance, permits, trucking = \$3294.00	<b>First Offer - \$7,194.00</b>	1 / each	<b>\$7,194.00</b>	Y Y
RE-20-06--01-02	4-Inch Shell  <b>Supplier Product Code:</b>  <b>Supplier Notes:</b> 252 x \$8.25 = \$2079 Additional fees (referenced above) \$3294	<b>First Offer - \$5,373.00</b>	1 / each	<b>\$5,373.00</b>	Y
RE-20-06--01-03	5-Inch Shell  <b>Supplier Product Code:</b>  <b>Supplier Notes:</b> 140 x \$17.25 = \$2415 Additional fees (referenced above) \$3294	<b>First Offer - \$5,709.00</b>	1 / each	<b>\$5,709.00</b>	Y
RE-20-06--01-04	6-Inch Shell  <b>Supplier Product Code:</b>  <b>Supplier Notes:</b> 90 x \$27.00 = \$2430 Additional fees (referenced above) \$3294	<b>First Offer - \$5,724.00</b>	1 / each	<b>\$5,724.00</b>	Y
				Supplier Total	<b>\$24,000.00</b>

**Zambelli Fireworks**Item: **3-Inch Shell****Attachments**

City of Pembroke Pines Fireworks Proposal RFP RE-20-06.pdf

# **Zambelli**

**FIREWORKS**

## ***Fireworks Proposal RFP# RE-20-06 Fireworks Display Pembroke Pines, FL***



### ***Zambelli Fireworks***

***Tony Sawdey- Project Manager***

***218-820-2372***

***tsawdey@zambellifireworks.com***

***Boca Raton, Florida***

# **Zambelli**

## **FIREWORKS**

### **Table of Contents**

Tab 1- Program Selection/ Overall Plan	Page 2
Tab 2 - Experience and Ability	Page 16
Tab 3 – References	Page 19
Tab 4- Names of Pyro-technicians	Page 25
Tab 5 – Other Completed Documents	Page 27

# Zambelli

## FIREWORKS

January 27, 2021

To All Concerned Parties,

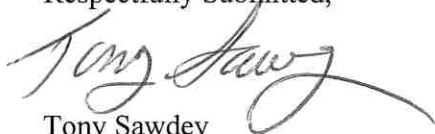
Zambelli appreciates the opportunity to offer this proposal to the City Pembroke Pines RFP #RE-20-06.

The enclosed demonstrates that the Zambelli team fully understands the scope of work and has the require equipment and capacity to perform the display. Zambelli enters into this proposal as the sole entity involved and with absolutely no collusion. Zambelli uses only its own personal, no subcontractors.

Zambelli Fireworks is proud to be the largest fireworks company in the United States. However, we cannot rest on our laurels by simply being the largest. We must prove our quality and customer satisfaction to every client, on every show, every time. Clients trust us to successfully produce thousands of displays every year. Our goal is to outperform with every show, large or small.

One key element that Zambelli Fireworks offers is a 100% guarantee to both the quantity and quality of this proposal. Some in the fireworks industry tend to over-promise and under-deliver. What we put into writing we guarantee 100%. Our display sites are completely open for City or Fire officials for auditing quantity, quality and safety.

Respectfully Submitted,



Tony Sawdey

Project Manager

218-820-2372 Cell

[tsawdey@zambellifireworks.com](mailto:tsawdey@zambellifireworks.com)

Zambelli Fireworks Mfg. Co.

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Boca Raton, FL 33487

(561) 395-0955 Office (Ext. 1205)

(561) 395-1799 Fax

# Zambelli

## FIREWORKS

### Tab 1

#### Program Selection/ Overall Plan

#### FIREWORKS PROPOSAL

**Show Date:** July 4, 2021 & 2022 (one additional option year)

**All inclusive Budget and Duration:** \$24,000; 25 minute display

**Location:** 7400 Pines Blvd.- Pembroke Pines, FL

**Insurance Liability Coverage:** \$10 Million dollars per incident clause to cover the Fireworks Display. Zambelli uses the highest insurance premium in the industry, only offered to "AAA" rated companies.

**Permits:** Zambelli Fireworks will work with the local Fire, Police and the environmental groups to secure all needed security and safety plans.

**Transportation Liability Coverage:** \$5 Million dollars as required by United States Department of Transportation. (DOT)

**Workers Compensation:** Pyrotechnicians will meet all of the requirements of the Workers Compensation Laws of Florida.

**Transportation:** Fireworks and equipment will be delivered by qualified CDL drivers with Haz-Mat endorsed licenses as required by US DOT.

**Personnel:** Zambelli Certified Pyrotechnicians and Trained Assistants; no subcontractors used.

**Safety Procedures:** Zambelli Fireworks adheres to all safety regulations. NFPA 1123 code will be strictly enforced.

**Terms:** 50% deposit at signing of the contract. Balance due at completion of each display, as invoiced by Zambelli

# Zambelli

## FIREWORKS

### Detailed Plan For the Fireworks Display

#### Proposed Show Segments

**OPENING:** An opening barrage is designed to attract the attention of the audience and entice them to pay attention..."The show has just begun!" The opening barrage for the display will certainly impress as multiple shots of comet tails and aerial effects will fill the night's air. As the opening barrage grows, the intensity of colors and sound will permeate the skies. **30 seconds.**

**FEATURE PRESENTATION:** The main body of the fireworks display should not be just one shell fired one after another. It's about rhythm, timing, and spacing the perfect effects with one another and building themes throughout the show. Some fireworks are designed to have extreme intensity while others are designed to slow the pace down with slower, softer effects. The design team hand picks every product used to ensure there are nearly no duplicates of tableaux throughout the program. The audience will enjoy a fully designed display. The intensity will continue to grow until.... **23 Minutes.**

...**the GRAND FINALE:** and it will be GRAND!

Human nature is to remember things last experienced. The Grand Finale is what people will remember the most about a fireworks production. A poor finale will leave an audience disappointed. Zambelli Fireworks has a long tradition of supplying the biggest and best Finales in the industry. It will be loud, it will be full of vibrant colors, it will be long, and it will leave a lasting impression. Hundreds of shots and effects of multi-color shells, gold and silver sparking lights, gold brocade crown shells and other effects coupled with chest-pounding titanium-salutes will be the magical ending of the grand display. The finale will be fired with multiple products and effects to cover every inch of sky. **90 seconds.**



# Zambelli

## FIREWORKS

### Shell Quantities and Descriptions

#### **OPENING:**

- 20 Three Inch Titanium Salutes with tails (some noise to get things going)
- 40 Three Inch Assorted Colors and Designs Shells
- 12 Four Inch Assorted Colors and Designs Shells

Total Aerial shells: 72 in 30 seconds

#### **BODY OF PROGRAM:**

- 300 Three Inch Assorted Colors and Design Shells (150 Flights of 3)
- 180 Four Inch Assorted Colors and Designs Shells (60 flights of 2)
- 120 Five Inch Assorted Colors and Designs Shells
- 90 Six Inch Assorted Colors and Designs Shells

Total Aerial Shells: 690 in 23 minutes (one firing every 3 seconds  
many firings multiple shells)

#### **GRAND FINALE:**

- 100 Three Inch Titanium Salutes with Silver Tails (loud, thundering booms)
- 320 Three Inch Assorted Finale Shells
- 60 Four Inch Assorted Finale Shells
- 20 Five Inch Assorted Finale Shells

Total Aerial Shells: 500 in 90 seconds

TOTAL DURATION: 25 minutes

TOTAL SHELLS: 1,262

- Assorted Colors and Design refers to a wide assortment of shells produced by several premium manufacturers (see pages 8–14)



# Zambelli

## FIREWORKS

### Program Philosophy

Generally speaking there's an opening segment, main body and grand finale of a fireworks display. Just as a great play or movie has various segments that flow together, firework shows are similar type productions that should never leave the audience wanting more or leaving disappointed.

There are fundamental basics that Zambelli Fireworks adheres to, with which creates the best displays in the industry. Some of these fundamentals include:

- **No Dead Air** Just as any TV, radio or Big Screen Production, "Dead-Air" is simply not acceptable. At any given time there will be multiple firings of shots and shells in the air for the display.
- **Shell Size Combinations** A common way for companies to set a show is to shoot all 3 inch shells, then all 4 inch shells, etc. While this makes it easy for a technician, it is simply boring. Zambelli technicians are trained to set shows to create the ultimate in shell combinations for the various firing sites. For example, firing one 4 inch Gold Strobe shell (400 ft.) and two 3 inch Purple Dahlias is a great, beautiful combination. Firing two 4 inch Pink strobing lights and two 4 inch white strobing lights within seconds offers up to 8 seconds of beautiful strobes covering 200 to 400 ft in the air.
- **Rhythm and Intensity** Just as many movies have a loud, action-packed car chase one moment followed by a romantic scene the next moment, fireworks productions also need to flow with the dynamics of a soundtrack. A show that is too fast or too slow can get monotonous. Zambelli designs shows that one moment are a constant barrage of colors and booms while the next moment may be soft midnight snow fluttering down from the sky.
- **Finales** There's a major art to shooting a spectacular finale. Many people think a finale is simply shooting a lot of shells. While true from a quantitative standpoint, a finale must make sense in order to entertain most effectively. Zambelli designs finales that start slower and lower. For example, 3 inch peony finale shells fired every half-second for 20 seconds may then grow in intensity to include white or silver glittering for the next 20 seconds. Then larger 4 inch blue cracking spiders take over while 3 inch white coconut trees are laying the ground cover.

# Zambelli

## FIREWORKS

### **Shells/Products:**

Zambelli Fireworks carries an inventory of display shells that is more than 2,000 unique shapes, colors, patterns or varieties from nearly a dozen manufacturers. During the 2019 July 4<sup>th</sup> display season Zambelli fired more than 1,000 different types of unique shells during the opener, body and finale of shows. It would be next to impossible to discuss every single shell in detail and provide information on each one.

Zambelli chooses fireworks from a number of different manufacturers from around the world to provide audiences with both unique and creative products. Sunny, PyroEast, Vulcan, Dominator and Dancing products all come from premium Chinese manufacturers. Lastly, Zambelli still manufactures shells, some of which will be seen during the display.

### **Computer Firing/Equipment:**

Zambelli Fireworks uses equipment that exceeds the minimum recommendations of the NFPA-1123 code.

The Show Design and Choreography Team use FireOne Computer Firing Systems for the ultimate in reliability, safety and design complexity. FireOne, used in more than 50 countries, has partnered with Zambelli Fireworks since the mid 1980s. The company was one of the first to use Fire One in the world as the system was in its infancy.

In addition, Zambelli Choreographers use Show Sim technology to produce computer simulations demonstrating various themes and productions for clients and sponsors.

**Zambelli Fireworks believes in honesty and integrity as a core company philosophy. We invite, and encourage, our clients to audit our firing sites for quality and quantity of our fireworks and equipment.**

### **Computer Simulation**

Please follow the hyper-link below to view computer simulation of similar display

<https://vimeo.com/158272608>

pword: zampyro

# Zambelli

## FIREWORKS

### Display Price Adjustments 1.3.4

#### A.

- Because fireworks are not a perfect science, a failure rate of up to 3% is considered acceptable within the industry. Anything over that failure rate will be discounted from the purchase price at the following rates: 3"- \$5.00, 4"- \$8.25, 5"- \$17.25, 6"- \$27.00
- It is possible to have shells firing after the finale due to hang fire. This is why we wait several minutes before approaching the display after firing and cannot be prevented. Shells will not be intentionally fired after the conclusion of the finale. All unexploded ordinance will be boxed and returned to the Zambelli storage facility according to DOT regulations.
- If the display is delayed more than 10 minutes due to the Zambelli team, the display will be discounted 10%. Any break in firing would typically be the result of a safety issue caused by a shell malfunction. Fireworks are not perfect and sometimes things happen that are unforeseen and unavoidable. The safety of the crew and spectators are the most important factor and sometimes that means a slight delay until all conditions are again safe to proceed.

#### B. (see above in section A)

#### C.

- If the display is cancelled or postponed due to weather conditions:
  - Postponement would require additional site security and lodging for the crew. These expenses would be itemized and added to the price of the display.
  - Cancellation before the display is set-up would still have some expenses that would need to be accounted for. Permitting, Truck rental, Labor, Shipping, etc. These expenses would need to be paid by the City.
  - Cancellation after display is set up would have more additional expenses because the crew has already done all the work to be ready to shoot the display. These expenses can be as much as 30% of the display.

# **Zambelli**

## **FIREWORKS**

### **Pembroke Pines** **July 3 - 4, 2021- Timeline**

#### **July 3**

11:00 am- Crew arrives to site and begin setting racks

3:00 pm- Rack set-up complete and covered. Crew leaves site

#### **July 4**

8:00 am- Crew returns to site.

10:30 am- Product delivered, City performs inventory inspection.  
Crew begins loading shells and wiring

7:00 pm- Wiring completed and continuity checks performed

9:00 pm- Fire display 25 minutes (music accompanied CD)

9:40 pm- Crew clears mortars of any unexploded ordinance

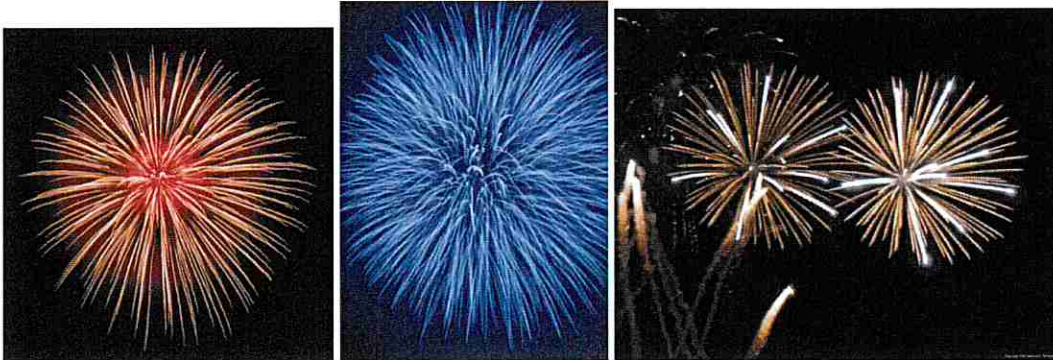
10:00 pm- Crew breaks down show and begins loading

12:30 am- Crew performs site inspection and departs site

# Zambelli

## FIREWORKS

### Chrysanthemums



Description: Typically a spherical break of colored stars that leave a trail or sparks behind. May include pistils (center multi break stars) or other features such as multi-colored, half and half, cracking, etc.

#### 3" – 6" Shells Body

Red Chrys  
 Green Chrys  
 Yellow Chrys  
 Blooming Silvery Chrys  
 Blue Chrys  
 Red, White and Blue Chrys  
 Green to Purple Chrys  
 Varied Colorful Flowers  
 Multi-Color Chrys  
 Golden Chrys w/rising tails  
 Silver to Purple Chrys  
 Glittering Silver to Red Chrys  
 Purple Chrys with White Pistil  
 Red Chrys with white Pistil  
 Gold Wave to Red/Blue Chrys

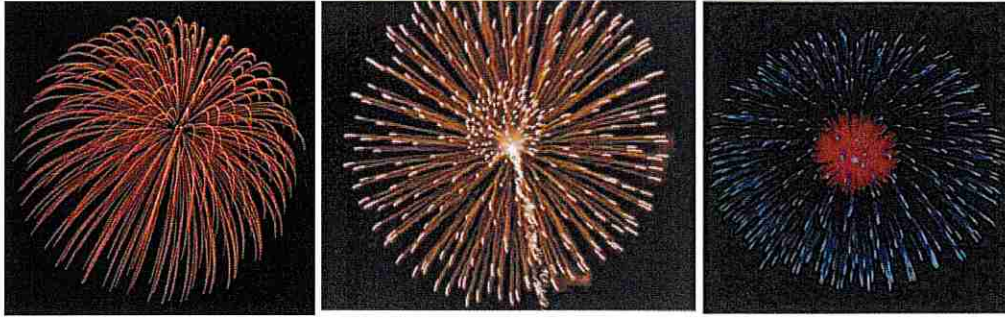
Red to Blue Chrys.  
 Silver to Green Chrys.  
 Gold Chrys. w/ rising tails  
 Glitter Silver to Red Chrys  
 White Twinkling Chrys.  
 Spangle Chrys. w/rising tails  
 Orange Chrys. w/rising tails  
 Purple Chrys  
 Yellow Chrys  
 Silver Chrys w/rising tails  
 Silver to Green Chrys  
 Variegated Rainbow Chrys  
 Green Chrys with Green Pistil  
 Silver and Gold Chrys  
 Multi-Color Chrys to Popping Flowers



# Zambelli

## FIREWORKS

### Peonies



Description: Typically a spherical break of colored stars that leave no trail or sparks behind. May include pistils (center multi break stars) or other features such as multi-colored, half and half, cracking, etc.

#### 3" – 6" Shells Body

White Peony  
 Silver Wave to Purple Peony  
 Yellow Peony  
 Purple Peony w/Gold Palm  
 Variegated Peony (rainbow)  
 Red, White and Blue Peony  
 Silver to Red Peony  
 Orange Peony  
 Silver Wave to Blue Peony  
 Red to Silver Peony  
 Golden Peony  
 Red and Green Peony  
 Color Changing Peony  
 Popping Peony (Red)  
 Half Blue Half Red Peony  
 Half Green Half White Peony  
 Pink Peony  
 Green to Silver to Blue Peony

Blue Peony w/Blue Palm Tree.  
 Multi-Colored Peony  
 Green Peony w/Gold Palm Tree  
 Red to Blue Peony  
 White Peony w/Blue Pistil  
 Glittering Peony  
 Silver to Blue Peony  
 Half Green Half White Peony  
 Silver Wave to Purple Peony  
 Green to Purple Peony  
 Blue Peony w/titanium reports  
 Blue to Silver Peony  
 Sparkling Peony w/Pistil  
 Popping Peony (White)  
 Half White Half Red Peony  
 Golden Waves to Purple Peony  
 Brilliant Orange Peony  
 Red to White to Blue Peony



# Zambelli

## FIREWORKS

### Crossettes



Description: A crossette is a unique shell that breaks into 6 or 8 arms. Then, after some delay, those arms again break into multiple arms criss-crossing each other in a grid-like fashion throughout the sky. Larger caliber shells may even have a third break in all of the arms.

#### 3" – 6" Shells Body

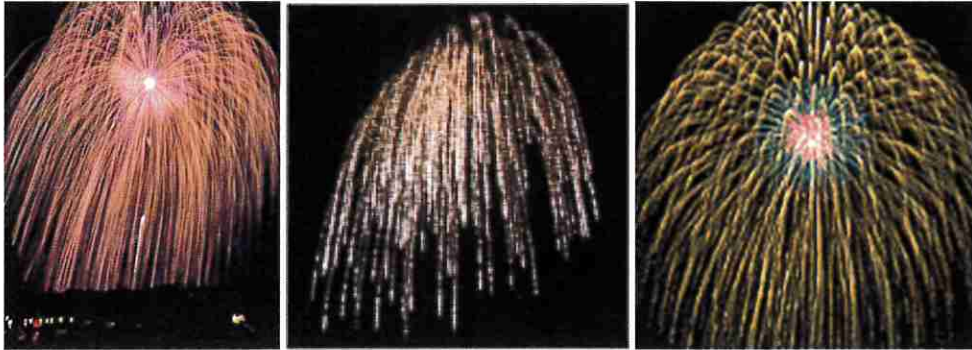
Blue Crossettes  
 Red to Blue Crossettes  
 Variegated Rainbow Crossettes  
 Crackling Crossettes  
 Red to Green Crossettes  
 Green to Purple Crossettes  
 Red Crossette Palm Tree  
 White Flitter Crossettes

Green to Blue Crossettes  
 Silver Crossettes  
 Purple and White Crossettes  
 Gold Crossettes w/rising tails  
 Green Crossette w/green Tails  
 Rainbow Crossettes w/red Tails  
 Blue Crossette Palm Tree  
 Silver Crossettes

# Zambelli

## FIREWORKS

### Duration/Lingering Effects (Willows, Brocades, Kamuros)



Description: A Long Duration/Lingering Effect is like a Chrysanthemum but burns slowly to the ground leaving a trail of aerial spark dust. These shells are many times gold or silver with various color tips, color changing, or have various colored centers. Zambelli uses many long duration effects at the end of finales to create a sky of gold or silver.

#### 3" – 6" Shells Body

Twilight Glitter w/Purple  
 Brocade Crowns  
 Brocade Crown to Purple  
 Variegated Falling Leaves  
 Long Duration Kamuro  
 Pixie Dust Willows  
 White Poca Shells

Twilight Glitter w/Red  
 Long Duration Red Falling Leaves  
 Brocade Crown to Red  
 Purple Falling Leaves  
 Super Brocade Crowns  
 Ultra-Long Duration Gold Kamuro  
 Gold Poca Shells

# Zambelli

## FIREWORKS

### Dahlias



Description: A Dahlia shell is like a peony but uses dramatically larger and fewer stars to create brighter, wider trails of sparks through the air. They are typically very bold, defined colors used to mix up the pace of a show. They many times are also used in finales.

#### 3" – 6" Shells Body

Assorted Color Dahlia  
Green Dahlia w/Pistil  
Yellow Dahlia w/Pistil  
Pink Dahlia  
Gold Strobe Dahlia  
Red Strobe Dahlia  
Variegated Dalia  
Purple and Red Dahlia

Blue Dahlias w/Pistil  
Red Dahlia w/Pisitl  
Red and Blue Dahlia  
Silver Dahlia  
Blue Strobe Dahlia  
Purple Strobe Dahlia  
White Dahlie w/Purple Tips  
White Dahlia w/Red Tips

# Zambelli

## FIREWORKS

### Specialty Shells



Description: There's a variety of specialty, premium shells that include horsetail willows, scattering stars, bees, falling leaves, Palm Trees and other unique designs and effects.

### Body

#### 3" – 6" Shells Body

Silver Bees  
 Horsetails  
 Large Silver Whirls (Serpents)  
 Trees of Many Colors  
 Peacock Feathers  
 Thousands of Gold Waves  
 Peacock Tails  
 Silver and Purple Strobes  
 Treasure Chests  
 Green Magnesium to Fast Strobe  
 Multi-Color Shell of Shells  
 Pink Blinker Shells (Spanish)  
 White Lightning Shells (Spanish)

Blue Bees  
 Aluminum King Shells  
 Blue and Red Spiders  
 Kaleidoscopes  
 Gold Sparkling Kamikazes  
 Thousands of Red Waves  
 Red, White, Blue Dragon Eggs  
 Popping Flowers  
 Red Shell of Shells  
 Green Shell of Shells  
 Tourbillion and Multi-Color  
 White Blinker Shells (Spanish)  
 Red Hearts with Farfellas (Spanish)



# Zambelli

## FIREWORKS

### Specialty Noise



Description: Noise shells come in many different types. The most popular are cracking, whistling or screamers, thousands of popping flowers, and the extremely loud titanium salutes.

#### 3" – 6" Shells Body

Cracking Delight  
Diamond Screamer Whistles  
Crackling Double Rings  
Crackling Coconut Trees  
Twice Crackling Rain  
Blue Crackling Flowers  
Artillery Titanium  
Gold Crackling Chrys

Serpents with Reports  
Large Silver Screaming Whirls  
White and Green Scattering  
Blue Crackling Spiders  
Tourbillion w/Reports  
Green Crackling Flowers  
Thundering Tourbillions  
Whistles and Stars

# Zambelli

## FIREWORKS

### Tab 2

#### 1.

**Below is a partial list of our confirmed shows for this season:**

Customer	City	State	Show Date	Rain Date	Value
Baldwin Park Joint Committee	Longwood	FL	7/3/2021	7/3/2020	21,000.00
City of Winter Haven	Winter Haven	FL	7/3/2021	7/3/2020	14,800.00
Barefoot Bay Recreation Dist.	Sebastian	FL	7/3/2021		10,000.00
	Pompano Beach	FL	7/4/2021	7/4/2020	50,000.00
City of Pompano Beach	Palmetto	FL	7/4/2021	7/4/2020	40,000.00
City of Palmetto	Leesburg	FL	7/4/2021	7/5/2020	25,000.00
Leesburg Partnership	Palm Bay	FL	7/4/2021	7/4/2020	24,000.00
City of Palm Bay	Royal Palm Beach	FL	7/4/2021	7/4/2020	35,000.00
Village of Royal Palm Beach	Orlando	FL	7/4/2021	7/4/2020	35,000.00
City of Orlando	Miami	FL	7/4/2021	7/5/2021	13,000.00
Town of Surfside	Fort Lauderdale	FL	7/4/2021	7/4/2020	20,000.00
City of Tamarac	Fort Meade	FL	7/4/2021	7/4/2020	20,000.00
City of Fort Meade	Auburndale	FL	7/4/2021	7/4/2020	10,000.00
City of Auburndale	Boynton Beach	FL	7/4/2021		40,000.00
City of Boynton Beach	Miami Beach	FL	7/4/2021		25,000.00
City of Miami Beach	Wellington	FL	7/4/2021		50,000.00
Village of Wellington					

- The Southeast Region of Zambelli Fireworks permits and performs over 300 fireworks displays every year.

### **Experience and Qualifications**

Proudly known as the "First Family of Fireworks," Zambelli Fireworks is one of the oldest and largest American fireworks companies.

The corporate headquarters and main plant operations are based in New Castle, PA. The southeast regional office is located in Boca Raton, FL and the western office is located in Bakersfield, CA. Zambelli Fireworks currently employs over 50 full-time individuals and thousands of trained, qualified pyrotechnicians. All full-time staff and technicians working with your display will be fully trained, federally approved, Zambelli employees.



# Zambelli

## FIREWORKS

The Zambelli family has manufactured the highest quality fireworks and has presented artistic excellence in fireworks displays for nearly 120 years.

The Zambelli name is recognized and respected, worldwide. Competitors strive to achieve the name recognition that Zambelli Fireworks commands today.

Zambelli Fireworks is known worldwide for setting the industry standard in show design and technology.

George Zambelli, Sr. was the pioneer of Zambelli Fireworks for over 65 years. His father, Antonio Zambelli, brought the artistry to New Castle, PA from Italy.

George Zambelli Jr., current Chairman of the Board, is carrying on the Family Tradition of "Lighting Up the Skies!" The Zambelli family and year-round professional staff of technicians, designers, office staff and administrators are here to assist and guide you in the development and implementation that is specific for your fireworks event. We have a team of individuals ready to make your event an extreme success.

### **Experience and Qualifications (cont'd)**

Many of the success stories from satisfied clients are due to solid communication, team experience and customer support.

A company is only as good as the people who work every day to make it a success. From the CEO down to each fireworks technician, there's a team of individuals working to ensure the highest quality production. Project Managers work closely with clients to deliver productions that 100% satisfy their needs. Support staff work diligently to make sure certificates of insurance, permits, environmental regulations, and show logistics are all satisfied. Plant Operations and Show Designers work to create and pack the exact fireworks and equipment needed for each display. Zambelli employees constantly work to keep an open line of communication to provide the ultimate in customer service and experience.

There's a tremendous dedication to technician training to ensure the most safe display with the highest quality production.

All of our display technicians have attended Zambelli Fireworks' extensive training program and have met all of the rigid safety procedures, which exceed state and federal requirements. We offer a number of different training courses with extensive classroom and hands-on training, per year, around the country. New technicians must also work alongside experienced technicians to gain competence and meet the highest safety, regulatory, and overall performance standards.

# Zambelli

## FIREWORKS

Zambelli Fireworks exists as the largest fireworks company in the United States for one reason...customer service and satisfaction EVERY SHOW!

Zambelli Fireworks is proud to be the largest fireworks company in the United States. However, we cannot rest on our laurels by simply being the largest. We must prove our quality and customer satisfaction to every client, on every show, every time. Clients trust us to successfully produce thousands of displays every year. Our goal is to outperform with every show, large or small.

### Company Experience

#### *Various Amusement Parks/Theme Parks*

Cedar Point, Sandusky, OH.  
Carowinds, Rock Hill, SC.  
Hershey Park, Hershey, PA.  
Kings Island, Mason, OH.  
Elitch Gardens, Denver, CO.

Kings Dominion, Doswell, VA.  
Dorney Park/WildWater, Allentown, PA.  
Great America Park, San Francisco, CA.  
Waldameer Water Park, Erie, PA.  
Valley Fair Amusement, Shakopee, MN.

#### *State Fairs, Festivals and Celebrations*

Thunder Over Louisville/Kentucky Derby Festival  
Target Fireworks/ Minneapolis Aquatennial Celebration  
Target Fireworks/Detroit Parade Company Fireworks  
Gasparilla Pirate Festival (Children's Parade), Tampa, FL.  
Pittsburgh 250<sup>th</sup> Anniversary (display from 17 various downtown locations)  
Numerous First Night New Year's Eve Celebrations  
Florida State Fair  
North Carolina State Fair  
West Virginia State Fair  
Macon Cherry Blossom Festival

#### *Sports Franchises and Venues*

Detroit Tigers  
Pittsburgh Pirates  
Colorado Rockies  
St. Louis Cardinals  
Tampa Bay Rays  
Washington Redskins  
Pittsburgh Steelers

Pittsburgh Penguins  
Pro Bull Riding (PBR)  
Professional Roughstock Series  
Clemson University  
University of Pittsburgh  
University of Miami  
Florida International University

**Supplier Response Form**  
**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. This form should be duplicated for each reference and any additional information that would be helpful can be attached.

**Reference Contact Information:**

Name of Firm, City, County or Agency: City of Aventura

Address: 19200 West Country Club Drive

City/State/Zip: Aventura, FL 33180

Contact Name: Anthony Mihalko

Title: Public Works Operations Coordinator

E-Mail Address: AMihalko@cityofaventura.com

Telephone: 305-466-8970

Fax:

**Project Information:**

Name of Contractor Performing the work: Zambelli Fireworks Mfg Co.

Name and location of the project: Turnberry Isle Golf Resort - 19999 West Country Club Dr.  
Aventura, FL 33180

Nature of the firm's responsibility on the project:

Provide set-up, firing and clean up of professional fireworks display.

Project duration: 2 days Completion (Anticipated) Date: July 4, 2021

Size of project: Fireworks Display Cost of project: \$25,000

Work for which staff was responsible: Fireworks set-up, firing, clean-up

Contract Type: Multi year with extensions

The results/deliverables of the project: Successfully completed

**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

**Reference Contact Information:**

Name of Firm, City, County or Agency: City of Coral Springs

Address: 9551 Sample Road

City/State/Zip: Coral Springs, FL 33065

Contact Name: Leonardo Bermudez Title: Purchasing Agent II

E-Mail Address: lbermudez@coralsprings.org

Telephone: 954-344-1101 Fax:

**Project Information:**

Name of Contractor Performing the work: Zambelli Fireworks Mfg Co.

Name and location of the project: Mullins Park - 10000 NW 29th Street, Coral Springs FL 33065

Nature of the firm's responsibility on the project: Provide set-up, firing and clean up of professional fireworks display

Project duration: One day Completion (Anticipated) Date: July 4, 2021

Size of project: Fireworks Display Cost of project: \$30,000

Work for which staff was responsible: Fireworks set-up, firing, clean-up

Contract Type: Yearly

The results/deliverables of the project: Successfully completed

**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

**Reference Contact Information:**

Name of Firm, City, County or Agency: City of Plantation

Address: 9151 NE 2nd Street

City/State/Zip: Plantation, FL 33324

Contact Name: Shannon Ryan

Title: Superintendent of Recreation  
and Marketing

E-Mail Address: sryan@plantation.org

Telephone: 954-452-2502

Fax: 954-452-2519

**Project Information:**

Name of Contractor Performing the work: Zambelli Fireworks Mfg Co.

Name and location of the project: Plantation Central Park - 9101 NW 2nd Street, Plantation FL 33324

Nature of the firm's responsibility on the project: Provide set-up, firing and clean up of professional fireworks display.

Project duration: One day Completion (Anticipated) Date: July 4, 2021

Size of project: Fireworks Display Cost of project: \$25,000

Work for which staff was responsible: Fireworks set-up, firing, clean-up

Contract Type: Yearly

The results/deliverables of the project: Successfully completed

**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. This form should be duplicated for each reference and any additional information that would be helpful can be attached.

**Reference Contact Information:**

Name of Firm, City, County or Agency: City of Tamarac

Address: 9901 NW 77th Street

City/State/Zip: Tamarac, FL 33321

Contact Name: Melissa Petron

Title: Special Events Coordinator

E-Mail Address: melissa.petron@tamarac.org

Telephone: 954-597-3624

Fax: 954-597-3650

**Project Information:**

Name of Contractor Performing the work: Zambelli Fireworks Mfg Co.

Name and location of the project: Tamarac Sports Complex - 9901 NW 77th Street, Tamarac, FL 33321

Nature of the firm's responsibility on the project: Provide set-up, firing and clean up of professional fireworks display.

Project duration: One day Completion (Anticipated) Date: July 4, 2021

Size of project: Fireworks Display Cost of project: \$20,000

Work for which staff was responsible: Fireworks set-up, firing, clean-up

Contract Type: 1 year with 5 renewable years

The results/deliverables of the project: Successfully completed

**REFERENCES FORM**



Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. This form should be duplicated for each reference and any additional information that would be helpful can be attached.

**Reference Contact Information:**

Name of Firm, City, County or Agency: Town of Lauderdale-by-the-Sea

Address: 4513 Ocean Blvd.

City/State/Zip: Lauderdale-by-the-Sea, FL 33308

Contact Name: Debbie Hime

Title: Special Projects Coordinator

E-Mail Address: debbieh@lauderdalebythesea-fl.gov

Telephone: 954-640-4205

Fax:

**Project Information:**

Name of Contractor Performing the work: Zambelli Fireworks Mfg Co.

Name and location of the project: LBTS Beach - East of: 4520 El Mar Drive, LBTS, FL 33308

Nature of the firm's responsibility on the project: Provide set-up, firing and clean up of professional fireworks display.

Project duration: One day Completion (Anticipated) Date: July 4, 2021

Size of project: Fireworks Display Cost of project: \$20,000

Work for which staff was responsible: Fireworks set-up, firing, clean-up ..

Contract Type: Multi-year with extensions

The results/deliverables of the project: Successfully completed

---

**Please enter your password below and click Save to save your response.**

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

**To take exception:**

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

---

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

---

Username **zfireworks**

Password \*

[Save](#) [Take Exception](#) [Close](#)

\* Required fields

# **Zambelli**

## **FIREWORKS**

### **Tab 3**

#### **References**

### **Tab 4**

#### **Display Technicians**

- Zambelli stipulates that 2 experienced and trained technicians will be assigned to this project as requested.
- The Southeast Region of Zambelli has over 100 experienced technicians available for July 4<sup>th</sup> displays. The assignment of these technicians will take place in a timely fashion as shows are confirmed.
- Technician resumes will be provided at that time.

### **Tab 5**

#### **Other Completed Documents**

# Zambelli

## FIREWORKS

### Zambelli Fireworks Team

**Danielle Fredrickson**

Office Manager/ Inside Sales/  
Customer Service

Office: 561-395-0955

[dfredrickson@zambellifireworks.com](mailto:dfredrickson@zambellifireworks.com)

**Tony Sawdey**

Project Manager/ Sales/  
Certified Technician

Cell: 218-820-2372

[tsawdey@zambellifireworks.com](mailto:tsawdey@zambellifireworks.com)

### Proposed Launch Site



\*Zambelli chooses to define the safe zone at 100' per inch of diameter of shell size which exceeds NFPA standards. This is done as an abundance of caution to help ensure that your viewing public is protected from fallout or mishap. Please take note of this adjustment as it is to your benefit and safety.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2021

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 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> McGowan Allied Specialty 20595 Lorain Rd Fairview Park OH 44126	<b>CONTACT NAME:</b> Mary Jo Picone <b>PHONE (A/C, No, Ext):</b> 440-333-6300 <b>E-MAIL ADDRESS:</b> mpicone@mcgowanallied.com <b>FAX (A/C, No):</b> 440-333-3214
<b>INSURED</b> Zambelli Fireworks Mfg. Co. 120 Marshall Drive Warrendale PA 15086	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> T.H.E. Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

 License#: 973  
 ZAMBIFIR-01

 NAIC #  
 12866

## COVERAGES

CERTIFICATE NUMBER: 343341376

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 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 type="checkbox"/> LOC OTHER:	Y	Y	CPP010316708	2/1/2021	2/1/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CPP010316708	2/1/2021	2/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			ELP001108108	2/1/2021	2/1/2022	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000 \$
	<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	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Inland Marine / Hull			CPP010316708	2/1/2021	2/1/2022	HULL LIMIT/SHOW LIMIT \$900,000/1,500,00
A	Hired & Non Owned PHD			CPP010316708	2/1/2021	2/1/2022	Total/Actual Cash Val \$700,000
A	Excess Auto			ELP001295402	2/1/2021	2/1/2022	Ea Occ & Aggregate \$4,000,000

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

Sample

## CERTIFICATE HOLDER

## CANCELLATION

Sample

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2021

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 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> The Graham Company The Graham Building 1 Penn Square West Philadelphia PA 19102-	<b>CONTACT NAME:</b> Dina Daniele <b>PHONE</b> (A/C, No, Ext): 215-567-6300 <b>FAX</b> (A/C, No): 215-525-0236 <b>E-MAIL ADDRESS:</b> DANIELE_UNIT@grahamco.com														
<b>INSURED</b> Zambelli Fireworks Manufacturing Co. 120 Marshall Drive Warrendale, PA 15086	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Argonaut Insurance Company</td> <td>19801</td> </tr> <tr> <td>INSURER B : PinnaclePoint Insurance Company</td> <td>15137</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Argonaut Insurance Company	19801	INSURER B : PinnaclePoint Insurance Company	15137	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Argonaut Insurance Company	19801														
INSURER B : PinnaclePoint Insurance Company	15137														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES****CERTIFICATE NUMBER:** 1134375755**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<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						\$ \$ \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A B	<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	N/A	WC928598697544 WCP7001893	2/1/2020 2/1/2021	2/1/2021 2/1/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Display Date:

Rain Date:

Location:

**CERTIFICATE HOLDER****CANCELLATION**

SAMPLE

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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**Detail by Entity Name**

Foreign Profit Corporation  
ZAMBELLI FIREWORKS MANUFACTURING CO.

Filing Information

**Document Number** F94000001031  
**FEI/EIN Number** 25-1092931  
**Date Filed** 03/02/1994  
**State** PA  
**Status** ACTIVE  
**Last Event** REINSTATEMENT  
**Event Date Filed** 09/27/2010

Principal Address

1060 HOLLAND DRIVE  
BOCA RATON, FL 33432

Changed: 04/04/2019

Mailing Address

120 Marshall Drive  
Warrendale, PA 15086

Changed: 04/22/2019

Registered Agent Name & Address

Meyer, Edward J  
1 W. CAMINO REAL  
BOCA RATON, FL 33487

Name Changed: 06/10/2014

Address Changed: 02/01/2008

Officer/Director Detail

**Name & Address**

Title SEC  
  
HALLER, ROBERT  
20 S. MERCER ST  
NEW CASTLE, PA 16101

Title Treasurer

McKnight, Robert Gary  
519 Jennifer Drive  
Gibsonia, PA 15044

Title President

Meyer, Edward J  
1060 HOLLAND DRIVE  
BOCA RATON, FL 33432

Annual Reports

Report Year	Filed Date
2018	03/19/2018
2019	04/22/2019
2020	02/26/2020

Document Images

<a href="#">02/26/2020 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/22/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/19/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">06/10/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">08/27/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/11/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">09/27/2010 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/25/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/01/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/08/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/20/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/15/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/07/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/03/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/02/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/19/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/16/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/18/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/12/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

Florida Department of State, Division of Corporations

Display and related items. The fee for the Display shall be all inclusive as no other charges will be paid.

Required Vendor Qualifications PP-SWORN, PP-LOCAL, PP-VOSB, PP-DRUGFREE, PP-SCRUTINIZED, PP-W9, PP-VENDORINFO, PP-EQUAL, PP-LBTR

### Addendum # 1

New Documents

Attachment E - Fireworks Display Service Agreement.pdf

### Item Response Form

Item **RE-20-06-01-01 - 3-Inch Shell**  
 Quantity **1 each**  
 Unit Price   
 Delivery Location **City of Pembroke Pines**  
No Location Specified

Qty 1

**Description**  
3-Inch Shell

Item **RE-20-06-01-02 - 4-Inch Shell**  
 Quantity **1 each**  
 Unit Price   
 Delivery Location **City of Pembroke Pines**  
No Location Specified

Qty 1

**Description**  
4-Inch Shell

Item **RE-20-06-01-03 - 5-Inch Shell**  
 Quantity **1 each**  
 Unit Price   
 Delivery Location **City of Pembroke Pines**  
No Location Specified

Qty 1

**Description**  
5-Inch Shell

Item **RE-20-06-01-04 - 6-Inch Shell**  
 Quantity **1 each**  
 Unit Price   
 Delivery Location **City of Pembroke Pines**

No Location Specified

Qty 1

**Description**  
6-Inch Shell



## Question and Answers for Bid #RE-20-06 - Fireworks Display

### Overall Bid Questions

#### Question 1

Are there any City Special Event Fees associated with the permit process? (Submitted: Jan 20, 2021 9:06:15 AM EST)

#### Answer

- No (Answered: Jan 20, 2021 9:06:19 AM EST)

#### Question 2

Will the sound system, (reinforcement) be provided by the City or your media partner or on-site DJ or sound booth? (Submitted: Jan 20, 2021 9:06:35 AM EST)

#### Answer

- Yes (Answered: Jan 20, 2021 9:06:41 AM EST)

**Question Deadline: Jan 18, 2021 8:30:00 PM EST**



City of Pembroke Pines

## E-VERIFY SYSTEM CERTIFICATION STATEMENT (UNDER SECTION 448.095, FLORIDA STATUTES)

### 1. Definitions:

- a. **“Contractor”** means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.
- b. **“Subcontractor”** means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
- c. **“E-Verify system”** means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

### 2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:

- a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
- b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
- c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

### 3. Contract Termination

- a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
- b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
- c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
- d. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
- e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

Zambelli Fireworks Mfg. Co.

COMPANY NAME: \_\_\_\_\_

PRINTED NAME / AUTHORIZED SIGNATURE: Tony Sawdey / \_\_\_\_\_



## DEPARTMENT OF JUSTICE

Bureau of Alcohol, Tobacco,  
Firearms and Explosives

---

Martinsburg, WV 25405

January 22, 2021

Zambelli Fireworks Manufacturing Co  
Zambelli Fireworks Internationale  
Attn Sandra Mcstay  
120 Marshall Drive  
Warrendale, PA 15086901090:MBH/CMS  
5400

File Number: 8-PA-02043

Premises Address: 120 Marshall Drive, Warrendale, PA 15086

Dear Sir/Madam:

This letter acknowledges receipt of your timely application to renew your Federal explosives license/permit.

The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) is not able to process your application prior to the expiration date of your license/permit. However, Federal law allows you to continue operations under your current license/permit until such time as ATF completes processing your application. See 5 U.S.C. § 558. This letter, or as explained below, a follow-up letter, will serve as your license/permit until we complete action on your renewal. It is referred to as a Letter of Authorization (LOA).

Since we have not completed processing your application, you may supply a copy of this letter to other licensees/permittees, e.g., your distributors, for the next six months (or until we complete action on your renewal, if that occurs in less than six months) as evidence of your licensed/permitted status. If we have not completed processing your application for renewal within six months of the date of this letter, we will send you another letter, which will also be valid for six months (or until we complete action on your renewal, if that occurs in less than six months). This is of course contingent upon your remaining entitled to continue operations under your current license/permit.

Please direct questions or concerns regarding this letter to Chanon Shipman (304)616-4436.

Sincerely,

Marna Howard  
Chief, Federal Explosives Licensing CenterATF web address: [www.atf.gov](http://www.atf.gov)

U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

**Federal Explosives License/Permit**  
**(18 U.S.C. Chapter 40)**

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued hereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF      ATF - Chief, FELC  
Correspondence To      244 Needy Road  
                                 Martinsburg, WV 25405-9431

License/Permit  
Number

**8-PA-003-20-1B-02043**

Chief, Federal Explosives Licensing Center (FELC)

Expiration  
Date

**February 1, 2021**

Name

**ZAMBELLI FIREWORKS INTERNATIONALE**

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

**120 MARSHALL DRIVE  
WARRENDALE, PA 15086**

Type of License or Permit

**20-MANUFACTURER OF EXPLOSIVES**

**Purchasing Certification Statement**

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or emailed copy of this license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address: (Changes? Notify the FELC of any changes.)

**ZAMBELLI FIREWORKS MANUFACTURING CO  
ZAMBELLI FIREWORKS INTERNATIONALE  
120 MARSHALL DRIVE ATTN SANDRA MCSTAY  
WARRENDALE, PA 15086**

Licensee/Permittee Responsible Person Signature

Position/Title

**Robert C. Haller**

Printed Name

Date

**1/28/2020**

Previous Edition is Obsolete

ZAMBELLI FIREWORKS MANUFACTURING CO-120 MARSHALL DRIVE-15086-PA-003-20-1B-02043 (Rev. 1/2011), 2020-20-MANUFACTURER OF EXPLOSIVES

ATF Form 5400.14/5400.15 Part I  
Revised October 2011

**Federal Explosives License (FEL) Customer Service Information**

Federal Explosives Licensing Center (FELC)  
244 Needy Road  
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352  
Fax Number: (304) 616-4401  
E-mail: FELC@atf.gov

ATF Homepage: [www.atf.gov](http://www.atf.gov)

**Change of Address (27 CFR 555.54(a)(1)).** Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. (The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)

**Right of Succession (27 CFR 555.59).** (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

(Continued on reverse side)

Cut Here X **Robert C. Haller**

**Federal Explosives License/Permit (FEL) Information Card**

License/Permit Name: **ZAMBELLI FIREWORKS MANUFACTURING CO**

Business Name: **ZAMBELLI FIREWORKS INTERNATIONALE**

License/Permit Number: **8-PA-003-20-1B-02043**

License/Permit Type: **20-MANUFACTURER OF EXPLOSIVES**

Expiration: **February 1, 2021**

Please Note: Not Valid for the Sale or Other Disposition of Explosives.

**LOCAL BUSINESS TAX  
RECEIPT # 21 00068939**
**CITY OF BOCA RATON  
BUSINESS TAX AUTHORITY**
**THIS IS NOT A BILL**

Any changes in name, address, suite, ownership, ect. will require a new application within 15 days to avoid penalty or the license is null and void.

ZAMBELLI FIREWORKS MFG. CO.  
ZAMBELLI, DANABETH  
1060 HOLLAND DR J

**BUSINESS TAX RECEIPT  
CERTIFICATE OF USE  
EXPIRES: 9/30/21**

ZAMBELLI FIREWORKS MFG. CO.  
1060 HOLLAND DR J  
BOCA RATON FL 33487

Business Tax fee:	105.00
Penalty fee:	.00
Late fee:	.00
Additional fee:	.00
Transfer fee:	.00
<b>Total paid:</b>	<b>105.00</b>

has paid the business tax at the above address for the period beginning the 1st day of October and ending the 30th day of September to engage in the business, profession or occupation of:

Classification: DISTRIBUTOR

Comments: PROFESSIONAL FIREWORK DISPLAYS

WELCOME to the City of Boca Raton. We are proud to have your business in our community. Please call us at 561-393-7937 if you have any questions relating to your business needs. We are located at 200 NW 2 Avenue. Lobby hours are 8:00 AM to 4:00 PM Monday thru Friday, except Wednesday, hours are 8:00 AM to 3:00 PM. Our mailing address for license updates & correspondence is CITY OF BOCA RATON, BUSINESS TAX AUTHORITY, 201 W Palmetto Park Rd, Boca Raton, FL. 33432.

VERIFY all information on your Business Tax Receipt / Certificate of Use and notify us immediately if there is an error.

ALL CHANGES REQUIRE AN APPLICATION WITH PROPER FEES AND DOCUMENTATION WITHIN 15 DAYS OF THE CHANGE TO AVOID A PENALTY. If you make any changes to the business (examples: change of address within the city, expansion of space, change of ownership, change of business name, change of applicant/qualifier name, change of mailing address, change in nature of business operated, or add a new type of business at the same or at a different location) a new application must be filed within 15 days of the change to keep the account current and avoid paying a penalty. Make sure Division of Corporations (SUNBIZ.ORG) reflects all changes & submit a copy of SUNBIZ filing with your application.

APPLICATION forms for city & county are on our website at: WWW.MYBOCA.US, click 'BUSINESS', 'LICENSING & PERMITTING', 'BUSINESS TAX' (this section has general information), then 'FORMS AND REPORTS'.

POST the top portion of this document at the above location in a place where it may be seen in public view.

DEACTIVATION: If you cease to operate this business entity, you must return this document to our office with proof that the Division of Corporations filing has been inactivated, including both Corporate and Fictitious Name filings. If the business location has changed, provide proof that the principal address has been changed on Division of Corporations. All signage for discontinued business must be removed within 10 days.

A COURTESY RENEWAL NOTICE will be sent to the mailing address on record 30 to 60 days prior to expiration. If you do not receive the renewal notice, you must still pay the tax on time. Late fee & penalties will not be waived if you do not receive the notice.

RENEWAL of Business Tax in person, by drop-box @ 200 NW 2 Avenue during normal business hours, by mail or by using the website online services (if a non-regulated profession). To renew online you will need your Business Tax Receipt # and "pin" #. These numbers will be provided on your renewal notice in the top right corner.

NOTE: Classifications that need a license/permit/certification or regulated requirement cannot renew online.

FAILURE TO PAY your Business Tax on or before the close of business on September 30 will cause penalties to be applied to the business tax renewal as indicated below:

**PAYMENT AND PENALTY SCHEDULE**

DATE PENALTY						
EFFECTIVE:	SEPT 30	OCT 1	NOV 1	DEC 1	JAN 1	MAR 1
PENALTY:	0%	10%	15%	20%	25%	25% + \$250.00





**ANNE M. GANNON**  
**CONSTITUTIONAL TAX COLLECTOR**  
*Serving Palm Beach County*  
**Serving you.**

P.O. Box 3353, West Palm Beach, FL 33402-3353  
 www.pbctax.com Tel: (561) 355-2264

**\*\*LOCATED AT\*\***

1060 HOLLAND DR, STE #J  
 BOCA RATON, FL 33487

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
56-0001 ADMINISTRATIVE OFFICE	ZAMBELLI FIREWORKS MANUFACTURING CO		B20.544505 - 08/07/20	\$33.00	B40123687

This document is valid only when receipted by the Tax Collector's Office.

**STATE OF FLORIDA**  
**PALM BEACH COUNTY**  
**2020/2021 LOCAL BUSINESS TAX RECEIPT**

**LBTR Number: 200804822**  
**EXPIRES: SEPTEMBER 30, 2021**



10  
 6-2137

ZAMBELLI FIREWORKS MANUFACTURING CO  
 ZAMBELLI FIREWORKS MANUFACTURING CO  
 1060 HOLLAND DR STE J  
 BOCA RATON FL 33487-2758



This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Zambelli Fireworks Manufacturing Company</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. <b>120 Marshall Drive</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Warrendale, PA 15086</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
2	5		-	1	0	9	2	9	3

## Part II Certification

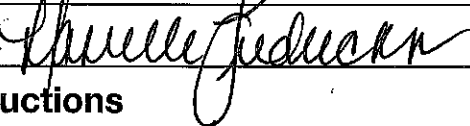
Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►



Date ► 01/27/2021

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



City of Pembroke Pines

## VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

### SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

**IDENTICAL TIE BIDS** - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

### SECTION 2 AFFIRMATION

☒ Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

☐ Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

**Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.**

## Zambelli Fireworks Mfg. Co

Company Name

## Tony Sawdey

Authorized Signer Name

  
Authorized Signature



City of Pembroke Pines

## EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

**“During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City’s Code of Ordinances, and its employees with Domestic Partners and all Married Couples”.**

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

### SECTION 1 DEFINITIONS

1. **Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
2. **Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
3. **Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
4. **Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



## City of Pembroke Pines

least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

### SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- ☒ **A.** Contractor currently complies with the requirements of this section; or
- ☐ **B.** Contractor will comply with the conditions of this section at the time of contract award; or
- ☐ **C.** Contractor will not comply with the conditions of this section at the time of contract award:  
or
- ☐ **D.** Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
  - ☐ **1.** The Contractor does not provide benefits to employees' spouses in traditional marriages;
  - ☐ **2.** The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;





City of Pembroke Pines

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☐ 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

☐ 4. The Contractor is a governmental agency;

**The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.**

COMPANY NAME: Zambelli Fireworks Mfg. Co.

AUTHORIZED OFFICER NAME / SIGNATURE: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Tony King", written over a horizontal line.



City of Pembroke Pines

## LOCAL VENDOR PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### LOCAL PREFERENCE

The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines.

OR;

2. "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the **Local Pembroke Pines Vendor(s)**; A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the **Local Broward County Vendor(s)**.

#### COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

### SECTION 2 AFFIRMATION

#### LOCAL PREFERENCE CERTIFICATION:

- ☐ Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor. In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- ☐ Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor. In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- ☒ Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

**Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Local Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Local Vendor Preference based on their sub-contractors' qualifications.**

COMPANY NAME: Zambelli Fireworks Mfg. Co.

PRINTED NAME / AUTHORIZED SIGNATURE: Tony D.





City of Pembroke Pines

**SCRUTINIZED COMPANY CERTIFICATION  
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, Tony Sawdey, Project Manager, on behalf of Zambelli Fireworks Mfg. Co.,  
Print Name and Title Company Name  
 certify that Zambelli Fireworks Mfg. Co.:  
Company Name

1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

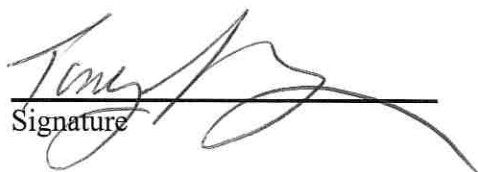
As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Tony Sawdey, Project Manager

Print Name / Title

Zambelli Fireworks Mfg. Co.

Company Name

  
Signature



City of Pembroke Pines

**SWORN STATEMENT ON PUBLIC ENTITY CRIMES  
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted Zambelli Fireworks Mfg. Co.  
(name of entity submitting sworn statement)  
whose business address is 1060 Holland Dr., Ste. J, Boca Raton, FL 33487  
and (if applicable) its Federal Employer Identification Number (FEIN) is  
25-1092931. (If the entity has no FEIN, include the Social Security  
Number of the individual signing this sworn statement: \_\_\_\_\_.)
2. My name is Tony Sawdey and my  
(Please print name of individual signing)  
relationship to the entity named above is Project Manager.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  1. A predecessor or successor of a person convicted of a public entity crime: or
  2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a





## City of Pembroke Pines

joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

7. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

☒ A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND **(Please indicate which additional statement applies.)**

☐ B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. **(Please attach a copy of the final order.)**

☐ B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. **(Please attach a copy of the final order.)**

☐ B3) The person or affiliate has not been placed on the convicted vendor list. **(Please describe any action taken by or pending with the Department of General Services.)**

Tony Sawdey

Bidder's Name

Zambelli Fireworks Mfg. Co.

Company Name

Signature

01/27/2021

Date





(OFFICE USE ONLY) Vendor number:

## Vendor Information Form

<b>Operating Name (Payee)</b>	Zambelli Fireworks Mfg. Co.		
<b>Legal Name (as filed with IRS)</b>	Zambelli Fireworks Manufacturing Company		
<b>Remit-to Address (For Payments)</b>	1060 Holland Drive, Suite J		
	Boca Raton, FL 33487		
<b>Remit-to Contact Name:</b>	Danielle Fredrickson	<b>Title:</b>	Office Manager
<b>Email Address:</b>	dfredrickson@zambellifireworks.com		
<b>Phone #:</b>	(561) 395-0955	<b>Fax #</b>	(561) 395-1799
<b>Order-from Address (For purchase orders)</b>	Same		
<b>Order-from Contact Name:</b>		<b>Title:</b>	
<b>Email Address:</b>			
<b>Phone #:</b>		<b>Fax #</b>	
<b>Return-to Address (For product returns)</b>	Same		
<b>Return-to Contact Name</b>		<b>Title:</b>	
<b>Email Address:</b>			
<b>Phone #:</b>		<b>Fax #</b>	
<b>Payment Terms:</b>			

**Type of Business** (please check one and provide Federal Tax identification or social security Number)

☒ Corporation

**Federal ID Number:**

25-1092931

☐ Sole Proprietorship/Individual

**Social Security No.:**

☐ Partnership

☐ Health Care Service Provider

☒ LLC – C (C corporation) – S (S corporation) – P (partnership)

☐ Other (Specify):

**Name & Title of Applicant** Tony Sawdey, Project Manager

**Signature of Applicant**

**Date**

1/28/2021



City of Pembroke Pines

## VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE

The evaluation of competitive bids is subject to section 35.37 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation. A veteran owned small business shall be defined as:

1. "Veteran Owned Small Business" shall mean a business entity which has received a "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).

A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the **Veteran Owned Small Business (VOSB)**. This shall mean that if a **VOSB** submits a bid/quote that is within 2.5% of the lowest price submitted by any vendor, the **VOSB** shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the **VOSB** submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the **VOSB**. If not, the award will be made to the vendor that submits the lowest responsive bid/quote. If the lowest responsive and responsible bidder is a "**Local Pembroke Pines Vendor**" (**LPPV**) or a "**Local Broward County Vendor**" (**LBCV**) as established in Section 35.36 of the City's Code of Ordinances, entitled "Local Vendor Preference", then the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.

If there is a **LPPV**, a **LBCV**, and a **VOSB** participating in the same bid solicitation and all three vendors qualify to submit a second bid, the **LPPV** will be given first option. If the **LPPV** cannot beat the lowest bid received by at least 1%, an opportunity will be given to the **LBCV**. If the **LBCV** cannot beat the lowest bid by at least 1%, an opportunity will be given to the **VOSB**. If the **VOSB** cannot beat the lowest bid by at least 1%, then the bid will be awarded to the lowest bidder.

If multiple **VOSBs** submit bids/quotes which are within 2.5% of the lowest bid/quote and there are no **LPPV** or **LBCV** as described in Section 35.36 of the City's Code of Ordinance, entitled "Local Vendor Preference", then all **VOSBs** will be asked to submit a **Best and Final Offer (BAFO)**. The award will be made to the **VOSB** submitting the lowest **BAFO** providing that that **BAFO** is at least 1% lower than the lowest bid/quote received in the original solicitation. If no **VOSB** can beat the lowest bid/quote by at least 1%, then the award will be made to the lowest responsive bidder.

#### COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

### SECTION 2 AFFIRMATION

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION:

- ☐ Place a check mark here only if affirming bidder meets requirements above as a Veteran Owned Small Business. In addition, the bidder must attach the "Determination Letter" from the U.S. Dept. of Veteran Affairs Center.
- ☒ Place a check mark here only if affirming bidder does not meet the requirements above as a VOSB.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for VOSB Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for VOSB Preference based on their sub-contractors' qualifications.

COMPANY NAME: Zambelli Fireworks Mfg. Co.

PRINTED NAME / AUTHORIZED SIGNATURE: \_\_\_\_\_

## Supplier Response Form



City of Pembroke Pines

Attachment B

NON-COLLUSIVE AFFIDAVIT

BIDDER is the Project Manager,  
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature Tony Sawdey/Title Project ManagerName of Company Zambelli Fireworks Mfg. Co.



## Attachment A

**CONTACT INFORMATION FORM**

IN ACCORDANCE WITH "RE-20-06" titled "Fireworks Display" attached hereto as a part hereof, the undersigned submits the following:

**A) Contact Information**

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through [www.bidsync.com](http://www.bidsync.com) as part of the bidder's submittal. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

**COMPANY INFORMATION:**COMPANY: Zambelli Fireworks Mfg. Co.STREET ADDRESS: 1060 Holland Dr. Ste JCITY, STATE & ZIP CODE: Boca Raton, FL 33487**PRIMARY CONTACT FOR THE PROJECT:**NAME: Tony Sawdey TITLE: Project ManagerE-MAIL: tsawdey@zambellifireworks.comTELEPHONE: 218-820-2372 FAX: 561-395-1799**AUTHORIZED APPROVER:**NAME: Same as above TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SIGNATURE: **B) Proposal Checklist**

Did you make sure to submit the following items, as stated in section 1.25 "Proposal Requirements" of the bid package?

Title Page	Yes <input checked="" type="checkbox"/>
Table of Contents	Yes <input checked="" type="checkbox"/>



City of Pembroke Pines

## Attachment A

Letter of Interest	Yes <input checked="" type="checkbox"/>
Tab 1 – Cost Proposal	Yes <input checked="" type="checkbox"/>
Tab 2 - Experience and Ability	Yes <input checked="" type="checkbox"/>
Attachment K: References Form	Yes <input checked="" type="checkbox"/>
Did you submit documentation confirming your registration as a pyrotechnic firm with the State of Florida?	Yes <input checked="" type="checkbox"/>
Did you attach copies of any licenses, certifications, or permits held by your firm that may be applicable to the services requested within this solicitation?	Yes <input checked="" type="checkbox"/>
Tab 3 – Detailed Plan	Yes <input checked="" type="checkbox"/>
Tab 4 – Names of all Pyrotechnicians	Yes <input checked="" type="checkbox"/>
Tab 5 - Other Completed Documents	Yes <input checked="" type="checkbox"/>
1. Attachment B - Non-Collusive Affidavit	Yes <input checked="" type="checkbox"/>
2. Attachment C - Proposer's Completed Qualification Statement	Yes <input checked="" type="checkbox"/>

Did you make sure to update the following documents found under the "Vendor Registration" group of "Qualifications" on the BidSync website for the City of Pembroke Pines?

Vendor Information Form	Yes <input checked="" type="checkbox"/>
Form W-9 (Rev. October 2018)	Yes <input checked="" type="checkbox"/>
Sworn Statement on Public Entity Crimes Form	Yes <input checked="" type="checkbox"/>
Local Vendor Preference Certification	Yes <input checked="" type="checkbox"/>
Local Business Tax Receipts	Yes <input checked="" type="checkbox"/>
Veteran Owned Small Business Preference Certification	Yes <input checked="" type="checkbox"/>
Equal Benefits Certification Form	Yes <input checked="" type="checkbox"/>
Vendor Drug-Free Workplace Certification Form	Yes <input checked="" type="checkbox"/>
Scrutinized Company Certification	Yes <input checked="" type="checkbox"/>





## Attachment A

**Non(C) Sample Proposal Form**

*The following sample price proposal is for information only. The vendor must provide their pricing through the designated lines items listed on the BidSync website.*

**No Fireworks Display**

N

Item #	Item Description	Total Cost
1)	Total to provide Fireworks Display per the specifications included in this RFP.	\$24,000

**Shell Failure Discount**

Item #	Size of Shell	Unit Price Per Shell
1)	3 inch shell.	Price to be Submitted Via BidSync
2)	4 inch shell	Price to be Submitted Via BidSync
3)	5 inch shell	Price to be Submitted Via BidSync
4)	6 inch shell	Price to be Submitted Via BidSync





City of Pembroke Pines

Attachment B

**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the ,  
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature

Title

Name of Company



City of Pembroke Pines

Attachment C

**PROPOSER'S QUALIFICATIONS STATEMENT**

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:

Zambelli Fireworks Mfg. Co.  
120 Marshall Drive  
Warrendale, PA 15086

//

PROPOSER'S License Number: F94000001031

(Please attach certificate of status, competency, and/or state registration.)

Number of years your organization has been in business 120+ years

State the number of years your firm has been in business under your present business name 61

State the number of years your firm has been in business in the work specific to this solicitation:  
120+

Names and titles of all officers, partners or individuals doing business under trade name:

George Zambelli Jr., MD  
Gary McKnight  
Richard McDonald Estate  
Edward J Meyer  
Doug Taylor

//

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE.

Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the City and shall render the proposer non-responsive.

Zambelli Fireworks Internationale

//

At what address was that business located?

20 South Mercer Street  
New Castle, PA 16101

//

61

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

McGowan Allied Specialty  
140 Fountain Parkway North  
Suite 670  
St. Petersburg, FL 33416  
727-547-3034

Have you ever failed to complete work awarded to you. If so, when, where and why?

No

Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

Yes

Will you subcontract any part of this WORK? If so, give details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

No

The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

None

List and describe all successful Bond claims made to your surety (ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

None

List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

None:xt here

//

List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

None

//

Are you an Original provider sales representative distributor, broker, manufacturer other, of the commodities/services proposed upon? If other than the original provider, explain below.

Yes - Project Manager for Zambelli Fireworks Mfg. Co.

//

Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

No

//

Describe the firm's local experience/nature of service with contracts of similar size and complexity, it the previous three (3) years:

Zambelli Fireworks has successfully completed 100's of displays being of like size and complexity

//

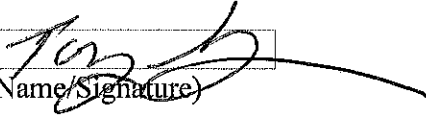
The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER's qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

Zambelli Fireworks Mfg. Co.

(Company Name)

Tony Sawdey /

(Printed Name/Signature)



Supplier: **Zambelli Fireworks**

City of Pembroke Pines

Attachment A

**CONTACT INFORMATION FORM**

IN ACCORDANCE WITH “RE-20-06” titled “Fireworks Display” attached hereto as a part hereof, the undersigned submits the following:

**A) Contact Information**

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through [www.bidsync.com](http://www.bidsync.com) as part of the bidder's submittal. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

**COMPANY INFORMATION:**

COMPANY: **Zambelli Fireworks Mfg. Co.**  
 STREET ADDRESS: **1060 Holland Drive, Suite J**  
 CITY, STATE & ZIP CODE: **Boca Raton, FL 33487**

**PRIMARY CONTACT FOR THE PROJECT:**

NAME: **Tony Sawdey** TITLE: **Project Manager**  
 E-MAIL: **tsawdey@zambellifireworks.com**  
 TELEPHONE: **218-820-2372** FAX: **561-395-1799**

**AUTHORIZED APPROVER:**

NAME: **Tony Sawdey** TITLE: **Project Manager**  
 E-MAIL: **tsawdey@zambellifireworks.com**  
 TELEPHONE: **218-820-2372** FAX: **561-395-1799**  
 SIGNATURE: **fireworks**

**B) Proposal Checklist**

Did you make sure to submit the following items, as stated in section 1.25 “Proposal Requirements” of the bid package?

Title Page	Yes <input checked="" type="checkbox"/>
Table of Contents	Yes <input checked="" type="checkbox"/>
Letter of Interest	Yes <input checked="" type="checkbox"/>
Tab 1 – Cost Proposal	Yes <input checked="" type="checkbox"/>
Tab 2 - Experience and Ability	Yes <input checked="" type="checkbox"/>
Attachment K: References Form	Yes <input checked="" type="checkbox"/>



Did you submit documentation confirming your registration as a pyrotechnic firm with the State of Florida?	Yes <input checked="" type="checkbox"/>
Did you attach copies of any licenses, certifications, or permits held by your firm that may be applicable to the services requested within this solicitation?	Yes <input checked="" type="checkbox"/>
Tab 3 – Detailed Plan	Yes <input checked="" type="checkbox"/>
Tab 4 – Names of all Pyrotechnicians	Yes <input checked="" type="checkbox"/>
Tab 5 - Other Completed Documents	Yes <input checked="" type="checkbox"/>
1. Attachment B - Non-Collusive Affidavit	Yes <input checked="" type="checkbox"/>
2. Attachment C - Proposer's Completed Qualification Statement	Yes <input checked="" type="checkbox"/>

Did you make sure to update the following documents found under the “Vendor Registration” group of “Qualifications” on the BidSync website for the City of Pembroke Pines?

Vendor Information Form	Yes <input checked="" type="checkbox"/>
Form W-9 (Rev. October 2018)	Yes <input checked="" type="checkbox"/>
Sworn Statement on Public Entity Crimes Form	Yes <input checked="" type="checkbox"/>
Local Vendor Preference Certification	Yes <input checked="" type="checkbox"/>
Local Business Tax Receipts	Yes <input checked="" type="checkbox"/>
Veteran Owned Small Business Preference Certification	Yes <input checked="" type="checkbox"/>
Equal Benefits Certification Form	Yes <input checked="" type="checkbox"/>
Vendor Drug-Free Workplace Certification Form	Yes <input checked="" type="checkbox"/>
Scrutinized Company Certification	Yes <input checked="" type="checkbox"/>

### **C) Sample Proposal Form**

*The following sample price proposal is for information only. The vendor must provide their pricing through the designated lines items listed on the BidSync website.*

#### **Fireworks Display**

<b>Item #</b>	<b>Item Description</b>	<b>Total Cost</b>
<b>1)</b>	Total to provide Fireworks Display per the specifications included in this RFP.	<b>\$24,000</b>

**Shell Failure Discount**

<b>Item #</b>	<b>Size of Shell</b>	<b>Unit Price Per Shell</b>
<b>1)</b>	3 inch shell.	<b>Price to be Submitted Via BidSync</b>
<b>2)</b>	4 inch shell	<b>Price to be Submitted Via BidSync</b>
<b>3)</b>	5 inch shell	<b>Price to be Submitted Via BidSync</b>
<b>4)</b>	6 inch shell	<b>Price to be Submitted Via BidSync</b>

Supplier: **Zambelli Fireworks**



City of Pembroke Pines

Attachment B

**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the **Agent - Project Manager**,  
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature **Tony Sawdey**

Title **Project Manager**

Name of Company **Zambelli Fireworks Mfg. co.**

Supplier: **Zambelli Fireworks**



City of Pembroke Pines

Attachment C

### **PROPOSER'S QUALIFICATIONS STATEMENT**

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:

**Zambelli Fireworks Mfg. Co.**  
**120 Marshall Drive**  
**Warrendale, PA 15086**

PROPOSER'S License Number: **F94000001031**

**(Please attach certificate of status, competency, and/or state registration.)**

Number of years your organization has been in business **120+**

State the number of years your firm has been in business under your present business name **61**

State the number of years your firm has been in business in the work specific to this solicitation: **120+**

Names and titles of all officers, partners or individuals doing business under trade name:

**George Zambelli Jr., MD**  
**Gary McKnight**  
**Richard McDonald Estate**  
**Edward J Meyer**  
**Doug Taylor**

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE.

Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the City and shall render the proposer non-responsive.

**Zambelli Fireworks Internationale**

At what address was that business located?

**20 South Mercer Street**  
**New Castle, PA 16101**

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

**McGowan Allied Specialty**  
**140 Fountain Parkway North**  
**Suite 570**  
**St. Petersburg, FL 33416**  
**727-547-3034**

Have you ever failed to complete work awarded to you. If so, when, where and why?

**No**

Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

**Yes**

Will you subcontract any part of this WORK? If so, give details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

**No**

The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

**None**

List and describe all successful Bond claims made to your surety (ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

**None**

List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

**None**

List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

**None**

Are you an Original provider sales representative distributor, broker, manufacturer other, of the commodities/services proposed upon? If other than the original provider, explain below.

**Yes - Project Manager for Zambelli Fireworks**

Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

**No**

Describe the firm's local experience/nature of service with contracts of similar size and complexity, it the previous three (3) years:

**Zambelli Fireworks has successfully completed 100's of displays being of like size and complexity.**

The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER's qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

**Zambelli Fireworks Mfg. Co.**  
(Company Name)

**fireworks**  
(Printed Name/Signature)



Supplier: **Zambelli Fireworks**

### **REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

#### **Reference Contact Information:**

Name of Firm, City, County or Agency: **City of Aventura**

Address: **19200 West Country Club Drive**

City/State/Zip: **Aventura, FL 33180**

Contact Name: **Anthony Mihalko** Title: **Public Works Operations Coordinator**

E-Mail Address: **AMihalko@cityofaventura.com**

Telephone: **305-466-8970** Fax:

#### **Project Information:**

Name of Contractor Performing the work: **Zambelli Fireworks Mfg. Co.**

Name and location of the project: **Turnberry Isle Resort**

**19999 W Country Club Drive**

**Aventura, FL 33180**

Nature of the firm's responsibility on the project: **Provide set-up, firing and clean-up of professional fireworks display.**

Project duration: **2 days** Completion (Anticipated) Date: **July 4, 2019**

Size of project: **Fireworks display** Cost of project: **\$25,000**

Work for which staff was responsible: **Fireworks set-up, firing, clean-up**

Contract Type: **Multi-year with extensions**

The results/deliverables of the project: **Successfully completed**

### **REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

**Reference Contact Information:**

Name of Firm, City, County or Agency: **City of Coral Springs**

Address: **9551 Sample Road**

City/State/Zip: **Coral Springs, FL 33065**

Contact Name: **Leonardo Bermudez** Title: **Purchasing Agent II**

E-Mail Address: **lbermudez@coralsprings.org**

Telephone: **954-344-1101** Fax:

**Project Information:**

Name of Contractor Performing the work: **Zambelli Fireworks Mfg. Co.**

Name and location of the project: **Mullins Park**

**10000 NW 29th Street**

**Coral Springs, FL 33065**

Nature of the firm's responsibility on the project: **Provide set-up, firing and clean-up of professional fireworks display.**

Project duration: **1 day** Completion (Anticipated) Date: **July 4, 2020**

Size of project: **Fireworks display** Cost of project: **\$30,000**

Work for which staff was responsible: **Fireworks set-up, firing, clean-up**

Contract Type: **Yearly**

The results/deliverables of the project: **Successfully completed**

**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

**Reference Contact Information:**

Name of Firm, City, County or Agency: **City of Plantation**

Address: **9151 NE 2nd Street**

City/State/Zip: **Plantation, FL 33324**

Contact Name: **Shannon Ryan** Title: **Superintendent of Recreation and Marketing**

E-Mail Address: **sryan@plantation.org**

Telephone: **954-452-2502** Fax:

**Project Information:**

Name of Contractor Performing the work: **Zambelli Fireworks Mfg. Co.**

Name and location of the project: **Plantation Central Park**

**9101 NW 2nd Street**

**Plantation, FL 33324**

Nature of the firm's responsibility on the project: **Provide set-up, firing and clean-up of professional fireworks display.**

Project duration: **1 day** Completion (Anticipated) Date: **July 4, 2019**

Size of project: **Fireworks display** Cost of project: **\$25,000**

Work for which staff was responsible: **Fireworks set-up, firing, clean-up**

Contract Type: **Yearly**

The results/deliverables of the project: **Successfully completed**

**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

**Reference Contact Information:**

Name of Firm, City, County or Agency: **City of Tamarac**

Address: **9901 NW 77th Street**

City/State/Zip: **Tamarac, FL 33321**

Contact Name: **Melissa Petron** Title: **Special Events Coordinator**

E-Mail Address: **melissa.petron@tamarac.org**

Telephone: **954-597-3624** Fax: **954-597-3650**

**Project Information:**

Name of Contractor Performing the work: **Zambelli Fireworks Mfg. Co.**

Name and location of the project: **Tamarac Sports Complex**

**9901 NW 77th Street**

**Tamarac, FL 33321**

Nature of the firm's responsibility on the project: **Provide set-up, firing and clean-up of professional fireworks display**

Project duration: **1 day** Completion (Anticipated) Date: **July 4, 2021**

Size of project: **Fireworks display** Cost of project: **\$20,000**

Work for which staff was responsible: **Fireworks set-up, firing, clean-up**

Contract Type: **1 year with 5 renewable years**

The results/deliverables of the project: **Successful completion**

**REFERENCES FORM**

Provide specific examples of similar contracts. References should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. **This form should be duplicated for each reference and any additional information that would be helpful can be attached.**

**Reference Contact Information:**

Name of Firm, City, County or Agency: **Town of Lauderdale by the Sea**

Address: **4513 Ocean Blvd.**

City/State/Zip: **Lauderdale by the Sea, FL 33308**

Contact Name: **Debbie Hime** Title: **Special Events Coordinator**

E-Mail Address: **debbieh@lauderdalebythesea-fl.gov**

Telephone: **954-640-4205** Fax:

**Project Information:**

Name of Contractor Performing the work: **Zambelli Fireworks Mfg. Co.**

Name and location of the project: **LBTS Beach - East of 4520 El Mar Drive, Lauderdale by the Sea, FL 33308**

Nature of the firm's responsibility on the project: **Provide set-up, firing and clean-up of professional fireworks display**

Project duration: **1 day** Completion (Anticipated) Date: **July 4, 2019**

Size of project: **Fireworks display** Cost of project: **\$20,000**

Work for which staff was responsible: **Fireworks set-up, firing, clean-up**

Contract Type: **Multi-year with extensions**

The results/deliverables of the project: **Successfully completed**