



Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		<input type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months) Non-refundable	<input checked="" type="checkbox"/> (\$3,800) Yearly Non-refundable								
Previous Fireworks Permit Holder		<input checked="" type="checkbox"/> Applicant has previously been issued a fireworks permit and by signing below, Applicant swears that no changes or additions have been or will be made to the site and structure during this permit period. Please Sign → <u>William A. Weimer</u> , Secretary									
Requested Effective Date		All Permits shall become valid upon the date of the approval unless otherwise requested. Request for specific effective dates must be approved by the Board of Commissioners. If you wish to request a specific effective date, please indicate here: <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div>—</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div>—</div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>									
Applicant's Information	1	Applicant's Name: <u>Phantom Fireworks Showrooms, LLC</u> Permanent Business Address: <u>2445 Belmont Avenue, Youngstown, OH 44505-2405</u> Telephone Number: <u>330-746-1064</u> E-mail: <u>Waweimer@fireworks.com</u>									
	2	Doing Business As: <u>Phantom Fireworks</u>									
Type of Business and Owner or Officers' Names	3	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation* <input checked="" type="checkbox"/> LLC* <small>*If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners.</small> (attach additional pages if necessary)									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th><th style="width: 50%;">Address</th></tr> </thead> <tbody> <tr> <td>Bruce J. Zoldan</td><td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td></tr> <tr> <td>William A. Weimer</td><td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td></tr> <tr> <td>Alan L. Zoldan</td><td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td></tr> </tbody> </table>		Name	Address	Bruce J. Zoldan	2445 Belmont Avenue, Youngstown, OH 44505-2405	William A. Weimer	2445 Belmont Avenue, Youngstown, OH 44505-2405	Alan L. Zoldan	2445 Belmont Avenue, Youngstown, OH 44505-2405
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Wyoming Sales Tax Permit #	4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> </div> (attach copy of permit)									
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Phantom Fireworks</u>									
	6	Street Address: <u>227 1-25 Service Road East, Cheyenne, WY 82007</u> Legal Description: <u>Lot 4 Block 2, Terry Park, Laramie County, WY</u> <small>Legal Description from the Assessor or County Planning Office</small>									
Dimensions of Building (If new building, submit site plan)	7	<u>158'4" x 76'4"</u>									
Registered Agent If applicant is a corporation	8	Name: <u>Corporation Service Company</u> Address: <u>1821 Logan Avenue, Cheyenne, WY 82001</u>									
Public Property and Liability Insurance Company Information	9	Name: <u>Everest Indemnity through Britton-Gallagher and Associates</u> Address: <u>One Cleveland Center, Floor 30, 1375 East 9th Street, Cleveland, OH 44114</u> Policy Number: <u>SI8GL00643-211, UXP0057739-07</u> Certificate of Insurance in a minimum amount of \$1,000,000 must remain in effect during the term of the permit or permit shall be revoked. (attach copy of certificate)									
Oath and Signature of Applicant	10	I hereby swear or affirm under penalty that ALL information on this application form is true and correct, that I am the applicant named herein, and that I have received, reviewed and understand the "Laramie County Consumer Fireworks Retail Sales Regulations" adopted January 8, 2019. I understand all approvals represent a commitment by me to carry out the operations of the fireworks operation as represented. I further understand the basis of the regulations and that the permit may be revoked. Any and all modifications to the "Approvals" must be coordinated through the Development Office at which time a determination will be made as to the need for an updated Site Plan map and/or additional Administrative or Board of County Commissioners review. I also understand the site will be examined during the final inspection for compliance with the "Approved Site Plan" and applicable regulations. If any of the information in this application changes, it is the responsibility of the applicant to notify the Laramie County Clerk of the change within five (5) working days of the change. Failure to comply with this notice provision may result in denial or revocation of the permit. NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT I agree on behalf of myself, my partnership, my limited liability company, my corporation and all assigns, employees and affiliates, to at all times abide by and be in compliance with the Laramie County Consumer Fireworks Retail Sales Regulations. Applicant's Signature → <u>William A. Weimer</u> Date <u>3/21, 2023</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name <u>William A. Weimer, Secretary</u>									
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden _____ Date _____ Environmental Health _____ Date _____ Planning _____ Date _____									

Sales/Use Tax License No: 25002955 Business Start Date : 12/31/2016 Certificate Print Date: 03/24/2023

The vendor shown below has registered with the Department of Revenue and has been authorized to collect the sales/use tax imposed by the sales/use Tax Act of 1937, as amended and to furnish receipts therefore. This license shall be valid and effective until canceled or revoked and is not transferable.

Location: 227 I25 SERVICE RD
CHEYENNE WY 82007-9749
UNITED STATES

Issued To: PHANTOM FIREWORKS SHOWROOMS LLC
PHANTOM FIREWORKS SHOWROOMS LLC
2445 BELMONT AVENUE
YOUNGSTOWN OH 44505-2405
UNITED STATES



Display Conspicuously at the Place of Business for Which Issued

Cut along this line to separate license certificate. Please retain the information below for your reference.

WYOMING SALES/USE TAX REPORTING INFORMATION

1. Your filing frequency is Monthly beginning: 12/31/2016. Quarterly filers will be setup on calendar quarter. If you are a quarterly filer, your first return may be for a portion of a calendar quarter.
2. You will receive your return approximately the first week of the month in which it is due. Example: MONTHLY filers; January return will be received first half of February and it must be post marked on or before the last day of February. QUARTERLY filers; January, February, and March returns will be received first half of April and must be post marked on or before the last day of April.
3. Failure to receive a return from the Department of Revenue does not relieve you from the responsibility of filing and paying the tax due on or before the due date. Returns must be filed even if no sales were made or any tax due.
4. The postmark date determines the timeliness of your return. Returns with a late postmark are subject to penalty and interest.
5. Please notify the Excise Tax Division at the Cheyenne Office in writing if there is a change of address or ownership. Be sure to include your Wyoming Sales/Use tax license number on any correspondence and/or remittance sent to the Department to ensure timely processing.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/22/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com														
INSURED Phantom Fireworks Showrooms, LLC 2445 Belmont Avenue Youngstown OH 44505	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : Everest Indemnity Insurance Co.</td><td>10851</td></tr><tr><td>INSURER B : Axis Surplus Ins Company</td><td>26620</td></tr><tr><td>INSURER C : Arch Speciality Ins Co</td><td>21199</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></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest Indemnity Insurance Co.	10851	INSURER B : Axis Surplus Ins Company	26620	INSURER C : Arch Speciality Ins Co	21199	INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 280449789**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Non-Owned Stand End't Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			SI8GL00643-221	10/30/2022	10/30/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UXP0057739-08	10/30/2022	10/30/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Liability #2			P-001-000046155-05	10/30/2022	10/30/2023	Each Occ/ Aggregate Total Limits \$5,000,000 \$10,000,000

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

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

PRODUCTS LIABILITY EXTENDS ONLY TO PRODUCTS PURCHASED FROM OR SUPPLIED BY THE INSURED.

Group Code: Young, OH

CERTIFICATE HOLDER

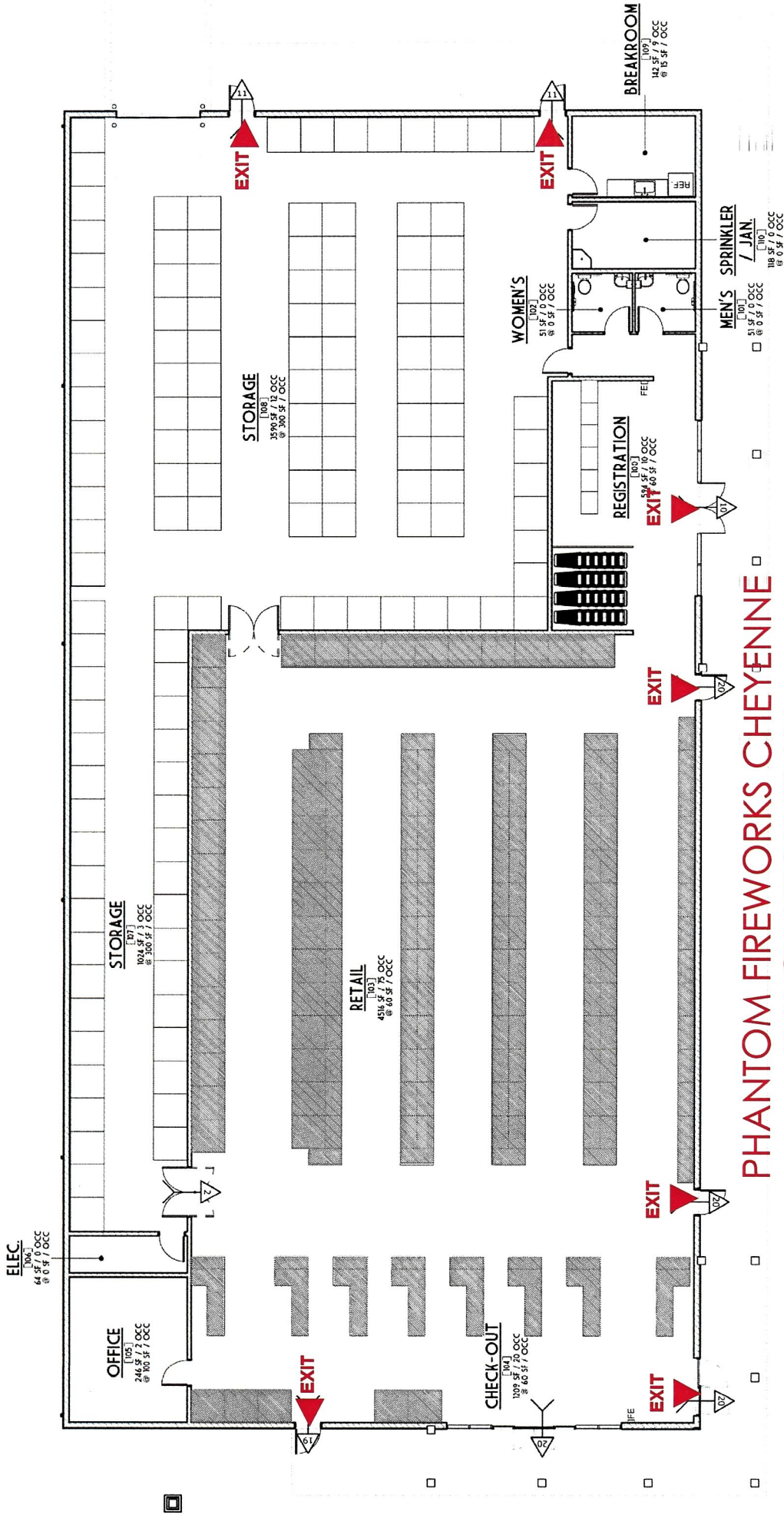
Phantom Fireworks Showrooms, LLC
227 I-25 Service Road, East
Cheyenne WI 82007

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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PHANTOM FIREWORKS CHEYENNE EVACUATION PLAN

MAX OCCUPANCY : 131

SITE PLAN

SITE PLAN

LRC	JMR	LRC	AUGUST 2016
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SUMMIT ENGINEERING, LLC
5907 TOWNSEND PLACE
CHEYENNE, WY. 82009
307-637-0681

CURVE TABLE					
CURVE #	DELTA	RADIUS	CHORD BEARING	CHORD LENGTH	ARC LENGTH
C1	3° 56' 13"	5604.58'	S42° 46' 45" W	403.85'	403.93'
REC'D	3° 56' 11"	5604.58'			403.99'

LANDSCAPING | LEGEND

SKYTINE HONEYCUST, MIN. 1" CALIPER
Capitula tricothos exarua Skyline

COLORADO BLUE SPRUCE
Picea pungens

NARROW LEAF COTTONWOOD, MIN. 1" CALIPER




* LANDSCAPE CONTRACTOR SHALL USE BEST PRACTICES FOR SEEDING, PLANTING AND IRRIGATION INSTALLATION.

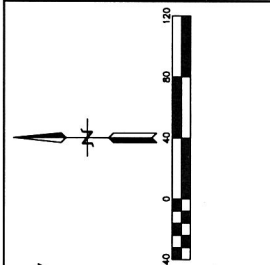
SYSTEMS MOTIVATION

OWNER: TERRY GRAZING ASSOCIATION C/O
THEL, RONALD
MAILING ADDRESS: PO BOX 3170
CHEYENNE, WY. 82003-3170

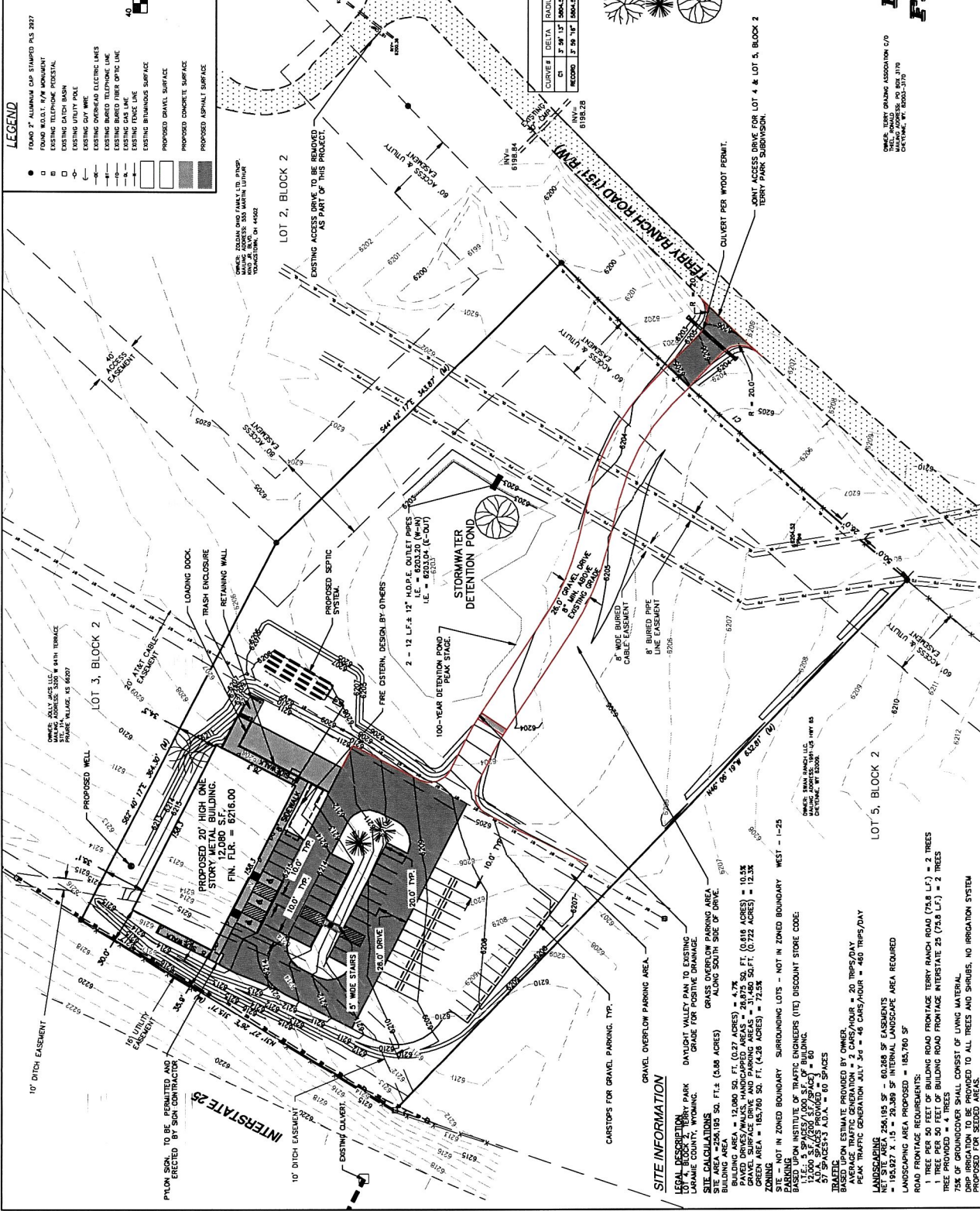
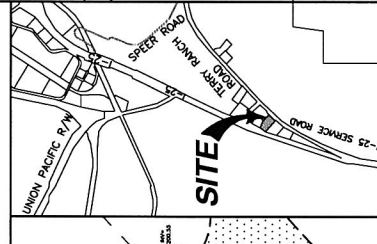
LOT 4 BLOCK 2,
TERRY PARK,
LARAMIE COUNTY, WYOMING.

LEGEND

- | | |
|---|--|
| ● | FOUND 2" ALUMINUM CAP STAMPED PLS 2022 |
| □ | FOUND B.O.B.T. N.Y.M MONUMENT |
| □ | EXISTING TELEPHONE MONUMENT |
| □ | EXISTING TELEPHONE POSTHOLE |
| □ | EXISTING DATCH BASIN |
| □ | EXISTING UTILITY POLE |
| — | EXISTING CUT WIRE |
| — | EXISTING OVERHEAD ELECTRIC LINES |
| — | EXISTING BURIED TELEPHONE LINE |
| — | EXISTING BURIED FIBER OPTIC LINE |
| — | EXISTING GAS LINE |
| — | EXISTING FIRE LINE |
| — | EXISTING FORCE LINE |
| — | EXISTING BURNHOUSE SURFACE |
|  | PROPOSED TRAVEL SURFACE |
|  | PROPOSED CONCRETE SURFACE |
|  | PROPOSED ASPHALT SURFACE |



VICINITY MAP
N.I.S.



SITE INFORMATION

LEGAL DESCRIPTION
 1/2 SECTION 36, T4S, R10E, S4E, DEER CREEK PARK
 LARAMIE COUNTY, WYOMING.

SITE CALCULATIONS
 SITE AREA = 256,193 SQ. FT. ± (2
 BUILDING AREA = 12,000 SQ. FT. ±
 PAVED DRIVEWAYS, WALKS, HANDICAPPED
 ACCESSIBLE SURFACES, ETC. = 10,000 SQ. FT.
 GREEN AREA = 185,793 SQ. FT. ±

ZONING
 SITE - NOT IN ZONED BOUNDARY
 PLANNING
 1. 10,000 SQ. FT. ±
 2. 1,000 SQ. FT. ±
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