LARAMIE COUNTY CLERK BOARD OF COUNTY COMMISSIONERS AGENDA ITEM PROCESSING FORM

May 2, 2017 1. DATE OF PROPOSED ACTION: 2. AGENDA ITEM: ☐ Appointments Bids/Purchases Claims Contracts/agreements/leases Grants Land Use: Variances/Board App/Plats Proclamations Public Hearings/Rules & Reg's Reports & Public Petitions Resolutions Other 3. **DEPARTMENT**: County Clerk **APPLICANT:** Phantom Fireworks AGENT: Debra K. Lee **4. DESCRIPTION:** Public hearing regarding a yearly fireworks permit application. From To Amount \$ **5. DOCUMENTATION: Originals** Clerks Use Only: Commissioner Signatures County Attorney Ash Deputy Attorney Holmes Thompson Heath **Grants Manager** Kailey **Action Outside Agency** Postponed

Laramie County

Planning / Zoning

Fireworks Stand Inspection

310 West 19th St. 3962 Archer Parkway 100 Central Ave. 633-4303 633-4090 633-4335 Business name: Phantom Fireworks Showrooms, LLC Owner: Bruce J. Zoldan, Jerry Bostocky, Alan Z. Zoldan Address: 239 I 25 Service Rd. Cheyenne WY 82007 Phone: 367-775-9964 Permit #: Close A. Zoning Requirements: Site plan: on file Site plan changes: CB zone: Admin approval:

Outside zoned bown! Compliance Cert.: Outside zoned boundaries: B. Retail Sales permit #: 02011670 C. Sanitary Facilities: 1. Portable Toilets a) Pumped and cleaned b) Licensed pumper c) Removed within 2 weeks of closing Permanent Facilities D. Trash Containment 1. (1) metal trash container 2. No fire danger or litter problem E. Stand / Storage Location 1. 60 feet from property boundary (Grandfathered) 2. 150 feet from petroleum storage/gas pumps F. Entry / Exit Doors 1. Two (2) public access doors – Size -3.0 feet wide by 6 feet 8 inches tall 2. Separated from each other 3. Doors swing to outside 4. Clear of supplies / materials /etc 5. Exit signs clearly visible above exit on interior

Fire Warden

Date: 4 /25/2017

Environmental Health

G.	Fire Extinguishers: 1. Two (2) 5lb. 2-A, 10 BC dry Chemical type 2. Displays current/dated inspection tag	<u>×</u> <u>×</u>
Н.	Fluorescent bulb covers in place	*
I.	Signage 1. No Smoking – displayed correctly 2. No Discharge – displayed correctly 3. Sale under age – displayed correctly 4. Extreme Danger – (if applicable) 5. No spray painted retail / safety signs	X X X X
J.	Storage units 1. Two (2) fire extinguishers 2. Locked when not occupied 3. 5 th wheel pinned or tires removed 4. 75 feet from stand (Grandfathered distance)	<u>X</u> <u>U/A</u> <u>X</u>
	Grounds 1. Grass trimmed to height of 2" for 75 feet from stand 2. Clear of debris / trash 3. Defined parking	× × ×
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_		
	tte: <u>4 125 12017</u> Time: <u>09</u> : <u>00</u> spectors: (N/A) Planning / Zoning (Lity	/ County Health
	Fire Warden	

FIREWORKS PERMIT APPLICATION

Type of Permit	Seasonal (up to	5 consecutive months)	X Yearly	(\$3800)
materials which we	re approved by the Pl at <u>no</u> changes or mod	lanning and Developm	ent office an r will be mad	on site plans and application d FireWarden. By signing below, e to the site and structures during
and berme beroom	X Please Check	Please Sign		retary .
Applicant's Name:		rks Showrooms, Ll		
Applicant's Permane				d., Youngstown, Ohio 44502-1102
Local Telphone #: (3	07) <u>775-9954</u>	Daytime	Telephone #	330-746-1064
addresses of all of	artnership, corporations and owners. It	oprietor Partnetion, or limited liability ownership is a corplitional pages if necessity.	ity company oration, incl	Corporation X LLC In please list the names and inde the name and address
Name: Bruce J.	Zoldan	Address: 555 Max	tin Luther King,	Jr., Blvd., Youngstown, Ohio 44502-1102
Name: Jerry Bos	200			Jr., Blvd., Youngstown, Ohio 44502-1102
Name: Alan L.				Jr., Blvd., Youngstown, Ohio 44502-1102
		ison Address: 1920	Thomes Ave.	, Ste., 600, Cheyenne, WY 82001
Wyoming Sales Tax F	Permit#: 02011670	(Attack	Copy of Pe	rmit)
Name of Fireworks E	Business: Phantom F	Fireworks		
Street Address of Site		ervice Road East, Section 16	Cheyenne,	wY 82007
Legal Description of S		amie County Assessor or the C	Walformer Donal	annual Office)
Dimensions of Buildin		umle County Attentor or the C	ing/County Desci	opinent Orite)
Dublic Proporty and I	iability Insurance Com	nanu Information		
		Britton-Gallagher	and Associ	ates
Address: One Cle	veland Center, Fl	oor 30, 1375 East	9th Street	c, Cleveland, OH 44114
	GL00643-161, EXC			
	ce in a minimum amou it or permit shall be rev		iccompany ap	plication and remain in effect during
	be approved by the Bo			uested. Requests for specific request a specific effective date,
I hereby request that	my permit become eff	ective on: Upon expi	ration of	prior permit.
and that I have received, re represent a commitment by and that the permit may be time a determination will be review. I also understand t NOTE: UNAPPROVED MOI I agree on behalf of myself,	eviewed and understand the " me to carry out the operation e revoked. Any and all modified made as to the need for an office will be examined durin DIFICATIONS TO THE SITE MA my partnership, my limited lice nce e with the Laramie Count	'Laramie County Fireworks Reg on of the fireworks operation as ications to the "Approvals" mus updated Site Plan map and/or og the final inspection for compli AY PROHIBIT ISSUANCE OR RE	gulations" adopted represented. I fur t be coordinated t additional Admini iance with the "Ap ESULT IN REVOCA n and all assigns, e	orrect, that I am the applicant named herein, I July 16, 2002. I understand all approvals ther understand the basis of the regulations chrought the Development Office at which strative or Board of County Commissioners approved Site Plan" and applicable regulations. ITION OF FIREWORKS STAND PERMIT. Imployees and affiliates, to at all times
Print Name: Will	iam A. Weimer, S	Secretary		
Witness:			-3	For Office Use Only:
Receipt Number for Fees Paid:	For Office Use Only: Sales Tax Permit Property Inspection Certifications ted the applicant site and found the same t		,	Place date and time stamp here at time application is received APR 1 7 2017 BY: APR 1 7 2017
Environmental Heal	the Kou K. oach	Da Date: 4/25/17	-	Application is to be heard by the Board of Commissioners within 45 days. That date

Note: Before the Permit to Sell Fireworks can be issued the Certificate of Compliance must be issued by the City/County Development. The Certificate of Compliance must be attached to this application or file with the County Clerk before the permit itself is issued.

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TRUDY L. EISELE **LARAMIE COUNTY Treasurer**

MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Trans Date: Misc Receipt Nbr: 40780

04/17/2017

Received from/Description: PHANTOM FIREWORKS

On Account Of: 2017 YEARLY FIREWORKS PERMIT CK#531698 \$3800.00

Entered by: brandyc

Batch: 20170417-000424

Amount:

3,800.00

Payment Type	Doc#	Description		Amount
СНЕСК	531698	PHANTOM ADMINISTRAVTIVE LLC		3,800.00
			TOTAL:	3,800.00

PHANTOM FIREWORKS SHOWROOMS, LLC

Operators of Phantom [®] Fireworks Retail Showrooms Nationwide

Corporate Office: 555 Martin Luther King, Jr. Blvd. Youngstown, Ohio 44502-1102 Robyn R. Gallitto, Deputy General Counsel Phone: 330-746-1064
Fax: 330-746-4410
Web Site: www.fireworks.com
E-Mail: Rgallitto@fireworks.com

April 12, 2017

Laramie County Clerk's Office Attn: Valerie Roybal 309 West 20th Street Cheyenne, WY 82001

Re:

Laramie County Fireworks Yearly Permit

Phantom Fireworks - Located at 239 I-25 Service Road East, Cheyenne,

WY 82007

Dear Ms. Roybal:

Enclosed herewith please find the "Fireworks Permit Application" for a Yearly permit that I am submitting to you on behalf of Phantom of Wyoming, Inc. dba Phantom Fireworks, 239 I-25 Service Road East, Cheyenne, WY 8200, together with the following supporting documentation and material:

- 1. A Certificate of Liability Insurance;
- 2. Our Sales/Use Tax License;
- 3. Our check in the amount of THREE THOUSAND EIGHT HUNDRED DOLLARS (\$3,800.00) payable to the County of Laramie representing the required filing fees.

This application is being submitted on behalf of Phantom Fireworks Showrooms, LLC (formerly known as Phantom of Wyoming, Inc.) I am also enclosing a copy of our letter to you dated December 28, 2016 requesting the name change.

I shall appreciate your receiving this material and processing it with your usual dispatch. If, during the processing of this permit application, you determine that there are any deficiencies or that you have any additional requirements, please do not hesitate to contact me at your convenience. If you prefer, you may communicate with me via e-mail directed to me at: Rgallitto@fireworks.com.

Thanking you for your attention to this Fireworks Permit Application, I am

Very truly yours.

ROBYN'R. GALLITTO Deputy General Counsel

RRG:ke encl.

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AC	OF	$\mathbf{R}\mathbf{D}^{\mathbf{r}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/12/2017

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

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

certificate notger in iteu of such e	naorsement(s).					
PRODUCER		CONTACT NAME:				
Britton-Gallagher and Associates,		PHONE (A/C. No. Ext):216-658-7100	FAX (A/C, No):216-658-7101			
One Cleveland Center, Floor 30 1375 East 9th Street		E-MAIL ADDRESS:Info@brittongallagher.com				
Cleveland OH 44114		INSURER(S) AFFORDING COVERAGE	NAIC#			
		INSURER A Everest Indemnity Insurance Co.	10851			
INSURED		INSURER B :Maxum Indemnity Company	26743			
Phantom Fireworks Showrooms, L	LC	INSURER C : Axis Surplus Ins Company	26620			
555 Martin Luther King Jr Blvd		INSURER D :				
Youngstown OH 44502		INSURER E :				
		INSURER F:				
COVERAGES	CERTIFICATE NUMBER: 170/30/255	REVISION N	JMBER:			

COVERAGES

CERTIFICATE NUMBER: 1704304255

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	R TYPE OF INSURANCE INSR I WYD POLICY NUMBER (MM/DD/YYY) (MM/DD/YYY) LIMITS		S				
Α	GENERAL LIABILITY	Y	SI8GL00643-161	10/30/2016	10/30/2017	EACH OCCURRENCE	\$1,000,000
	COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$500,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$
	Non-Owned Stand					PERSONAL & ADV INJURY	\$1,000,000
	End't Included					GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
<u> </u>	POLICY PRO- X LOC						\$
l	AUTOMOBILE LIABILITY			İ		(Ea accident)	\$
l	ANY AUTO					BODILY INJURY (Per person)	\$
l	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
İ	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							S
В	UMBRELLA LIAB X OCCUR	Y	EXC6025343-03	10/30/2016	10/30/2017	EACH OCCURRENCE	\$4,000,000
	X EXCESS LIAB CLAIMS-MADE	1				AGGREGATE	\$4,000,000
	DED RETENTION \$						S
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					WC STATU- OTH- TORY LIMITS ER	
1	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$
_	DESCRIPTION OF OPERATIONS below		 			E.L. DISEASE - POLICY LIMIT	\$
С	Excess Liability #2	Υ	EAU784017	10/30/2016	10/30/2017		\$5,000,000 \$10,000,000
	ADIOTION OF ADEDATIONS (1.00 ATIONS (1.00)		 		l		

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

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement. PRODUCTS LIABILITY EXTENDS ONLY TO PRODUCTS PURCHASED FROM OR SUPPLIED BY THE INSURED. Group Code: Young, OH

CERTIFICATE HOLDER	CANCELLATION
Phantom of Wyoming, Inc. 239 I-25 Service Road, East Cheyenne WY 82007	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
	9975 ×

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State of Wyoming

Department of Revenue

Excise Tax Division

Certificate Print Date: 02/02/2017 Sales/Use Tax License No: 02011670 Business Start Date: 12/31/2016

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: 239 I-25 SERVICE RD EAST

CHEYENNE WY 82007-9749

PHANTOM FIREWORKS SHOWROOMS LLC PHANTOWI FIRE.

555 MARTIN LUTHER KING BL
YOUNGSTOWN OH 44501-1102 PHANTOM FIREWORKS SHOWROOMS LLC 555 MARTIN LUTHER KING BLVD

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
- 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.

PHANTOM FIREWORKS SHOWROOMS, LLC

Operator of Phantom® Fireworks Showrooms Nationwide

Corporate Office:
555 Martin Luther King, Jr. Blvd.
Youngstown, Ohio 44502-1102
William A. Weimer, Vice President & General Counsel

Phone: 330-746-1064 Fax: 330-746-4410 Web Site: www.fireworks.com E-Mail: Waweimer@fireworks.com

December 28, 2016

MS. VALERIE ROYBAL, Executive Assistant Laramie County Clerk's Office 309 West 20th Street Cheyenne, WY 82001

> Re: Re-registration of Laramie County Fireworks Yearly Permit Phantom of Wyoming, Inc. dba Phantom Fireworks, 239 I-25 Service Road East, Cheyenne, WY 82007

Dear Ms. Roybal:

Please be advised that the Phantom Fireworks family of business organizations has reorganized from a geographically based structure to a functionally based structure.

Effective December 31, 2016, all showroom operations that were formerly operated in Wyoming by Phantom of Wyoming, Inc., as well as other regional Phantom Fireworks showrooms operated by regionally formed entities, will now be operated by Phantom Fireworks Showrooms, LLC, which will operate all Phantom Fireworks showroom locations across the country.

There will be no change in ownership, management, products, insurance or locations of the entities; the only change being the actual structure of the business organizations.

Phantom Fireworks Showrooms, LLC is a Delaware limited liability company, Delaware File No. 6185913, federal Employer Identification No. 81-4640871, and was filed in Wyoming as a foreign entity authorized to transact business on December 1, 2016.

All information submitted to your office in connection with the most recent renewal of the Phantom of Wyoming, Inc. Laramie County Fireworks Yearly Permit relative to address, contact information, insurance, management, products, training, and officers remains identical for Phantom Fireworks Showrooms, LLC.

We have not enclosed any fees to support this request for reregistration, because we cannot find a listing of re-registration fees on your website. If there are fees related to the re-registration of these licenses, please advise and we will immediately forward that to you.

PHANTOM FIREWORKS SHOWROOMS, LLC

Youngstown, Ohio 44502-1102

MS. VALERIE ROYBAL, Executive Assistant December 28, 2016 Page 2

In summary, we respectfully request that Laramie County Fireworks Yearly Permit issued to **Phantom of Wyoming**, **Inc**. dba Phantom Fireworks, 239 I-25 Service Road East, Cheyenne, WY 82007 be reregistered to **Phantom Fireworks Showrooms**, **LLC**.

We sincerely appreciate your attention to this request for reregistration of the Laramie County Fireworks Yearly Permit. If, during the processing of this request for re-registration, you determine that there are any deficiencies or that you require any further information, please do not hesitate to contact me at your convenience. Please feel free to communicate with me via email directed to me at WAWeimer@fireworks.com.

Thanking you for your cooperation in the processing of this reregistration request, I $\mbox{am}\,$

Very truly yours,

WILLIAM A. WEIMER

Vice President & General Counsel

WAW:ke