



Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		<input checked="" type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months)	<input type="checkbox"/> (\$3,800) Yearly	Fees are 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										
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: 0 4 - 1 0 - 2 4										
Applicant's Information	1	Applicant's Name: <u>Shawna Williams - McDoanld</u> Permanent Business Address: <u>12616 I-80 Service Rd</u> Local Tel. No.: <u>307 635 5820</u> Daytime Tel. No.: <u>307 630 8019</u> E-mail: <u>swmc424@gmail.com</u>										
	2	Doing Business As: <u>Wyoming Fireworks Warehouse</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* *If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners. (attach additional pages if necessary)										
		<table border="1" style="width: 100%;"> <thead> <tr> <th>Name</th><th>Address</th></tr> </thead> <tbody> <tr> <td>Shawna Williams - McDonald</td><td>6817 Woods Rd; Cheyenne, WY 82009</td></tr> <tr> <td> </td><td> </td></tr> <tr> <td> </td><td> </td></tr> </tbody> </table>			Name	Address	Shawna Williams - McDonald	6817 Woods Rd; Cheyenne, WY 82009				
	Name	Address										
Shawna Williams - McDonald	6817 Woods Rd; Cheyenne, WY 82009											
Wyoming Sales Tax Permit #	4	0 2 0 1 1 2 6 5 (attach copy of permit)										
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Wyoming Fireworks</u>										
	6	Street Address: <u>12616 I-80 Service Rd; Cheyenne, WY 82009</u> Legal Description: <u>Deike Estates, 3rd Filing; Lot 2 Block 1</u> <small>Legal Description from the Assessor or County Planning Office</small>										
Dimensions of Building (If new building, submit site plan)	7	<u>40 x 40</u>										
Registered Agent (If applicant is a corporation)	8	Name: <u>Shawna Williams - McDonald</u> Address: <u>12616 I-80 Service Rd; Cheyenne, WY 82009</u>										
Public Property and Liability Insurance Company Information	9	Name: <u>Scottsdale Insurance Co/USI</u> Address: <u>8000 Norman Center Dr; Bloomington, MN 55437</u> Policy Number: <u>CPS7762741</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 Date <u>4/3/24</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name <u>Shawna Williams - McDonald</u>										
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden Date <u>4-18-24</u> Environmental Health Date <u>4/18/24</u> Planning Date <u>4-24-24</u>										

Laramie County

Fireworks Stand Inspection

Date: 4/18/2024

Planning / Zoning
3966 Archer Parkway
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Wyoming Fireworks ~~Outlet~~ Warehouse

Owner: Shawna Williams McDonald

Address: 12616 I-80 Service Rd

Phone: 307-630-8019

Permit #: _____ Yearly: _____ Seasonal: Yes

A. Zoning Requirements:

CB zone: _____ Site plan: _____ Site plan changes: _____
Admin approval: _____ Compliance Cert.: _____
Outside zoned boundaries: _____

B. Retail Sales permit #: 02011265

C. Sanitary Facilities:

1. Portable Toilets *toilets on the go*
 - a) Pumped and cleaned *Yes*
 - b) Licensed pumper *Yes*
 - c) Removed within 2 weeks of closing _____
- Permanent Facilities _____

D. Trash Containment

1. (1) metal trash container *will be provided cowboy Sanitation* *Yes*
2. No fire danger or litter problem _____

E. Stand / Storage Location

1. 60 feet from property boundary *X*
(Grandfathered) *X*
2. 150 feet from petroleum storage/gas pumps *X*

F. Entry / Exit Doors

1. Two (2) public access doors –
Size – 3.0 feet wide by 6 feet 8 inches tall *X*
2. Separated from each other *X*
3. Doors swing to outside *X*
4. Clear of supplies / materials /etc *X*
5. Exit signs clearly visible above exit on interior *X*

G. Fire Extinguishers:

- 1. Two (2) 5lb. 2-A, 10 BC dry Chemical type X
- 2. Displays current/dated inspection tag X

H. Fluorescent bulb covers in place X

I. Signage

- 1. No Smoking – displayed correctly X
- 2. No Discharge – displayed correctly X
- 3. Sale under age – displayed correctly X
- 4. Extreme Danger – (if applicable) N/A
- 5. No spray painted retail / safety signs X

J. Storage units

- 1. Two (2) fire extinguishers X
- 2. Locked when not occupied X
- 3. 5th wheel pinned or tires removed X
- 4. 75 feet from stand X
(Grandfathered distance) X

K. Grounds

- 1. Grass trimmed to height of 2" for 75 feet from stand X
- 2. Clear of debris / trash X
- 3. Defined parking X

Comments:

Date: 4/18/2024 Time: 2:00pm

Inspectors:

Planning / Zoning (N/A)


City / County Health


Fire Warden

Sales/Use Tax License No: 02011265 Business Start Date : 05/12/2015 Certificate Print Date: 04/27/2021

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: 12616 I-80 SERVICE ROAD
CHEYENNE WY 82009
UNITED STATES

Issued To: WYOMING FIREWORKS WAREHOUSE LLC
WYOMING FIREWORKS WAREHOUSE LLC
6817 WOODS RD
CHEYENNE WY 82009
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: 4/1/2021. 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.

Client#: 1248206

WYOMIFIR

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/10/2023

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 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 8000 Norman Center Drive, Suite 400 Bloomington, MN 55437		CONTACT NAME: Jean Richard PHONE (A/C, No, Ext): 720-361-1661 FAX (A/C, No): 610-537-9630 E-MAIL ADDRESS: jean.richard@usi.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company	NAIC # 41297
INSURED Wyoming Fireworks Warehouse LLC 6817 Woods Rd Cheyenne, WY 82009		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:\$500 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPS7762741	04/15/2023	04/15/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$Excluded \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Laramie County Clerk
 P.O. Box 608, 309 W 20th Street
 Cheyenne, WY 82003

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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TAMMY L. DEISCH
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 91026

Trans Date: 04/26/2024

Received from/Description:
WYOMING FIREWORKS

On Account Of:
FIREWORKS PERMIT
2024
CK# 4060 2500.00

Entered by: JoEllen

Batch: 20240426-000417

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	4060	WYOMING FIREWORKS	2,500.00
TOTAL:			2,500.00