



Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit	<input type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months) <input checked="" type="checkbox"/> (\$3,800) Yearly	Fees are Non-refundable
Previous Fireworks Permit Holder	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: <p style="text-align: center;">05 04 26</p>	
Applicant's Information	1	Applicant's Name: <u>Wholesale Fireworks, Inc</u> Permanent Business Address: <u>3229 W College Dr, Cheyenne, WY 82007</u> Local Tel. No.: <u>(307) 761-2803</u> Daytime Tel. No.: <u>(316) 518-0829</u> E-mail: <u>wholesalefireworksinc@gmail.com</u>
	2	Doing Business As: <u>Wholesale Fireworks</u>
Type of Business and Owner or Officers' Names	3	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input checked="" type="checkbox"/> Corporation* <input 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)
		Name, Address, City/State/ZIP <u>Shawn Krebbiel</u> <u>1348 US HWY 287 Laramie, WY 82070</u>
Wyoming Sales Tax Permit #	4	<u>02010574</u> (attach copy of permit)
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Wholesale Fireworks</u>
	6	Street Address: <u>3229 W College Dr, Cheyenne, WY 82007</u> <u>W1/2, NW1/4 of Sec 13, T13N, R67W</u> Legal Description: _____ Legal Description from the Assessor or County Planning Office
Dimensions of Building (If new building, submit site plan)	7	<u>2700 sq feet</u>
Registered Agent (If applicant is a corporation)	8	Name: <u>Shawn W Krebbiel</u> Address: <u>1348 US HWY 287 Laramie, WY 82070</u>
Public Property and Liability Insurance Company Information	9	Name: <u>Acisure Great Lakes Partners Insurance Services</u> Address: <u>223 West Grand River Ave #1 Howell, MI 48843</u> Policy Number: <u>AESPLMR - GL - 26 - 00047 / 25ARBEX0323</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)



Laramie County Consumer Fireworks Retail Sales Permit Application

<p>Indemnification and Immunity</p>	<p>10</p>	<p>Laramie County Government does not waive its Governmental/Sovereign Immunity, as provided by any applicable law including W.S. § 1-39-101 et seq., by the submission of this application or issuance of any permit. Further, Laramie County Government fully retains all immunities and defenses provided by law with regard to any action, whether in tort, contract or any other theory of law, based on this application or issuance of any permit.</p>
<p>Venue and Jurisdiction</p>	<p>11</p>	<p>Applicant understands and agrees this Application and any permit shall be governed by and interpreted pursuant to the laws of the State of Wyoming and the 2019 Laramie County Consumer Fireworks Retail Sales Regulations, which are known and cited as the "Fireworks Regulations of Laramie County, Wyoming." If any dispute arises, Applicant agrees and consents to the First Judicial District, Laramie County, State of Wyoming, as the proper venue and jurisdiction concerning this application, permit, and subject matter hereof and any suit or proceeding at law or in equity shall be brought in the Circuit or District courts of the State of Wyoming, First Judicial District, sitting in Cheyenne, WY. This provision is not intended, nor shall it be construed to waive the Laramie County Government's Governmental Immunity as provided in this application.</p>
<p>Oath and Signature of Applicant and Certificate of Authority</p>	<p>12</p>	<p>I hereby certify under penalty of false swearing that ALL information on this application form is true and correct, that I am the applicant named herein, or their company agent, and that I have received, reviewed and understand the 2019 Laramie County Consumer Fireworks Retail Sales Regulations, as amended. 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 as provided in the Wyoming firework regulations. Any and all modifications to the site plan 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.</p> <p>NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT</p> <p>I agree on behalf of myself, or through my company agent, 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, all applicable laws.</p> <p>**Applicant's Signature → <u>Shawn W. Krehbiel</u> Date <u>4/17/26</u></p> <p>**If a corporation, applicant must provide documentation demonstrating authority to sign.</p> <p>** If a foreign corporation, applicant must provide a copy of their Certificate of Authority from the Secretary of State per W.S. § 17-19-1503.</p> <p>Applicant's Printed Name <u>Shawn W Krehbiel</u></p>
<p>Inspection Certification</p>	<p>13</p>	<p>The undersigned have inspected the applicant's site and found the same to be in compliance.</p> <p>Fire Warden <u>Matthew Bubb</u> Date <u>4-28-26</u></p> <p>Environmental Health _____ Date _____</p> <p>Planning <u>Justin Bubb</u> Date <u>4-29-26</u></p>

State of Wyoming

Department of Revenue

Excise Tax Division

Sales/Use Tax License No: 02010574 Business Start Date : 08/01/2012 Certificate Print Date: 06/23/2017

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: 3229 W COLLEGE DR
CHEYENNE WY 82007

Issued To: **WHOLESALE FIREWORKS INC
WHOLESALE FIREWORKS INC
PO BOX 228
DERBY KS 670370228**



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: 8/1/2012. 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.

Wyoming Department of Revenue, Excise Tax Division, 122 West 25th Street Cheyenne, WY 82002-0110
Phone (307) 777-5541 - Internet: <http://revenue.wyo.gov> - E-mail: dor@wyo.gov
Local Field Office: Cheyenne (307) 777-5211



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/3/2026

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).

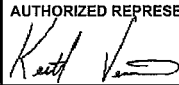
PRODUCER Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Palomar Excess and Surplus Insurance Company 16754 INSURER B : Allianz Global Corporate & Specialty SE INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 872692530** **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			AESPLMR-GL-28-00047	2/15/2026	2/15/2027	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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			25ABEX0323	2/15/2026	2/15/2027	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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 STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
 Sales Location: 3229 W. College Dr., Cheyenne, WY 82007;
 Land Owner: Richard Krehbiel Trust (Shawn Krehbiel);
 Wholesale Fireworks, 1348 US Hwy 287, Laramie, WY 82070;
 Term: February 15, 2026 through February 14, 2027;
 The Certificate Holder and the above listed are Additional Insureds with respects to General Liability policy as required by written contract.

CERTIFICATE HOLDER Wholesale Fireworks, Inc. Richard Krehbiel 1348 US Hwy 287 Laramie WY 82070	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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CONSUMER FIREWORKS SALES AGREEMENT

This Invoice and Sales Agreement establishes the terms that govern the sales of consumer fireworks (DOT 1.4G; UN 0336) to Purchaser by Jake's Fireworks Inc., a Kansas Corporation or Far East Imports, Inc., a Kansas Corporation (Jake's or Far East). It is understood that Jake's and Far East are not manufacturers of consumer fireworks and import and distribute consumer fireworks in the United States. This Sales Agreement evidences the parties' entire agreement and may be modified only by written agreement. Previous verbal agreements are not enforceable. All price sheet quotes are cash prices and FOB Pittsburg, Kansas. Freight charges must be paid in full before shipment. Should Purchaser fail to make payment as required, refuse delivery, or otherwise breach this agreement, Jake's or Far East may recover both actual damages, interest at up to 15% per annum on any unpaid balance, consequential damages and all costs and expenses including collection fees, court costs, and attorney's fees. The Purchaser consents to this Agreement being governed by the laws of the State of Kansas, and that Kansas will have exclusive jurisdiction over this agreement with venue in Crawford County, Kansas.

The parties agree that as a condition to Purchaser buying its fireworks products from Jake's or Far East that Jake's must issue Purchaser a Certificate of Insurance as an Additional Insured for each location requested in writing by Purchaser. The insurance coverage provided by this Certificate will be Primary and will not seek contribution from any other insurance provided to an Additional Insured. Under this contract, any entity or individual named on the Certificate of Insurance will be an Additional Insured under the Jake's or Far East liability insurance policy. The Parties further agree that Jake's or Far East may charge an administrative fee for the processing and issuing of each Certificate of Insurance.

Upon delivery, **the purchaser must inspect the ordered products**, and all claims for discrepancies, shortages, and/or damages must be made in writing within three (3) calendar days of delivery, or all such claims are waived. You must also send in pictures of the damaged merchandise with the written damage notification. Only notifications received and approved in writing by Jake's or Far East will result in invoice adjustments.

The purchaser is solely responsible for compliance with all local, state, and federal laws. This transaction is a wholesale commercial transaction between knowledgeable merchants. The Purchaser acknowledges that fireworks ordered are not sold on consignment or approval and are not returnable. This Agreement constitutes no joint venture or partnership. Nor will the Purchaser be the agent, dealer, or representative of Jake's Fireworks, Inc. The Purchaser is an independent merchant and is buying the product for resale.

If Purchaser is picking up the ordered items at a Jake's facility, Purchaser should contact the Jake's facility at least 48 hours in advance and arrange the pickup. If such notice is not provided the order may not be ready for delivery when Purchaser arrives.

Date: Feb 28, 2026

Purchaser

Shawn W. Krehbie

Printed Name

Shawn W. Krehbie

Signature



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/15/2026

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).

PRODUCER Ryder, Rosacker, McCue & Huston 509 W Koenig St Grand Island NE 68801	CONTACT NAME: PHONE (A/C, No., Ext): 800-658-4200		FAX (A/C, No.):
	E-MAIL ADDRESS: certrequest@ryderinsurance.com		
INSURED Wyoming Fireworks Warehouse LLC Ste 300 IL		INSURER(S) AFFORDING COVERAGE INSURER A : HADRON SPECIALTY INS CO	NAIC # 17534
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1307959535

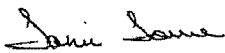
REVISION NUMBER:

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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	H0320PK000232-00	4/15/2026	4/15/2027	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 \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)
 Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per form CG 24 04 when required by written agreement.
 Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per form S CGL 320 20 13 06 25 when required by written agreement.
 Regarding the General Liability coverage, Primary and Non-Contributory coverage applies to the entities listed below per form CG 20 01 when required by written agreement.
 Certificate Holder is added as Additional Insured Where Required by Written Contract.
 Location: 12616 I80 Service Rd, Cheyenne, WY, 82009

CERTIFICATE HOLDER**CANCELLATION**

Laramie County PO Box 608 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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**STATE OF WYOMING * SECRETARY OF STATE
BUSINESS DIVISION**

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020
Phone: 307-777-7311 · Website: <https://sos.wyo.gov> · Email: business@wyo.gov

Filing Information



Please note that this form CANNOT be submitted in place of your Annual Report.

Name **Wholesale Fireworks, Inc.**
Filing ID **2017-000763959**
Type Profit Corporation Status Active

General Information

Old Name		Sub Status	Current
Fictitious Name		Standing - Tax	Good
		Standing - RA	Good
Sub Type		Standing - Other	Good
Formed in	Wyoming	Filing Date	08/07/2017 12:34 PM
Term of Duration	Perpetual	Delayed Effective Date	08/08/2017
		Inactive Date	

Share Information

Common Shares	100	Preferred Shares	0	Additional Stock	N
Par Value	0.0000	Par Value	0.0000		

Principal Address

PO Box 228
Derby, KS 67037

Mailing Address

P.O. Box 228
Derby, ks 67037

Registered Agent Address

Richard L Krehbiel
1348 S 287 Highway
Laramie, WY 82070

Parties

Type	Name / Organization / Address
Incorporator	Richard L Krehbiel P.O. Box 228, Derby, KS 67037

Notes

Date	Recorded By	Note
------	-------------	------

Filing Information



Please note that this form **CANNOT** be submitted in place of your Annual Report.

Name **Wholesale Fireworks, Inc.**
Filing ID **2017-000763959**
Type Profit Corporation Status Active

Most Recent Annual Report Information

Type Original AR Year 2025
License Tax \$60.00 AR Exempt N AR ID 11885444
AR Date 7/11/2025 1:19 PM
Web Filed Y

Officers / Directors

Type	Name / Organization / Address
President	Richard Krehbiel 10635 E Glengate Cir

Principal Address

PO Box 228
Derby, KS 67037

Mailing Address

P.O. Box 228
Derby, ks 67037

Annual Report History

Num	Status	Date	Year	Tax
03656252	Original	06/19/2018	2018	\$119.27
04644224	Original	06/04/2019	2019	\$50.00
05953130	Original	10/15/2020	2020	\$50.00
06441703	Original	07/12/2021	2021	\$60.00
07521846	Original	08/01/2022	2022	\$104.09
08811766	Original	07/18/2023	2023	\$60.00
10411953	Original	09/04/2024	2024	\$60.00
11885444	Original	07/11/2025	2025	\$60.00

Principal Address 1 Changed From: P.O. Box 228 To: PO Box 228

Amendment History

ID	Description	Date
2024-005200266	Delinquency Notice - Tax	08/02/2024
2020-003038010	Reinstatement - Tax	10/15/2020
Filing Status Changed From: Inactive - Administratively Dissolved (Tax) To: Active		
2020-003033720	Dissolution / Revocation - Tax	10/09/2020
Filing Status Changed From: Active To: Inactive - Administratively Dissolved (Tax)		
Inactive Date Changed From: No Value To: 10/09/2020		

Filing Information



Please note that this form **CANNOT** be submitted in place of your Annual Report.

Name **Wholesale Fireworks, Inc.**

Filing ID **2017-000763959**

Type Profit Corporation

Status

Active

2020-002903123 Delinquency Notice - Tax

08/02/2020

See Filing ID Initial Filing

08/07/2017 effective 08/08/2017

Laramie County
Fireworks Stand Inspection

Date: 04/28/2026

Planning / Zoning
3966 Archer Parkway
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Business name: Wholesale Firework Inc.
Owner: ~~Richard Krehbiel~~ Shawn Krehbiel
Address: 3229 W. College Dr.
Phone: 307-761-2803
Permit #: 02010574 Yearly: X Seasonal:

A. Zoning Requirements:

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

B. Retail Sales permit #: 02010574

C. Trash Containment

- 1. (1) metal trash container X
- 2. No fire danger or litter problem X

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) X
- 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: 4/28/26 Time: 11:00am

Inspectors:

Matthew Butler
Fire Warden

[Signature]
Planning / Zoning



TAMMY L. DEISCH
LARAMIE Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 106360

Trans Date: 04/29/2026

Received from/Description:
WHOLESALE FIREWORKS INC

On Account Of:
WHOLESALE FIREWORKS INC
PERMIT 2026
CK# 11725

Entered by: micheller

Batch: 20260429-000754

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	11725	WHOLESALE FIREWORKS INC	3,800.00
		TOTAL:	3,800.00