





Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit	<input checked="" type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months) Non-refundable	<input 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 						
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><div></div><div>5</div><div>-</div><div>2</div><div>0</div><div>-</div><div>2</div><div>0</div></div>						
Applicant's Information	1	Applicant's Name: <u>Jim Landis</u> Permanent Business Address: <u>#92 C' Hair Lane Arapahoe, Wyo</u> Telephone Number: <u>307-851-4450</u> E-mail: <u>jandrlandis@att.net</u>					
	2	Doing Business As: <u>USA 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* *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><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td><u>Jim Landis</u></td><td><u>#92 C' Hair Lane Arapahoe, Wyo</u></td></tr><tr><td><u>Rebecca Landis</u></td><td><u>#92 C' Hair Lane Arapahoe, Wyo</u></td></tr></tbody></table>	Name	Address	<u>Jim Landis</u>	<u>#92 C' Hair Lane Arapahoe, Wyo</u>	<u>Rebecca Landis</u>
Name	Address						
<u>Jim Landis</u>	<u>#92 C' Hair Lane Arapahoe, Wyo</u>						
<u>Rebecca Landis</u>	<u>#92 C' Hair Lane Arapahoe, Wyo</u>						
Wyoming Sales Tax Permit #	4	<div><div></div><div>0</div><div></div><div>2</div><div></div><div>0</div><div></div><div>1</div><div></div><div>1</div><div></div><div>5</div><div></div><div>0</div><div></div><div>6</div></div> (attach copy of permit)					
Fireworks Business Information	5	Retail Name of Facility/Store: <u>USA Fireworks</u>					
	6	Street Address: <u>102 West College Drive</u> Legal Description: <u>A portion of tract 51 Allison tracts 102 West</u> Legal Description from the Assessor or County Planning Office <u>College Drive</u>					
Dimensions of Building (If new building, submit site plan)	7	<u>1440 X 21 X 12' High</u>					
Registered Agent If applicant is a corporation	8	Name: <u>Jim Landis</u> Address: <u>#92 C' Hair Lane Arapahoe, Wyo</u>					
Public Property and Liability Insurance Company Information	9	Name: <u>Allied Specialty</u> Address: <u>10451 Gulf Blvd Treasure Island FL 33706</u> Policy Number: <u>CPP0100331-09</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>2-24-20</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name _____					
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Math Buth</u> Date <u>3-17-2020</u> Environmental Health <u>Michelle</u> Date <u>3/17/2020</u> Planning <u>Brenda</u> Date <u>3/19/2020</u>					

Laramie County
Fireworks Stand Inspection

Date: 3/17/2020

Planning / Zoning
310 West 19th St.
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: USA Fireworks
Owner: Jim Landis, Rebecca Landis
Address: 102 West College Ave. Drive, Cheyenne, WY
Phone: 307-851-4460
Permit #: _____ Yearly: _____ Seasonal: X / _____
Open Close

A. Zoning Requirements:

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

B. Retail Sales permit #: 02011506

C. Sanitary Facilities:

1. Portable Toilets
 - a) Pumped and cleaned _____
 - b) Licensed pumper _____
 - c) Removed within 2 weeks of closing _____
- Permanent Facilities

✓ water on upon opening

D. Trash Containment

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

✓ Flyt when opening

E. Stand / Storage Location

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

X
X
X

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

X
X
X
X
X

G. Fire Extinguishers:

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

X
X

H. Fluorescent bulb covers in place

X - Majority of lights have been upgraded to LED.

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
N/A
X

J. Storage units

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

N/A
N/A
N/A
N/A
N/A

K. Grounds

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

X
X
X

Comments:

Ensure that hand soap and paper towels are provided at restroom
hand sink prior to opening/cup opening.

Date: 3/17/2020 Time: 11:00am

Inspectors:

Planning / Zoning (N/A)

Neil Walle
City / County Health

Fire Warden



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 61930

Trans Date: 03/03/2020

Received from/Description:
J & R ENTERPRISES

On Account Of:
YEARLY FIREWORKS PERMIT
CK#1679

Entered by: brandyc

Batch: 20200303-000118

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	1679	JAMES R LANDIS DBA J & R ENTERPRISES	2,500.00
TOTAL:			2,500.00

Sales/Use Tax License No: 02011506 Business Start Date : 01/18/2016 Certificate Print Date: 05/11/2016

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: 102 W COLLEGE DR
CHEYENNE WY 82007**

**Issued To: J & R LANDIS ENTERPRISES LLC
J & R LANDIS ENTERPRISES LLC
04 DALLEY RD
RIVERTON WY 82501**



Display Conspicuously at the Place of Business for Which Issued



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/01/2019

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 Allied Specialty Insurance, Inc. 10451 Gulf Blvd Treasure Island, FL 33706-4814	CONTACT NAME: Michelle Kugler	
	PHONE (A/C, No, Ext): 727-547-3070 FAX (A/C, No): 727-387-5895	
	E-MAIL ADDRESS: mkugler@alliedspecialty.com	
INSURED J & R LANDIS ENTERPRISES, LLC 1115 WEST IDAHO BLVD EMMETT, ID 83617	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: T.H.E. Insurance Company	12886
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 SUBR INSD 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 <input type="checkbox"/> OTHER:		CPP0100331-09	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <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					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 <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Coverage is afforded in the State(s) of:			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)

Fireworks Stand Location: 102 West College Drive, Cheyenne WY

Additional insured as respects to the negligence of the named insured only coverage affords products liability only: J & R Enterprises LLC

CERTIFICATE HOLDER

J & R Enterprises LLC

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

Carol A. Serra