

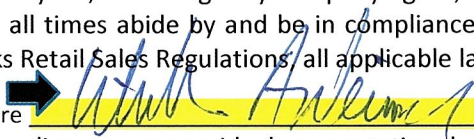

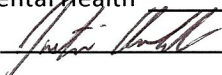


## Laramie County Consumer Fireworks Retail Sales Permit Application

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		<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: 05-01-2026		
Applicant's Information	1	Applicant's Name: <u>Phantom Fireworks Showrooms, LLC</u> Permanent Business Address: <u>2445 Belmont Ave, Youngtown, OH 44505-2405</u> Local Tel. No.: <u>(330) 746-1064</u> Daytime Tel. No.: _____ 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* *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>See Attached.</u>		
Wyoming Sales Tax Permit #	4	<u>02011670</u> <span style="float: right;">(attach copy of permit)</span>		
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Phantom Fireworks</u>		
	6	Street Address: <u>239 I-25 Service Rd E, Cheyenne, WY 82007</u> Legal Description: <u>T12N, R67W, Sec 16</u> Legal Description from the Assessor or County Planning Office		
Dimensions of Building (if new building, submit site plan)	7	<u>30'x156'</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>National Indemnity Ins Co</u> Address: <u>1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944</u> Policy Number: <u>GLO-214610</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><b>NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT</b></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  Date <u>3/18/26</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 <b>Certificate of Authority</b> from the Secretary of State per W.S. § 17-19-1503.</p> <p>Applicant's Printed Name <u>William Weimer, Vice President</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></u> Date <u>4-15-26</u></p> <p>Environmental Health _____ Date _____</p> <p>Planning <u></u> Date <u>4-15-26</u></p>

**Phantom Fireworks, Inc.  
Officers & Directors**

Bruce J. Zoldan*	President	3615 Sugarbush Drive, Canfield, OH 44506
Alan L. Zoldan*	Executive Vice President	1385 Fox Den Trail, Canfield, OH 44406
Rori Herman Zoldan*	Vice President	4300 Westford Place, Unit 6B, Canfield, OH 44406
Jerry Bostocky	Vice President	305 Russo Drive, Canfield, OH 44406
William A. Weimer	Vice President	2331 Fifth Avenue, Youngstown, OH 44504
Alexander J. Zoldan	Vice President	91 Barnstone Lane, Canfield, OH 44406
Ron J. Zoldan	Vice President	3630 Villa Rosa Drive, Canfield, OH 44406
Jessi Dragoiu	Vice President	2637 Wintergreen Lane, Ravenna, OH 44266
Steven Shandor	Secretary	7497 Elmland Avenue, Poland, OH 44514
Jessica Lev	Assistant Secretary	1169 Logan Woods Drive, Hubbard, OH 44425
Alexander J. Zoldan	Treasurer	91 Barnstone Lane, Canfield, OH 44406
Ryan Hutchison	Assistant Treasurer	8 Victoria Drive, New Castle, PA 16105

\* Director

Phantom Fireworks, Inc. is the sole member of Phantom Fireworks Company, LLC.

Phantom Fireworks Company, LLC is the sole member of Phantom Fireworks Showrooms, LLC

All 3 entities have the exact same officers.

State of Wyoming

Department of Revenue

Excise Tax Division

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

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: 239 I-25 SERVICE RD EAST  
CHEYENNE WY 82007-9749

Issued To: PHANTOM FIREWORKS SHOWROOMS LLC  
PHANTOM FIREWORKS SHOWROOMS LLC  
555 MARTIN LUTHER KING BLVD  
YOUNGSTOWN OH 44501-1102

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.

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](mailto:dor@wyo.gov)  
Local Field Office: Cheyenne (307) 777-5211



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/18/2026

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).

<b>PRODUCER</b> RTI Insurance Services of Florida, Inc. 6901 Professional Pkwy, Suite 104 Sarasota FL 34240	<b>CONTACT NAME:</b> Taylor Burgess <b>PHONE (A/C, No, Ext):</b> 239-463-5200 <b>FAX (A/C, No):</b> 239-463-2367 <b>E-MAIL ADDRESS:</b> tburgess@trustrti.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Phantom Fireworks Showrooms LLC 2445 Belmont Ave Youngstown OH 44505	PHANFIR-01	<b>INSURER A:</b> National Indemnity Ins Co <b>NAIC #</b> 20087
		<b>INSURER B:</b> Crum & Forster Specialty Insurance Company <b>44520</b>
		<b>INSURER C:</b> Palomar Specialty Insurance Company <b>20338</b>
		<b>INSURER D:</b> Axis Surplus Insurance <b>26620</b>
		<b>INSURER E:</b> Kinsale Ins Company <b>38920</b>
		<b>INSURER F:</b> BERKSHIRE HATHAWAY HOMESTATE INS CO <b>20044</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 1514790782      **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
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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	GLO-214610	10/30/2025	10/30/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	73APB012805	10/30/2025	10/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C D E	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	Y Y	CEPXP-25-0000196-00 P-001-001472588-02 0100407691-0	10/30/2025 10/30/2025 10/30/2025	10/30/2026 10/30/2026 10/30/2026	EACH OCCURRENCE \$ 8,000,000 AGGREGATE \$ 8,000,000 \$
F	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	PHWC644483	10/30/2025	10/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

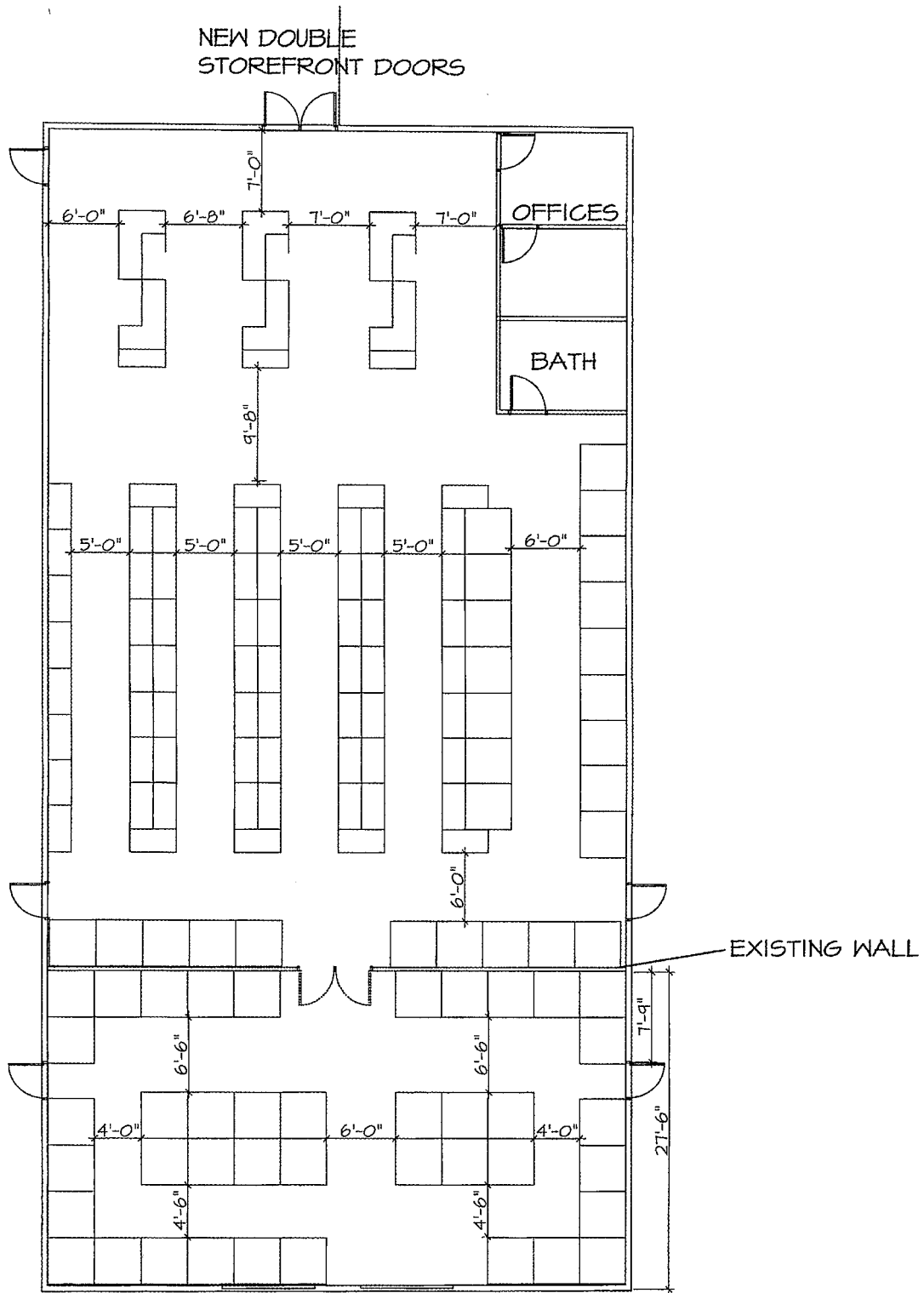
**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The certificate holder is named as additional insured with respect to the General Liability and Auto Liability policy on a primary and non-contributory basis where required by written contract subject to policy terms and conditions.

Total Limits of General Liability is \$10MM. Total Limits of Auto Liability is \$5MM.

Products liability extends only to products purchased from or supplied by the insured.

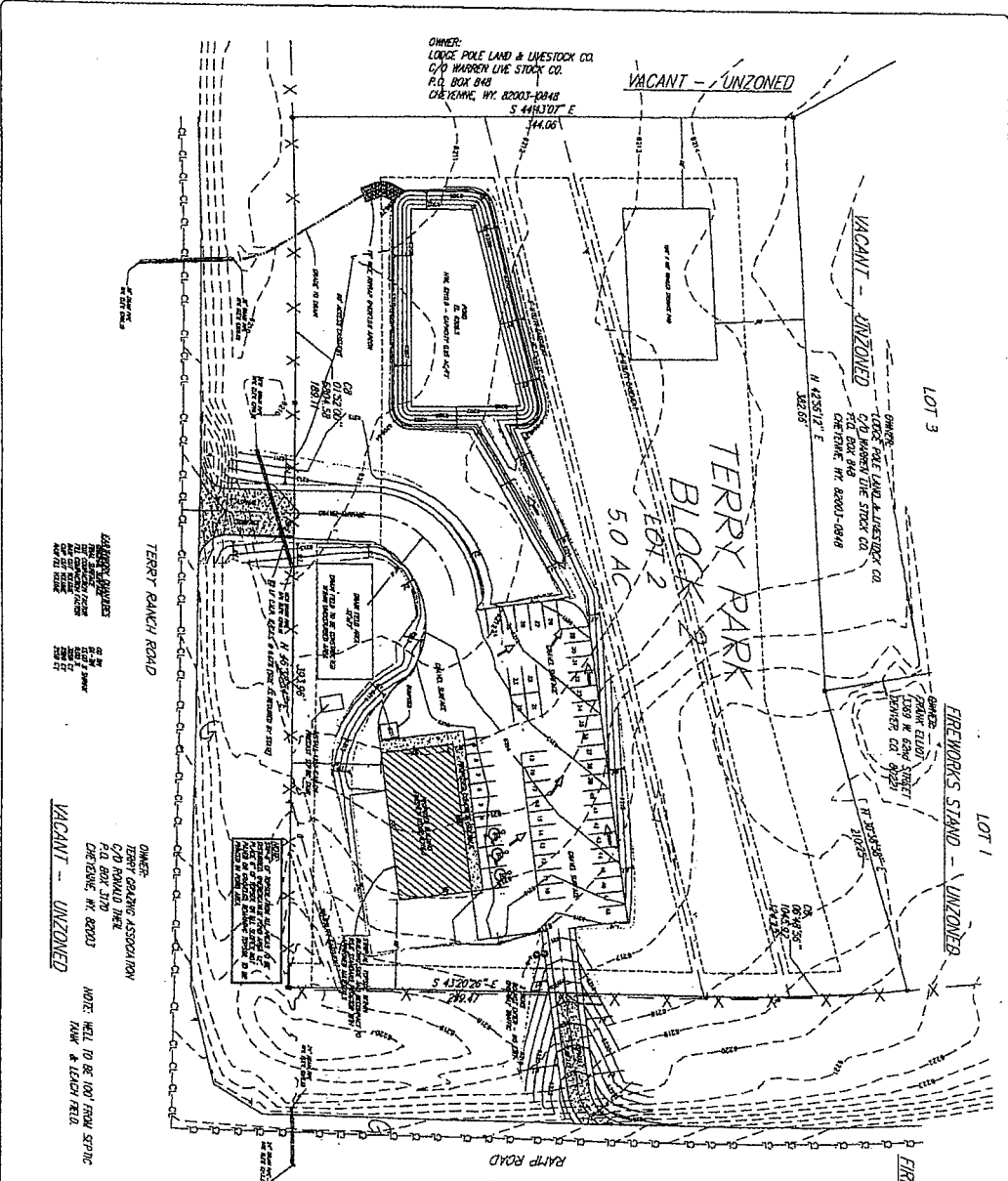
**CERTIFICATE HOLDER**      **CANCELLATION**

Phantom Fireworks Showrooms, LLC 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.  <b>AUTHORIZED REPRESENTATIVE</b> 
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CHEYENNE WYOMING  
 PHANTOM FIREWORKS  
 EXISTING SHOWROOM  
 WITH SHELVING CHANGE

- 26- SHOWROOM PALLET SPACES
- 4- STOCK PALLET SPACES



OWNER:  
LONG PILE LAND & LIVESTOCK CO.  
C/O WARREN THE STOCK CO.  
P.O. BOX 848  
CHRYSLER, IN. 46001-0848  
S 44°33'07" E

VACANT - UNZONED

OWNER:  
LONG PILE LAND & LIVESTOCK CO.  
C/O WARREN THE STOCK CO.  
P.O. BOX 848  
CHRYSLER, IN. 46001-0848  
N 42°51'17" E

LOT 3

OWNER:  
LONG PILE LAND & LIVESTOCK CO.  
C/O WARREN THE STOCK CO.  
P.O. BOX 848  
CHRYSLER, IN. 46001-0848  
N 42°51'17" E

OWNER:  
LONG PILE LAND & LIVESTOCK CO.  
C/O WARREN THE STOCK CO.  
P.O. BOX 848  
CHRYSLER, IN. 46001-0848  
N 42°51'17" E

LOT 1

OWNER:  
TERRY GRADING ASSOCIATION  
C/O RAYMOND WHEAT  
CHRYSLER, IN. 46001  
NOTE: WELL TO BE 100' FROM SERVICE RAMP & TRUCK FIELD

VACANT - UNZONED

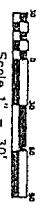
OWNER:  
LONG PILE LAND & LIVESTOCK CO.  
C/O WARREN THE STOCK CO.  
P.O. BOX 848  
CHRYSLER, IN. 46001-0848  
S 44°33'07" E

LOT 2

OWNER:  
LONG PILE LAND & LIVESTOCK CO.  
C/O WARREN THE STOCK CO.  
P.O. BOX 848  
CHRYSLER, IN. 46001-0848  
S 44°33'07" E

LOT 2

OWNER:  
LONG PILE LAND & LIVESTOCK CO.  
C/O WARREN THE STOCK CO.  
P.O. BOX 848  
CHRYSLER, IN. 46001-0848  
S 44°33'07" E



MONITOR MAP

TERRY PARK

GRADING AND SITE PLAN  
LOT 2 BLOCK 2

PREPARED BY  
PYRODYNE AMERICAN CORP.

NO.	REVISION	DATE
1	BY THE ARCHT & ENGINEER	2-27-19
2		
3		
4		
5		
6		
7		
8		
9		
10		

RAYMOND WHEAT  
 STATE OF INDIANA  
 LICENSE NO. 12833  
 EXPIRES 12/31/2020

PYRODYNE AMERICAN CORP.  
 STATE OF INDIANA  
 LICENSE NO. 12833  
 EXPIRES 12/31/2020

2-27-19  
 12833

**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](mailto:business@wyo.gov)

**Filing Information**



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

Name	<b>Phantom Fireworks Showrooms, LLC</b>		
Filing ID	<b>2016-000737452</b>		
Type	Limited Liability Company	Status	Active

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**General Information**

Old Name		Sub Status	Current
Fictitious Name		Standing - Tax	Good
		Standing - RA	Good
Sub Type		Standing - Other	Good
Formed in	Delaware	Filing Date	12/30/2016 4:04 PM
Term of Duration	Perpetual	Delayed Effective Date	
		Inactive Date	

**Principal Address**

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2445 Belmont Avenue  
Youngstown, OH 44505

**Mailing Address**

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2445 Belmont Avenue  
Youngstown, OH 44505

**Registered Agent Address**

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Corporation Service Company  
1821 Logan Ave  
Cheyenne, WY 82001

**Parties**

Type	Name / Organization / Address
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**Notes**

Date	Recorded By	Note
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# Filing Information



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

Name **Phantom Fireworks Showrooms, LLC**  
Filing ID **2016-000737452**  
Type Limited Liability Company Status Active

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## Most Recent Annual Report Information

Type Original AR Year 2025  
License Tax \$817.42 AR Exempt N AR ID 14438605  
AR Date 11/19/2025 7:50 AM  
Web Filed N

## Officers / Directors

Type Name / Organization / Address

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### Principal Address

2445 Belmont Avenue  
Youngstown, OH 44505

### Mailing Address

2445 Belmont Avenue  
Youngstown, OH 44505

## Annual Report History

Num	Status	Date	Year	Tax
03096922	Original	10/25/2017	2017	\$154.26
Principal Address 1 Changed From: 555 Martin Luther King Jr. Blvd To: 2445 Belmont Avenue				
Principal Postal Code Changed From: 44502 To: 44505-2405				
03885169	Original	10/09/2018	2018	\$97.41
05197088	Original	11/04/2019	2019	\$119.23
05962119	Original	10/27/2020	2020	\$224.32
06818269	Original	10/18/2021	2021	\$88.75
07750102	Original	10/17/2022	2022	\$189.85
09166003	Original	10/09/2023	2023	\$69.87
10572865	Original	10/18/2024	2024	\$225.76
Principal Postal Code Changed From: 44505-2405 To: 44505				
14438605	Original	11/19/2025	2025	\$817.42

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## Amendment History

ID	Description	Date
2021-003495230	Change of Agent	12/02/2021
Registered Agent # Changed From: 0122579 To: 0173386		
Registered Agent Organization Name Changed From: Registered Agent Solutions, Inc. To: Corporation Service Company		
Registered Agent Physical Address 1 Changed From: 125 S King St To: 1821 Logan Ave		

## Filing Information



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

Name **Phantom Fireworks Showrooms, LLC**

Filing ID **2016-000737452**

Type Limited Liability Company Status Active

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Registered Agent Physical Address 2 Changed From: PO Box 2922 To: No Value

Registered Agent Physical City Changed From: Jackson To: Cheyenne

Registered Agent Physical County Changed From: Teton To: Laramie

Registered Agent Physical Postal Code Changed From: 83001 To: 82001

See Filing ID Initial Filing

12/30/2016

**Laramie County**  
**Fireworks Stand Inspection**

**Date:** 4/13/2026

Planning / Zoning  
3966 Archer Parkway  
633-4303

Fire Warden  
3962 Archer Parkway  
633-4335

Business name: Phantom Fireworks  
Owner: Bruce J. Zoldan; William A. Weimer; Alan L. Zoldan  
Address: 239 I – 25 Service Rd East, Cheyenne WY 82007  
Phone: 330-746-1064  
Permit #:02011670 Yearly: Yes Seasonal:

A. Zoning Requirements:

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

B. Retail Sales permit #: \_\_\_\_\_

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  
(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
  - 2. Locked when not occupied
  - 3. 5<sup>th</sup> wheel pinned or tires removed
  - 4. 75 feet from stand
  - (Grandfathered distance)
- } N/A No Containers used for Firework storage

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:

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Date: 4/15/26 Time: 8:00am

Inspectors:

*Michael Bull*  
Fire Warden

*Justin Wood*  
Planning / Zoning



**TAMMY L. DEISCH**  
**LARAMIE Treasurer**  
**MISCELLANEOUS RECEIPT**

\*\*\* ORIGINAL RECEIPT \*\*\*

Misc Receipt Nbr: 105946

Trans Date: 04/16/2026

Received from/Description:  
PHANTOM ADMINISTRATIVE, LLC

On Account Of:  
FIREWORKS PERMIT  
YEARLY PERMIT  
CK# 694656

Entered by: lindsey

Batch: 20260416-000050

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	694656	PHANTOM ADMINISTRATIVE, LLC	3,800.00
		<b>TOTAL:</b>	<b>3,800.00</b>