





Corrected

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 Jim Landis							
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: [] 5 - [] 8 - [] 2 4							
Applicant's Information	1	Applicant's Name: <u>Jim Landis</u> Permanent Business Address: <u># 92 C. Hair Lane Arapahoe Wyo 82510</u> Local Tel. No.: <u>307-851-4450</u> Daytime Tel. No.: <u>Same</u> E-mail: <u>landislandisent@yahoo.com</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>Jim Landis</td><td>92 C. Hair Lane Arapahoe, Wyo</td></tr><tr><td>Belinda Landis</td><td>92 C. Hair Lane Arapahoe Wyo</td></tr></tbody></table>		Name	Address	Jim Landis	92 C. Hair Lane Arapahoe, Wyo	Belinda Landis
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Belinda Landis	92 C. Hair Lane Arapahoe Wyo							
Wyoming Sales Tax Permit #	4	[] 0 [] 2 [] 0 [] 1 [] 1 [] 5 - [] 0 [] 6 (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 Allison Tract, Allison Tract</u> Legal Description from the Assessor or County Planning Office <u>102 West College</u>						
Dimensions of Building (If new building, submit site plan)	7	<u>40' x 21' x 12' high</u> <u>Carport only</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>PFE Insurance Brokerage</u> Address: <u>1304 South Point Blvd Petaluma Ca 94954</u> Policy Number: <u>PX/24-0027</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 Jim Landis Date <u>3-4-2024</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name <u>Jim Landis</u>						
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Matt Bala</u> Date <u>4-4-24</u> Environmental Health <u>Tommy</u> Date <u>4-9-24</u> Planning <u>Justin Marshall</u> Date <u>4-9-24</u>						



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	6	Street Address: <u>102 West College Drive</u> Legal Description: <u>A portion of Allison Tract 51 Allison Tract 102 West College Cheyenne Wyo</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 21' x 12' high</u>							
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Laramie County

Fireworks Stand Inspection

Date: 04/04/2024

Planning / Zoning
3966 Archer Parkway
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 Dr, Cheyenne WY

Phone: 307-851-4450

Permit #: _____ Yearly: _____ Seasonal: X

Open Close

A. Zoning Requirements:

CB zone: _____ Site plan: _____ 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

X

D. Trash Containment

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

X Flyte
X

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

N/A 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
X
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)

X
X
X
X
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:

Date: 4/4/2024 Time: 1:00pm

Inspectors:


Planning / Zoning

(N/A)


City / County Health


Fire Warden

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)
03-12-2024

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 PROFESSIONAL PROGRAM INSURANCE BROKERAGE DIVISION OF SPG INSURANCE SOLUTIONS, LLC 1304 SOUTHPPOINT BLVD., #101 PETALUMA CA, 94954	CONTACT NAME:	
	PHONE (A/C, No. Ext): 415-475-4300	FAX (A/C, No.): 415-475-4304
INSURED Flying Phoenix Corp.; Flying Phoenix Interstate Display Corp; J and R Landis Enterprises LLC PO Box 31 Riverton, WY 82501	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Certain Underwriters at Lloyd's, London	NAIC # AA-1128623
	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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			PY/24-0027	03/01/2024	03/01/2025	EACH OCCURRENCE \$ 2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
			MED EXP (Any one person) \$				
			PERSONAL & ADV INJURY \$				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$
	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					BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
							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)

Certificate of insurance is issued as proof of insurance only as respects the above captioned policy. Limits represent coverage for 1.4G Sales located at 102 W College Drive Cheyenne, WY 82007. This policy provides a two-year extended reporting period from the date of the display.

CERTIFICATE HOLDER**CANCELLATION**USA Fireworks, for proof only
102 West College Drive
Cheyenne, WY 83007

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



TAMMY L. DEISCH
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 90646

Trans Date: 04/11/2024

Received from/Description:
FLYING PHOENIX INTERSTATE CORP

On Account Of:
FLYING PHOENIX INTERSTATE CORP
ACTIVE DATE 5/8/24
CK# 4688

Entered by: micheller

Batch: 20240411-000314

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	4688	FLYING PHOENIX INTERSTATE CORP	2,500.00
TOTAL:			2,500.00