

**LARAMIE COUNTY CLERK
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM PROCESSING FORM**

1. DATE OF PROPOSED ACTION: May 2, 2017

2. AGENDA ITEM: Appointments Bids/Purchases Claims
 Contracts/agreements/leases Grants Land Use: Variances/Board App/Plats
 Proclamations Public Hearings/Rules & Reg's Reports & Public Petitions
 Resolutions Other

3. DEPARTMENT: County Clerk

APPLICANT: Donna Williams

AGENT: Debra K. Lee

4. DESCRIPTION: Public hearing regarding a seasonal fireworks permit application.

Amount \$ From To

5. DOCUMENTATION: Originals

<u>Commissioner</u>		<u>Clerks Use Only:</u>	
		<u>Signatures</u>	
Ash	_____	County Attorney	_____
Holmes	_____	Deputy Attorney	_____
Thompson	_____		
Heath	_____		
Kailey	_____	Grants Manager	_____
Action	_____	Outside Agency	_____
Postponed	_____		

FIREWORKS PERMIT APPLICATION

Type of Permit

(\$2500) Seasonal (up to 5 consecutive months) (\$3800) Yearly

Applicant has previously been issued a fireworks permit and intends to rely on site plans and application materials which were approved by the Planning and Development office and Fire Warden. By signing below, Applicant swears that no changes or modifications have been or will be made to the site and structures during this permit period.

Please Check Donna Williams
Please Sign

Applicant's Name: Donna Williams

Applicant's Permanent Business Address: 12616 I-80 SERVICE RD

Local Telephone #: (307) 274-7243 Daytime Telephone #: 307-635-5820

Type of Business Ownership Sole Proprietor Partnership Corporation LLC

If ownership is a partnership, corporation, or limited liability company, please list the names and addresses of all officers and owners. If ownership is a corporation, include the name and address of the registered agent: (Attach additional pages if necessary)

Name: Donna Williams Address: 6817 Woods Rd

Name: _____ Address: _____

Name: _____ Address: _____

Registered Agent: _____ Address: _____

Wyoming Sales Tax Permit#: _____ (Attach Copy of Permit)

Name of Fireworks Business: Wyoming Fireworks Warehouse

Street Address of Site: 12616 I-80 SERVICE RD

Legal Description of Site: _____

(Please use an accurate legal description from the Laramie County Assessor or the City/County Development Office)

Dimensions of Building: _____

Public Property and Liability Insurance Company Information:

Name: Scottsdale Insurance Co

Address: 400 BURNS & WILCOX CENTER - 7807 E. PEAKVIEW AVE CONTOUR CO. 80111

Policy Number: CPS 21419845

Certificate of Insurance in a minimum amount of \$1,000,000 must accompany application and remain in effect during the term of the permit or permit shall be revoked.

All Permits shall become valid upon the date of the approval unless otherwise requested. Requests for specific effective dates must be approved by the Board of Commissioners. If you wish to request a specific effective date, please indicate the date below:

I hereby request that my permit become effective on: MAY 1ST - 2017

I hereby swear or affirm under penalty of perjury that ALL information on this application for is true and correct, that I am the applicant named herein, and that I have received, reviewed and understand the "Laramie County Fireworks Regulations" adopted July 16, 2002. I understand all approvals represent a commitment by me to carry out the operation 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. NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS STAND 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 Fireworks Regulations as amended.

SIGNATURE OF APPLICANT Donna Williams

DATE 4-5-17

Print Name: DONNA WILLIAMS

Witness: _____

For Office Use Only:

Original Bond Sales Tax Permit Property Taxes Current

Receipt Number for Fees Paid: # 40605

Inspection Certifications

The undersigned have inspected the applicant's site and found the same to be in compliance

Fire Warden: Matthew Zullo Date: 4/19/17

Environmental Health: Kay Kuge Date: 4/19/17

For Office Use Only:

Place date and time stamp here at time application is received.

RECEIVED
APR 07 2017
BY: [Signature]

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 5-22-17

Note: Before the Permit to Sell Fireworks can be issued, the Certificate of Compliance must be issued by the City/County Development. The Certificate of Compliance must be attached to this application or file with the County Clerk before the permit itself is issued.

PREWORKS BERTH APPLICATION

(2010) Revised (12 months)

I have read a live work permit and intend to apply for the permit...

My name is James Smith
I am applying for a live work permit
My address is 123 Main St, London, ON
My telephone number is 519-123-4567

I am applying for a live work permit
 I am applying for a live work permit
 I am applying for a live work permit

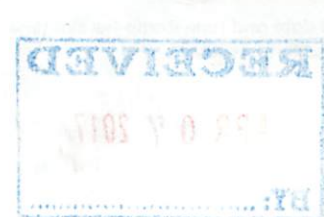
Address: 123 Main St
City: London
Province: ON
Postal Code: N6A 1A1

(Attach Copy of Permit)

I have read the conditions of the permit and agree to comply with them.

Signature: James Smith
Date: 2010-01-01

Signature: [Signature]
Date: 2010-01-01



Signature: [Signature]
Date: 2010-01-01

Laramie County
Fireworks Stand Inspection

Date: 4/19/2017

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

Fire Warden
 3962 Archer Parkway
 633-4335

Environmental Health
 100 Central Ave.
 633-4090

Business name: Wyoming Fireworks Warehouse
 Owner: Donna Williams
 Address: 12666 I-80 Service Rd. Cheyenne
 Phone: 307-274-7243
 Permit #: _____ / _____

Open _____ Close _____

A. Zoning Requirements
 CB zone: _____
 Admin approval: _____
 Outside zoned boundary: _____
 Other changes: _____

B. Retail Sales permit

C. Sanitary Facilities:
 1. Portable Toilets
 a) Pumped and clean
 b) Licensed pumper
 c) Removed within 2
 Permanent Facilities

LODS
 Present but not operational

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

Flyte

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

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

*Valerie,
 All good to go!
 Thx,
 Matt*

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 N/A
- 2. Locked when not occupied N/A
- 3. 5th wheel pinned or tires removed N/A
- 4. 75 feet from stand N/A
(Grandfathered distance) N/A

K. Grounds

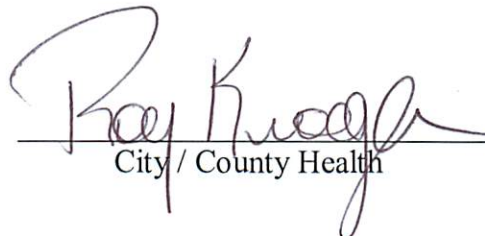
- 1. Grass trimmed to height of 2" for 75 feet from stand X
- 2. Clear of debris / trash X
- 3. Defined parking X

Comments:

Date: 4/19/2017 Time: 2:00pm

Inspectors:

_____ (N/A)
 Planning / Zoning



 City / County Health



 Fire Warden

PREMIUM ASSIGNMENT CORPORATION

PREMIUM FINANCE AGREEMENT

Quote # E099424

Wyoming
P.O. Box 8800 - 3522 Thomasville Rd.
Tallahassee, FL 32314
Phone 850-907-5610

<input type="checkbox"/> PERSONAL	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> NEW	<input type="checkbox"/> AGENCY RENEWAL	<input type="checkbox"/> ADD'L PREMIUM			
THIS AGREEMENT, made effective the <u>15</u> day of <u>April 2017</u> , between							
WYOMING FIREWORKS WAREHOUSE, LLC (Name of Borrower/Insured exactly as it appears in financed policies)							
ADDRESS <u>6817 WOODS ROAD</u>							
CITY <u>CHEYENNE</u>		STATE <u>WY</u>	ZIP <u>82009</u>	PHONE # _____			
hereinafter called the Borrower, and Premium Assignment Corporation, a Florida Corporation hereinafter called Lender, for the purpose of financing the purchase of insurance policies described in the Scheduled Policies of Insurance listed in page 3 to this Agreement.							
TOTAL PRICE OF PREMIUMS	- CASH DOWN PAYMENT	= PRINCIPAL BALANCE OWED ON PREMIUMS	+ DOC STAMPS & SERVICE FEE (if applicable)	= TOTAL AMOUNT FINANCED	+ FINANCE CHARGE (Amount credit costs over term of loan)	= TOTAL OF PAYMENTS (Amount paid if all payments made as scheduled)	ANNUAL PERCENTAGE RATE
2,522.63	743.16	1,779.47	0.00	1,779.47	72.23	1,851.70	8.75
SELECT BILLING OPTION: <input type="checkbox"/> Payment Book <input checked="" type="checkbox"/> Monthly Invoice <input type="checkbox"/> Direct Debit				Amount of Monthly Payment	Number of Payments	Date First Payment is Due	
YOUR PAYMENT SCHEDULE WILL BE: Each monthly payment due on same day of each succeeding month until paid in full.				185.17	10	5/15/2017	

FOR VALUE RECEIVED, BORROWER PROMISES TO PAY to the order of Lender at the address given at the top of this page, the Total Amount Financed and all sums shown above, including interest at the Annual Percentage Rate and other charges as described hereinafter, pursuant to the terms stated below and in page 2 of this Agreement.

- SECURITY FOR PAYMENT:** To secure payment of all sums due under this Agreement, Borrower grants Lender a security interest in any unearned premiums or other sums which may become payable under the Scheduled Policies of Insurance shown on page 3.
- LIMITED POWER OF ATTORNEY:** BORROWER IRREVOCABLY APPOINTS LENDER AS ATTORNEY-IN-FACT TO CANCEL THE SCHEDULED POLICIES OF INSURANCE AFTER BORROWER DEFAULTS IN MAKING PAYMENTS UNDER THIS AGREEMENT.
- NOTICE TO BORROWER:** (1) Do not sign this Agreement before you read it, or if it contains any blank space (other than as provided on the next page), (2) You are entitled to have and should retain a completely filled in copy of this Agreement to protect your legal rights, (3) Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge, and (4) BY SIGNING BELOW BORROWER AGREES TO THE PROVISIONS ABOVE AND ALL OF THE TERMS WHICH APPEAR ON THE SECOND PAGE OF THIS AGREEMENT AND ACKNOWLEDGES RECEIPT OF COPIES OF PAGES 1, 2 AND 3 OF THIS AGREEMENT.

SIGNATURE OF ALL INSURED[S] NAMED IN POLICIES OR AUTHORIZED AGENT OF INSURED[S], AS PERMITTED BY LAW:

4-6-17 x William
Date Name and Title: _____ Date Name and Title: _____

PRODUCER'S REPRESENTATIONS & WARRANTIES:

The undersigned Producer represents and warrants that: (A) The Cash Down Payment shown above has been paid by or on behalf of the Borrower. (B) The Total Price of Premiums shown above has been or will be used to purchase insurance policies shown in the Scheduled Policies of Insurance on page 3 of this Agreement. Any portion of the Total Price of Premiums received by Producer that is not used to purchase such insurance policies, as well as any refunds or credits on such policies, shall be promptly paid to Lender. (C) To the best of the undersigned's knowledge and belief, Borrower is not subject to any bankruptcy or insolvency proceedings and Producer has no reason to believe that Borrower is insolvent. (D) The Borrower's signature(s) is (are) genuine and authorized, or to the extent permitted by applicable law, the Producer has been authorized by Borrower to sign this Agreement on Borrower's behalf. (E) Producer has delivered or will deliver a copy of this Agreement to Borrower. Producer agrees that the Representations & Warranties above, as well as those on page 3 of this Agreement, are a binding contract between Producer and Lender.

PRODUCER / AGENCY
Name USI COLORADO LLC
Address PO BOX 7050
ENGLEWOOD, CO 80155

Date PRODUCER'S SIGNATURE

SCHEDULED POLICIES OF INSURANCE

V8(0)G10GI2.54

WYOMING FIREWORKS WAREHOUSE, LLC
6817 WOODS ROAD
CHEYENNE, WY 82009

USI COLORADO LLC 22512
PO BOX 7050
ENGLEWOOD, CO 80155-7050
(800) 873-8500

Premium	Down Payment	Unpaid Balance	Doc Stamps/Fees	Amt. Financed	Finance Charges	Total / Payments
2,522.63	743.16 (29.46 %)	1,779.47	0.00	1,779.47	72.23	1,851.70

Payment	Payments	Rate	First Due	Type	Status	Contract Type
185.17	10	8.75 %	5/15/2017	INVOICE		COMMERCIAL

EFF DATE	COMPANY / BROKER	CITY	ST	CO. #	TYPE MEP	POLICY NO.	TOTAL PREMIUM
4/15/2017	CO: SCOTTSDALE INS CO	SCOTTSDALE	AZ	82802	PKG		2,295.00
4/15/2018	MGA: BURNS & WILCOX	CENTENNIAL	CO	63010	25.00 %		
						Taxes/Fees	227.63
						Total	2,522.63

Created By: 22512JD

Auth Code:

ADDITIONAL REPRESENTATIONS & WARRANTIES OF PRODUCER

(F) All information provided above is complete and correct in all respects and the policies listed above are or will be in force on the stated Effective Date and delivered by Producer to the Borrower, except for assigned risk or residual market policies.

(G) If any information listed above is or becomes incomplete or inaccurate, Producer shall promptly provide correct information to Lender.

(H) The Producer is an authorized policy issuing agent of the companies issuing the policies listed above or is the authorized agent of the MGA or broker placing the coverage directly with the insuring company, except those policies indicated with an "X".

(I) None of the policies listed above are subject to reporting or retrospective rating provisions. All policies subject to audit, minimum or fully earned premium provisions are indicated below:

Policy No and Prefix No: _____

(J) Except as indicated above, all Scheduled Policies of Insurance can be cancelled by Borrower or Lender on 10 days notice and the unearned premiums will be computed pro rata or on the standard short rate table.

(K) If any Scheduled Policies of Insurance are subject to audit, Producer and Borrower have made good faith determination that the deposit, provisional or initial premiums are not less than the anticipated premiums to be earned for the full term of the policy(ies).

(L) Upon cancellation of any of the Scheduled Policies of Insurance, Producer shall remit to Lender the full amount of the unearned premium, including unearned commission, as well as any other payments or credits received by Producer, up to the unpaid balance due under this Agreement, within 15 days of receipt from the insuring company.

(M) Producer has disclosed to Borrower any compensation received for arranging, directing or performing services in connection with this agreement.

DOCUMENTARY STAMPS REQUIRED BY LAW IF ANY ARE AFFIXED TO MONTHLY JOURNAL AND CANCELLED.

Insured:

WYOMING FIREWORKS WAREHOUSE, LLC

Street Address:

6817 WOODS ROAD
CHEYENNE, WY 82009

CUSTOMER IDENTIFICATION PROGRAM
CUSTOMER NOTICE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR NEW LOANS -

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law (Patriot Act) requires financial institutions to obtain, verify, and record information that identifies each person (individuals or business) that is granted a loan. What this means for you: As part of this premium finance agreement, your insurance agent must provide your name, address, federal employer identification number and other information that allows us to identify you. You may also be asked to provide other identifying documents.

USA PATRIOT Act/Customer Identification Program Disclosure Acknowledgement

By signing this premium finance agreement I hereby acknowledge receipt of this Customer Identification Program (CIP) Customer Notice, agree that my insurance agent shall provide my name, address, federal employer identification and other information that allows you to identify me and further acknowledge that I understand the notice provisions. Words used in the Customer Identification Program (CIP) Customer Notice mean and include the plural and vice versa.

WYOMING FIREWORKS WAREHOUSE LLC
 PH. 307-635-5820
 12700 I-80 SERVICE ROAD
 CHEYENNE, WY 82009


82-123
1070

2720

DATE 4-5-17

PAY TO THE ORDER OF CSI \$ 743.16

Seven hundred forty three & 16/100 DOLLARS

 ANB Bank
 www.anbbank.com
 Telephone 1-866-433-0282

MEMO down insurance

[Signature]

⑆ 10700 123 21⑆ 1900 221 230⑆ 02720

SECURITY FEATURES: Microprint, Die-cut, etc.

SPECIALTY BLUE

State of Wyoming

Department of Revenue

Excise Tax Division

Sales/Use Tax License No: 02011265 Business Start Date : 05/12/2015 Certificate Print Date: 04/28/2015

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**

**Issued To: WYOMING FIREWORKS WAREHOUSE LLC
WYOMING FIREWORKS WAREHOUSE LLC
6817 WOODS RD
CHEYENNE WY 82009**

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.



TRUDY L. EISELE
LARAMIE COUNTY Treasurer

MISCELLANEOUS RECEIPT

***** ORIGINAL RECEIPT *****

Misc Receipt Nbr: 40605

Trans Date: 04/07/2017

Received from/Description:
WYOMING FIREWORKS WAREHOUSE LLC

On Account Of:
SEASONAL PERMIT
CK# 2721

Entered by: devonl

Batch: 20170407-000129

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	2721	WYOMING FIREWORKS WAREHOUSE LLC	2,500.00
TOTAL:			2,500.00