

### Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		☐ (\$2,500) Seasonal (up to 5 consecutive months) 🛛 (\$3,800) Yearly						
	1 1 1 1	Non-refundable Non-refundable						
Previous Fireworks Permit Holder	Applicant has previously been issued a fireworks permit and by signing below, Applicant swears that changes or additions have been of will be made to the site and structure during this permit period.  Please Sign	no						
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:  0 5 — 0 8 — 2 2						
Applicant's Information	1	Applicant's Name: Phantom Fireworks Showrooms, LLC  Permanent Business Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405  Telephone Number: 330-746-1064 E-mail: Waweimer@fireworks.com						
Type of Business and Owner or	3	Sole Proprietor Partnership* Corporation* X LLC*  *If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officer and owners.  (attach additional pages if necessary)	wnership is a partnership, corporation, or limited liability company, list names and addresses of all officers owners.  (attach additional pages if necessary)					
Officers' Names		Name Address  Bruce J. Zoldan 2445 Belmont Avenue, Youngstown, OH 44505-240	15					
		William A. Weimer 2445 Belmont Avenue, Youngstown, OH 44505-240	5					
Wyoming Sales		Alan L. Zoldan 2445 Belmont Avenue, Youngstown, OH 44505-240	5					
Tax Permit #	4	2 5 0 0 2 9 5 5 (attach copy of permit)						
Fireworks	5	Retail Name of Facility/Store: Phantom Fireworks						
Business Information	6	Street Address: 227 1-25 Service Road East, Cheyenne, WY 82007  Legal Description: Lot 4 Block 2, Terry Park, Laramie County, WY  Legal Description from the Assessor or County Planning Office						
Dimensions of Building (If new building, submit site plan)	7	158'4" x 76'4"	-					
Registered Agent If applicant is a corporation	8	Name: Corporation Service Company Address: 1821 Logan Avenue, Cheyenne, WY 82001						
Public Property and Liability Insurance Company Information	9	Name: Everest Indemnity through Britton-Gallagher and Associates  Address: One Cleveland Center, Floor 30, 1375 East 9th Street, Cleveland, OH 44114  Policy Number: SI8GL00643-211, UXP0057739-07  Certificate of Insurance in a minimum amount of \$1,000,000 must remain in effect during the term of the permit or page it shall be repaided (of the permit of page in the permit of the						
Oath and Signature of Applicant		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 "Laramic 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 Laramic County Consumer Fireworks Retail Sales Regulations.  Applicant's Signature    Date   3/3   2022   1/2   202						
Inspection Certification	The undersigned have inspected the applicant's site and found the same to be in compliance.  Fire Warden Matthe Full Date 3/25/22  Environmental Health Min Date 3/25/22  Planning Mathe Manold Date 3/25/22							

# **Laramie County**Fireworks Stand Inspection

396	nning / Zoning 66 Archer Parkway 3-4303	Fire Warden 3962 Archer Parkway 633-4335	10	nvironmental Health 00 Central Ave. 33-4090
Ov Ad Pho	siness name: Phantom Fireworks yner: Bruce J Zoldan, William A dress: 227 I-25 Service Rd East, one: 330-746-1064 mit #: Yearly: X Season	Weimer, Alan L Zoldar Cheyenne WY 82007		Close
A.	Zoning Requirements:  CB zone:  Admin approval:  Outside zoned boundaries:	Site plan: Compliance Cert.:	Site plan changes	3:
B.	Retail Sales permit #: 25002955			
C.	Sanitary Facilities: 1. Portable Toilets a) Pumped and cleaned b) Licensed pumper c) Removed within 2 weeks Permanent Facilities	of closing	<u>=</u> <u>X</u>	
D.	Trash Containment 1. (1) metal trash container 2. No fire danger or litter problem	m	X	
E.	Stand / Storage Location 1. 60 feet from property boundar (Grandfathered) 2. 150 feet from petroleum stora	•	WA Daw	Pers
F.	<ol> <li>Entry / Exit Doors</li> <li>Two (2) public access doors Size - 3.0 feet wide by 6 feet</li> <li>Separated from each other</li> <li>Doors swing to outside</li> <li>Clear of supplies / materials</li> <li>Exit signs clearly visible about</li> </ol>	– et 8 inches tall /etc	* * * *	

**Date**: 3/25/2022

G.	Fire Extinguishers: 1. Two (2) 5lb. 2-A, 10 BC dry Chemical type 2. Displays current/dated inspection tag	<u> </u>	
Н.	Fluorescent bulb covers in place	NIM	
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	* * * *	
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)	क्षांव क्षांव क्षांव क्षांव क्षांव	Convex box on site Not used for Firework Storage
K.	Grounds 1. Grass trimmed to height of 2" for 75 feet from stand 2. Clear of debris / trash 3. Defined parking	* *	
Co	mments:		
	te: <u>3 /05 / 2022</u> Time: <u>/</u> :3000000000000000000000000000000000000		
	Planning / Zoning (N/A) Jahren City	/ County	Health
-	Matthe But Surface Fire Warden		

### **State of Wyoming**

#### **Department of Revenue**

**Excise Tax Division** 

Sales/Use Tax License No: 25002955 Business Start Date: 12/31/2016 Certificate Print Date: 04/18/2019

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: 555 MARTIN LUTHER KING BLVD** 

YOUNGSTOWN OH 44502-1102

PHANTOM FIREWORKS SHOWROOMS LLC PHANTOM FIREWORKS SHOWROOMS LLC 555 MARTIN LUTHER KING BLVD **YOUNGSTOWN OH 44502-1102** 

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.

State of Wyoming

#### Department of Revenue

**Excise Tax Division** 

Sales/Use Tax License No: 02011981 Business Start Date: 06/01/2018 Certificate Print Date: 05/08/2018

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: 227 I-25 SERVICE RD EAST **CHEYENNE WY 82007-9749** 

PHANTOM FIREWORKS S
PHANTOM FIREWORKS S
2445 BEMONT AVE
YOUNGSTOWN OH 44502 PHANTOM FIREWORKS SHOWROOMS LLC PHANTOM FIREWORKS SHOWROOMS LLC

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: 6/1/2018. 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.
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### CERTIFICATE OF LIABILITY INSURANCE

3/2/2022

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).

certificate florider in fied of such endorsement(s).						
PRODUCER Britton-Gallagher and Associates, Inc.	CONTACT NAME:					
One Cleveland Center, Floor 30	PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 210	6-658-7101				
1375 East 9th Street	E-MAIL ADDRESS: info@brittongallagher.com					
Cleveland OH 44114	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A: Everest Indemnity Insurance Co.	10851				
Phantom Fireworks Showrooms, LLC	INSURER B: Axis Surplus Ins Company	26620				
2445 Belmont Avenue	INSURER c : Arch Speciality Ins Co	21199				
Youngstown OH 44505	INSURER D:					
	INSURER E:					
	INSURER F:					

COVERAGES CERTIFICATE NUMBER: 1404074007 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		ADDI	SUBR	LIMITO GLICOTTO MIXTI TIXTUE BEENT				
LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
A	GENERAL LIABILITY			SI8GL00643-211	10/30/2021	10/30/2022	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$
l	X Non-Owned Stand			10			PERSONAL & ADV INJURY	\$ 1,000,000
	End't Included						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY PRO- JECT X LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
С	UMBRELLA LIAB X OCCUR			UXP0057739-07	10/30/2021	10/30/2022	EACH OCCURRENCE	\$4,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 4,000,000
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
В	Excess Liability #2			P-001-000046155-04	10/30/2021	10/30/2022	Each Occ/ Aggregate Total Limits	\$5,000,000 \$10,000,000

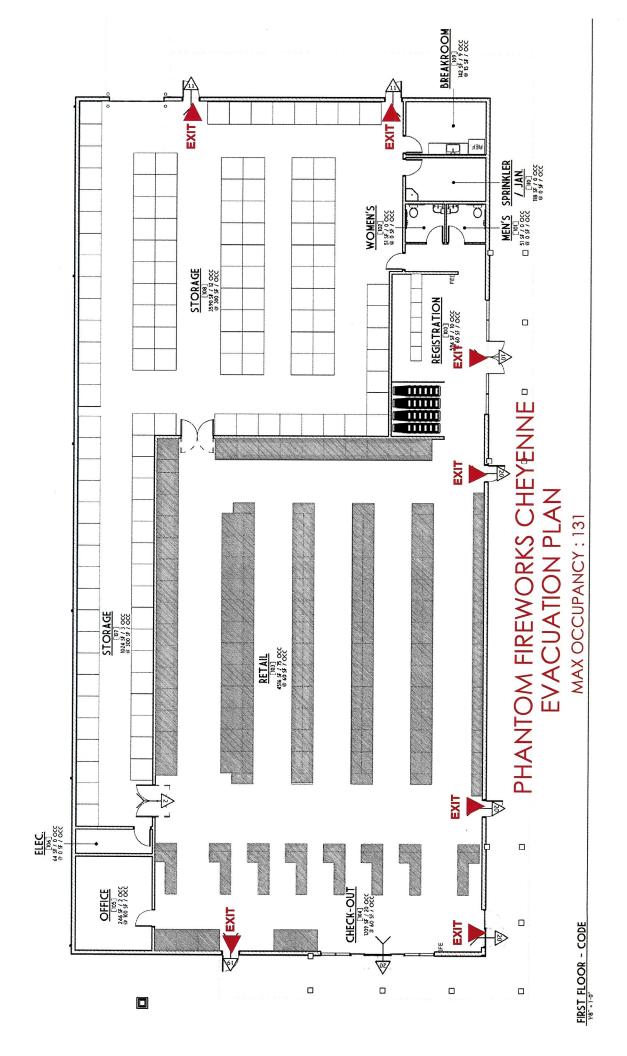
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

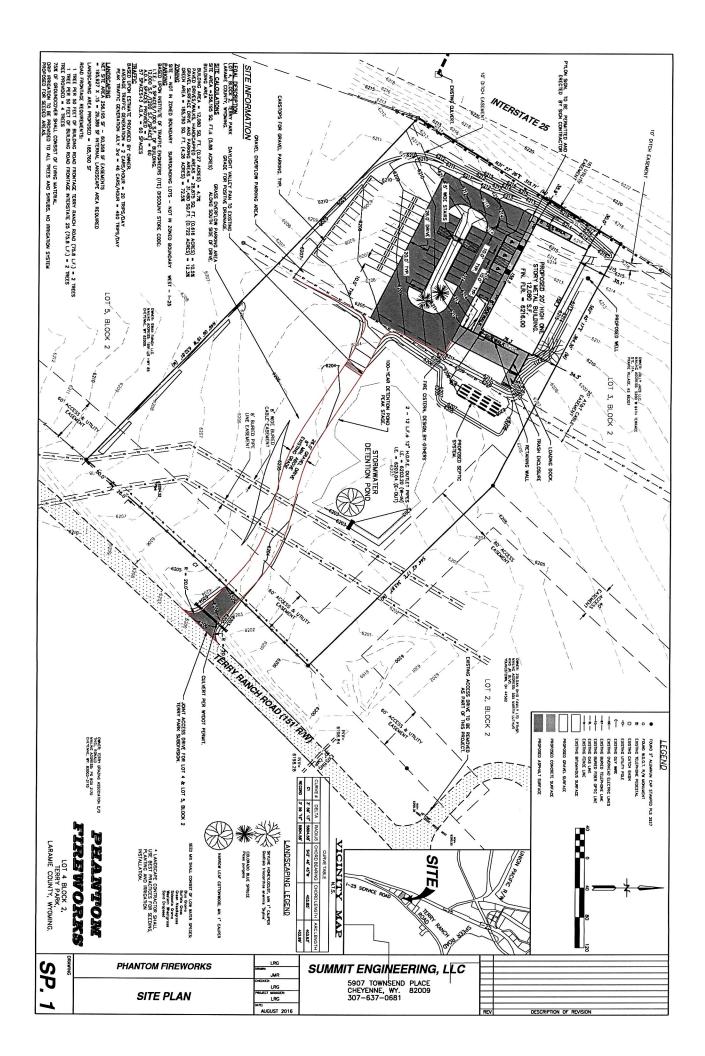
The Certificate Holders are named as Additional Insureds with respect to General Liability as required by written contract subject to policy terms, conditions and exclusions.

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

CERTIFICATE HOLDER	CANCELLATION		
Phantom Fireworks Showrooms, LLC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
227 I-25 Service Road East Cheyenne WY 82007	AUTHORIZED REPRESENTATIVE		

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## TRUDY L. EISELE LARAMIE COUNTY Treasurer

#### **MISCELLANEOUS RECEIPT**

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

Misc Receipt Nbr: 76072

Trans Date:

03/09/2022

Received from/Description:

PHANTOM FIREWORKS SHOWROOMS LLC

On Account Of:

PHANTOM FIREWORKS SHOWROOMS
YEARLY FIREWORKS PERMIT

CK# 613461

Entered by: cande

Batch: 20220309-000459

Amount:

3,800.00

Payment Type	Doc#	Description	Amount
CHECK	613461	PHANTOM ADMINISTRATIVE, LLC	3,800.00
		то	OTAL: 3,800.00