

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

1. DATE OF PROPOSED ACTION: March 17, 2015

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: Jim Landis

AGENT: Debbye Lathrop

4. DESCRIPTION: Consideration of a Seasonal Fire Works Application.

Amount \$ From To

5. DOCUMENTATION: Originals

Clerks Use Only:

Commissioner

Signatures

Heath\_\_\_\_\_

Co Attny \_\_\_\_\_

Holmes\_\_\_\_\_

Assist Co Attny \_\_\_\_\_

Thompson\_\_\_\_\_

Ash\_\_\_\_\_

Kailey\_\_\_\_\_

Grants Manager\_\_\_\_\_

Action \_\_\_\_\_

Outside Agency\_\_\_\_\_

Postponed/Tabled\_\_\_\_\_

# 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 material 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

Please Sign

Applicant's Name: USA Fireworks Jim Landis

Applicant's Permanent Business Address: #92 C'Hair Lane Arapahoe Wyo 82870

Local Telephone #: (307) 856-0778 Daytime Telephone #: 856-0778

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: Jim Landis Address: #92 C'Hair Lane Arapahoe Wyo 82870

Name: Becley Landis Address: #92 C'Hair Lane Arapahoe Wyo 82870

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Registered Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Wyoming Sales Tax Permit#: 02-007177 (Attach Copy of Permit)

Name of Fireworks Business: USA Fireworks

Street Address of Site: 102 West College Drive

Legal Description of Site: A portion of tract 57 Allison fronts 102 west College Dr

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

Dimensions of Building: 140' x 21' x 12' high

Public Property and Liability Insurance Company Information:

Name: Allied Specialty

Address: 85 NE Loop 410 Suite 1000 San Antonio Texas

Policy Number: 28216

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 8-2014

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 Jim Landis

DATE 2-02-15

Print Name: Glen Freitag

Witness: [Signature]

For Office Use Only:

☒ Original Bond ☒ Sales Tax Permit ☐ Property Taxes Current

Receipt Number for Fees Paid: # 27283

Inspection Certifications

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

Fire Warden: \_\_\_\_\_ Date: \_\_\_\_\_

Environmental Health: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

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

RECEIVED

FEB - 9 2015

BY: [Signature]

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 3-26-15

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.



**TRUDY L. EISELE**  
**LARAMIE COUNTY Treasurer**  
**MISCELLANEOUS RECEIPT**

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

Misc Receipt Nbr: 27283

Trans Date: 02/09/2015

Received from/Description:  
FLYING PHOENIX CORP

On Account Of:  
SEASONAL FIREWORKS PERMIT

Entered by: donnac

Batch: 20150209-000113

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	2223	FLYING PHOENIX CORP	2,500.00
TOTAL:			2,500.00



TRUDY L. EISELE  
LARAMIE COUNTY Treasurer

2014 TAX RECEIPT

\*\*\* ORIGINAL \*\*\*

Today's Date: 09/19/2014  
Receipt Date: 09/19/2014

LANDIS, JAMES ET UX  
PO BOX 31  
RIVERTON WY 82501

**PAYMENT INFORMATION**

Local Number: 11079005100000 District: 0130

Legal Description:  
ALLISON TRACTS: TRACT 51 LESS POR IN THE SOUTHEAST CORNER

LOCATION: 102 W COLLEGE DR

Receipt#	Half	Taxes	Interest	TOTAL
1153263	1ST HALF-	\$718.56		\$718.56
1153263	2ND HALF-	\$718.55		\$718.55
TOTAL PAID:		\$1,437.11	\$0.00	\$1,437.11

Payment Type	Doc#	Description	Amount
CHECK	2407	FLYING PHOENIX CORP	1,437.11
		TOTAL:	1,437.11

Batch Number: 20140919-000123



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/24/14

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 Allied Specialty Insurance, Inc P.O. Box 67008 Treasure Island, FL 337367008 8002373355	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: T.H.E. Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Flying Phoenix Corp. P. O. Box 31 Riverton WY 82501	NAIC # 12866

## 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			CPP0100331-04	03/01/14	03/01/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/PROP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
A	UMBRELLA LIAB			ELP0010095-04	03/01/14	03/01/15	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED		RETENTION \$				WC STATU-TORY LIMITS
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)  
STAND LOCATION: 102 WEST COLLEGE DR., CHEYENNE, WY 82001

## CERTIFICATE HOLDER

## CANCELLATION

JIM LANDIS  
PO BOX 31  
RIVERTON, WY 82501

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

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**State of Wyoming****Department of Revenue****Sales/Use Tax License No:** 02-0-07177**Business Start Date:** 05-01-01**SIC:** 5990

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 therefor. This authorization shall be valid and effective until cancelled or revoked and is not transferable.

**Location:** 102 WEST COLLEGE DRIVE  
CHEYENNE WY 82001

**Issued To:**

USA FIREWORKS  
FLYING PHOENIX CORP  
PO BOX 31  
RIVERTON WY 82501



Excise Tax Division  
Taxpayer Services Section

**Issue Date:** March 23, 2001**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 **QUARTERLY** beginning: 07-01-01. Quarterly and annual filers will be set up on calendar quarters and yearly filings. If you are a quarterly or annual filer, your first return may be for a portion of a calendar quarter or tax year.
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 postmarked on or before the last day of February. **QUARTERLY** filers; January, February and March return will be received first half of April and must be postmarked 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 a 10% penalty plus a monthly interest rate of .0105 per month, which is calculated on a daily basis.
5. Please notify the Taxpayer Services Section at the Cheyenne Office in writing if there is a change of address or ownership. Mail to: Department of Revenue, 122 W 25<sup>th</sup> St., Cheyenne WY 82002-0110. 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.