



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.		
Requested Effective Date	Please Sign <u>Jim Landis</u> 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: <input type="text"/> <input type="text"/> 5 - <input type="text"/> <input type="text"/> 8 - <input type="text"/> <input type="text"/> 2 2		
Applicant's Information	1	Applicant's Name: <u>Jim Landis</u> Permanent Business Address: <u>#92 C' Hair Lane Arapahoe Wyo</u> Local Tel. No.: <u>307-851-4450</u> Daytime Tel. No.: <u>307-857-4450</u> E-mail: <u>landislandisent@yahoo.com</u>	
	2	Doing Business As: _____	
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
		<u>Jim Landis</u> <u>Rebecca Landis</u>	<u>#92 C' Hair Lane Arapahoe Wyo</u> <u>#92 C' Hair Lane Arapahoe Wyo</u>
Wyoming Sales Tax Permit #	4	<input type="text"/> <input type="text"/> 0 <input type="text"/> <input type="text"/> 2 <input type="text"/> <input type="text"/> 0 <input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 1 <input type="text"/> <input type="text"/> 5 <input type="text"/> <input type="text"/> 0 <input type="text"/> <input type="text"/> 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 Trac 51 Allison Trac 102 West College Drive</u> <small>Legal Description from the Assessor or County Planning Office</small>	
Dimensions of Building (If new building, submit site plan)	7	<u>Each 40' x 21' x 12' high</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>Allied Specialty</u> Address: <u>20595 Lorain Rd Fairview Rk Ohio</u> Policy Number: <u>CP010033111</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 <u>Jim Landis</u> Date <u>02-10-22</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name _____	
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Melba Faith</u> Date <u>3-25-2022</u> Environmental Health <u>Jamye</u> Date <u>3-25-22</u> Planning <u>Justin Arnold</u> Date <u>3-27-22</u>	



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Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden _____ Date _____ Environmental Health _____ Date _____ Planning _____ Date _____						

Laramie County
Fireworks Stand Inspection

Date: 3/25/2022

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, Rebeca Landis
 Address: 102 West College Drive
 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

D. Trash Containment

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

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

G. Fire Extinguishers:

- 1. Two (2) 5lb. 2-A, 10 BC dry Chemical type
- 2. Displays current/dated inspection tag

X
X See note below

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
X

Extinguishers should
be in place prior
to Commissioner Meeting
Fire Warden will verify.

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:

Verified Extinguishers - 3/28/22 3:30pm
All tags/inspections are up to date.

Date: 3/25/2022 Time: 2:00pm

Inspectors:

Planning / Zoning (N/A)



City / County Health



Fire Warden

State of Wyoming

Department of Revenue

Excise Tax Division

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)
2/25/2021

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).

PRODUCER McGowan Allied Specialty 20595 Lorain Rd Fairview Park OH 44126 License#: 973 J&RLAND-02	CONTACT NAME: Mary Jo Picone PHONE (A/C, No, Ext): 440-333-6300 FAX (A/C, No): 440-333-3214 E-MAIL ADDRESS: mpicone@mcgowanallied.com														
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INSURER E :															
INSURER F :															
INSURED J&R Landis Enterprises LLC 1115 West Idaho Blvd Emmett ID 83617															

COVERAGES CERTIFICATE NUMBER: 1201034380 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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CPP010033111	3/1/2021	3/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Fireworks Stand Location: 102 West College Drive, Cheyenne WY
Additional insured as respects to the negligence of the named insured only coverage affords products liability only: J & R Enterprises LLC

CERTIFICATE HOLDER J & R Enterprise LLC - Cheyenne	CANCELLATION 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



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 75662

Trans Date: 02/16/2022

Received from/Description:
JAMES R LANDIS DBA J & R ENTERPRISES

On Account Of:
FIREWORKS PERMIT
CK#2060

Entered by: cande

Batch: 20220216-000239

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	2060	JAMES R LANDIS, DBA J & R ENTERPRISES	2,500.00
		TOTAL:	2,500.00