




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  | | |
| 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: 04-15-25 | | |
| Applicant's Information | 1 | Applicant's Name: <u>Seasonal sales, DBA Artillery world, FKA Breanna Elliott</u> Permanent Business Address: <u>237 I-25 service Rd Cheyenne, WY 82007</u> Local Tel. No.: <u>720-363-1827</u> Daytime Tel. No.: <u>720-363-1827</u> E-mail: <u>breezy3789@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 checked="" type="checkbox"/> Corporation* <input 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, City/State/ZIP <u>Breanna Elliott, president</u> <u>17076 W. 85th lane curvada, CO 80007</u> | |
| Wyoming Sales Tax Permit # | 4 | <u>02013113</u> (attach copy of permit) | |
| Fireworks Business Information | 5 | Retail Name of Facility/Store: <u>Artillery world</u> | |
| | 6 | Street Address: <u>237 I-25 service Rd Bldg C</u> Legal Description: <u>Lot 2 Block 1 Terry Park</u> Legal Description from the Assessor or County Planning Office | |
| Dimensions of Building (If new building, submit site plan) | 7 | <u>40x75x30</u> | |
| Registered Agent If applicant is a corporation | 8 | Name: <u>Breanna Elliott</u> Address: <u>237 I-25 service Rd Cheyenne WY 82007</u> | |
| Public Property and Liability Insurance Company Information | 9 | Name: <u>Acrisure Great Lakes partners Insurance services</u> Address: <u>223 W. Grand River Ave #1 Howell, MI 48843</u> Policy Number: <u>05 2115105</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) | |



Laramie County Consumer Fireworks Retail Sales Permit Application

| | | | | | | | | |
|--|------------|---|-------------------|------------|----------------------------|------------|----------------|------------|
| Indemnification and Immunity | 10 | Laramie County Government does not waive its Governmental/Sovereign Immunity, as provided by any applicable law including W.S. § 1-39-101 et seq., by the submission of this application or issuance of any permit. Further, Laramie County Government fully retains all immunities and defenses provided by law with regard to any action, whether in tort, contract or any other theory of law, based on this application or issuance of any permit. | | | | | | |
| Venue and Jurisdiction | 11 | Applicant understands and agrees this Application and any permit shall be governed by and interpreted pursuant to the laws of the State of Wyoming and the Laramie County Consumer Fireworks Retail Sales Regulations. If any dispute arises, Applicant agrees and consents to the First Judicial District, Laramie County, State of Wyoming, as the proper venue and jurisdiction concerning this application, permit, and subject matter hereof and any suit or proceeding at law or in equity shall be brought in the Circuit or District courts of the State of Wyoming, First Judicial District, sitting in Cheyenne, WY. This provision is not intended, nor shall it be construed to waive the Laramie County Government's Governmental Immunity as provided in this application. | | | | | | |
| Oath and Signature of Applicant and Certificate of Authority | 12 | <p>I hereby certify under penalty of false swearing that ALL information on this application form is true and correct, that I am the applicant named herein, or their company agent, and that I have received, reviewed and understand the "Laramie County Consumer Fireworks Retail Sales Regulations, as amended. 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 as provided in the Wyoming firework regulations. Any and all modifications to the site plan 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.</p> <p>NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT</p> <p>I agree on behalf of myself, or through my company agent, 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, all applicable laws.</p> <p>**Applicant's Signature <u>B Elliott</u> Date <u>4/8/25</u></p> <p>**If a corporation, applicant must provide documentation demonstrating authority to sign.</p> <p>** If a foreign corporation, applicant must provide a copy of their Certificate of Authority from the Secretary of State per W.S. § 17-19-1503.</p> <p>Applicant's Printed Name <u>Breanna Elliott</u></p> | | | | | | |
| Inspection Certification | 13 | <p>The undersigned have inspected the applicant's site and found the same to be in compliance.</p> <table border="0"><tr><td>Fire Warden _____</td><td>Date _____</td></tr><tr><td>Environmental Health _____</td><td>Date _____</td></tr><tr><td>Planning _____</td><td>Date _____</td></tr></table> | Fire Warden _____ | Date _____ | Environmental Health _____ | Date _____ | Planning _____ | Date _____ |
| Fire Warden _____ | Date _____ | | | | | | | |
| Environmental Health _____ | Date _____ | | | | | | | |
| Planning _____ | Date _____ | | | | | | | |

**RESOLUTION OF THE BOARD OF DIRECTORS
OF SEASONAL SALES, INC.
(A Colorado Corporation)**

The undersigned, being the President of **Seasonal Sales, Inc.**, a Colorado corporation authorized to do business in the State of Wyoming (the "Corporation"), hereby acknowledges the adoption of the following resolution pursuant to the bylaws of the Corporation and applicable law:

WHEREAS, the Corporation conducts business in the State of Wyoming under the trade names "Jurassic Fireworks" and "Artillery World," and

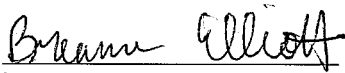
WHEREAS, the Corporation is required to apply for and obtain permits for the sale of fireworks in accordance with the regulations of Laramie County, Wyoming;

NOW, THEREFORE, BOARD HAS RESOLVED, that **Breanna Elliott**, as President of the Corporation, is hereby authorized to take all actions necessary on behalf of Seasonal Sales, Inc., including but not limited to the preparation, signing, and submission of applications for fireworks permits in Laramie County, Wyoming, under the names "Seasonal Sales, Inc. d/b/a Jurassic Fireworks" and "Seasonal Sales, Inc. d/b/a Artillery World."

BE IT FURTHER RESOLVED, that any acts taken by Breanna Elliott in connection with the above-described authority are hereby ratified, confirmed, and approved in all respects.

IN WITNESS WHEREOF, the undersigned has executed this Resolution effective as of the date below.

DATED this 10 day of April, 2025.


Breanna Elliott
President
Seasonal Sales, Inc.

LARAMIE COUNTY CLERK
CHEYENNE, WY

2025 APR 10 P 2:37

**RESOLUTION OF THE BOARD OF DIRECTORS
OF SEASONAL SALES, INC.**

(A Colorado Corporation)

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BE IT FURTHER RESOLVED, that any acts taken by Breanna Elliott in connection with the above-described authority are hereby ratified, confirmed, and approved in all respects.

IN WITNESS WHEREOF, the undersigned has executed this Resolution effective as of the date below.

DATED this 8 day of April, 2025.



Breanna Elliott

President
Seasonal

Sales, Inc.

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Seasonal Sales Inc.

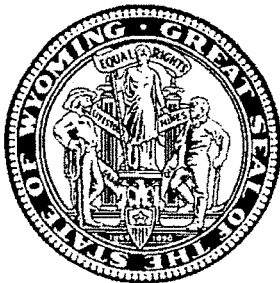
is a

Profit Corporation

formed or qualified under the laws of Colorado did on **May 16, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001458960**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed an Application for Certificate of Withdrawal.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of April, 2025 at 12:14 PM. This certificate is assigned ID Number 083739330.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State

STATE OF WYOMING * SECRETARY OF STATE
BUSINESS DIVISION

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020
Phone: 307-777-7311 · Website: <https://sos.wyo.gov> · Email: business@wyo.gov

Filing Information



Please note that this form **CANNOT** be submitted in place of your Annual Report.

Name **Seasonal Sales Inc.**

Filing ID **2024-001458960**

Type Profit Corporation

Status

Active

General Information

Old Name

Sub Status

Current

Fictitious Name

Standing - Tax

Good

Standing - RA

Good

Sub Type

Standing - Other

Good

Formed in Colorado

Filing Date

05/16/2024 2:23 PM

Term of Duration Perpetual

Delayed Effective Date

Inactive Date

Share Information

Common Shares

Preferred Shares

Additional Stock

N

Par Value 0.0000

Par Value

0.0000

Principal Address

Mailing Address

3369 W 62nd Ave
Denver, CO 80221

3369 W 62nd Ave
Denver, CO 80221

Registered Agent Address

Breanna N Elliott
201 I25 Service Road
Cheyenne, WY 82007

Parties

Type Name / Organization / Address

Notes

Date Recorded By Note

Annual Report History

Num Status Date Year Tax

Amendment History

ID Description Date

Filing Information



Please note that this form CANNOT be submitted in place of your Annual Report.

Name **Seasonal Sales Inc.**

Filing ID **2024-001458960**

Type Profit Corporation

Status

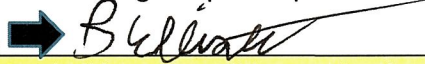
Active

See Filing ID Initial Filing

05/16/2024



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| 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 |
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| 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: 04 01 25 | | |
| Applicant's Information | 1 | Applicant's Name: <u>Breanna Elliott</u> Permanent Business Address: <u>237 1-25 Service Rd. Cheyenne, WY 82007</u> Local Tel. No.: _____ Daytime Tel. No.: <u>720-363-1827</u> E-mail: <u>dmiaco@a.com</u> | |
| | 2 | Doing Business As: <u>Artillery World Fireworks</u> | |
| Type of Business and Owner or Officers' Names | 3 | <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation* <input 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, City/State/ZIP <u>Breanna Elliott</u> <u>3369 W. 62nd Ave Denver, CO 80221</u> | |
| Wyoming Sales Tax Permit # | 4 | <u>02013113</u> (attach copy of permit) | |
| Fireworks Business Information | 5 | Retail Name of Facility/Store: <u>Artillery World Fireworks</u> | |
| | 6 | Street Address: <u>237 1-25 Service Rd. BLDG A</u> Legal Description: <u>Lot 2 Block 1 Terry Park</u> Legal Description from the Assessor or County Planning Office | |
| Dimensions of Building (If new building, submit site plan) | 7 | <u>40X75X30</u> | |
| Registered Agent (If applicant is a corporation) | 8 | Name: <u>Frank Elliott (Seasonal Sales)</u> Address: <u>3369 W. 62nd Ave Denver, CO 80221</u> | |
| Public Property and Liability Insurance Company Information | 9 | Name: <u>Aurisure Great Lakes Partners Insurance Services</u> Address: <u>223 W. Grand River Ave #1 Howell MI 48843</u> Policy Number: <u>052115105</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) | |



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| Venue and Jurisdiction | 11 | Applicant understands and agrees this Application and any permit shall be governed by and interpreted pursuant to the laws of the State of Wyoming and the Laramie County Consumer Fireworks Retail Sales Regulations. If any dispute arises, Applicant agrees and consents to the First Judicial District, Laramie County, State of Wyoming, as the proper venue and jurisdiction concerning this application, permit, and subject matter hereof and any suit or proceeding at law or in equity shall be brought in the Circuit or District courts of the State of Wyoming, First Judicial District, sitting in Cheyenne, WY. This provision is not intended, nor shall it be construed to waive the Laramie County Government's Governmental Immunity as provided in this application. |
| Oath and Signature of Applicant and Certificate of Authority | 12 | <p>I hereby certify under penalty of false swearing that ALL information on this application form is true and correct, that I am the applicant named herein, or their company agent, and that I have received, reviewed and understand the "Laramie County Consumer Fireworks Retail Sales Regulations, as amended. 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 as provided in the Wyoming firework regulations. Any and all modifications to the site plan 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.</p> <p>NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT</p> <p>I agree on behalf of myself, or through my company agent, 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, all applicable laws.</p> <p>**Applicant's Signature <u>B. Elliott</u> Date <u>2/26/25</u></p> <p>**If a corporation, applicant must provide documentation demonstrating authority to sign.</p> <p>** If a foreign corporation, applicant must provide a copy of their Certificate of Authority from the Secretary of State per W.S. § 17-19-1503.</p> <p>Applicant's Printed Name <u>Breanna Elliott</u></p> |
| Inspection Certification | 13 | <p>The undersigned have inspected the applicant's site and found the same to be in compliance.</p> <p>Fire Warden <u>Matthew Butch</u> Date <u>3-19-25</u></p> <p>Environmental Health _____ Date _____</p> <p>Planning <u>Justin Butch</u> Date <u>3-24-25</u></p> |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2025

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 Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843 | CONTACT NAME: | |
| | PHONE (A/C No, Ext): 216-658-7100 | FAX (A/C, No): 216-658-7101 |
| | E-MAIL ADDRESS: | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: Arch Specialty Insurance Company | |
| | INSURER B: Lexington Insurance Company | |
| INSURED Jake's Fireworks Inc. • 1500 E 27th Terr. Pittsburg KS 66762 | 2567 | INSURER C: |
| | | INSURER D: |
| | | INSURER E: |
| | | INSURER F: |
| | | |
| | | |

COVERAGES**CERTIFICATE NUMBER:** 64898654**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 |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| B | GENERAL LIABILITY <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"/> PROJECT <input checked="" type="checkbox"/> LOC | | | 052115105 | 2/15/2025 | 2/15/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | UXP1037038-05 | 2/15/2025 | 2/15/2026 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A | | | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <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)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

Sales Location: 237 I-25 Service Road Building C, Cheyenne WY, 82007

Land Owner: Breanna Elliott; 17076 W. 85th Lane, Arvada CO, 80007

Seasonal Sales, Breanna Elliott; 17076 W. 85th Lane, Arvada CO, 80007

Term: February 15, 2025 through February 14, 2026

The certificate holder and the above listed are additional insureds with respects to general liability policy as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Seasonal Sales Inc dba Artillery World
Breanna Elliott
17076 W. 85th Lane
Arvada CO 80007

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

Sales/Use Tax License No: 02013113 Business Start Date : 06/01/2022 Certificate Print Date: 05/04/2022

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: 237 I-25 SERVICE RD BLDGS A B C
CHEYENNE WY 82007-0000
UNITED STATES**

**Issued To: ARTILLERY WORLD
SEASONAL SALES INC
3369 W 62ND AVE
DENVER CO 80221-1907
UNITED STATES**

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: 6/1/2022. 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.**

CONSUMER FIREWORKS SALES AGREEMENT

This Invoice and Sales Agreement establishes the terms that govern the sales of consumer fireworks (DOT 1.4G; UN 0336) to Purchaser by Jake's Fireworks Inc., a Kansas Corporation or Far East Imports, Inc., a Kansas Corporation (Jake's or Far East). It is understood that Jake's and Far East are not manufacturers of consumer fireworks and import and distribute consumer fireworks in the United States. This Sales Agreement evidences the parties' entire agreement and may be modified only by written agreement. Previous verbal agreements are not enforceable. All price sheet quotes are cash prices and FOB Pittsburg, Kansas. Freight charges must be paid in full before shipment. Should Purchaser fail to make payment as required, refuse delivery, or otherwise breach this agreement, Jake's or Far East may recover both actual damages, interest at up to 15% per annum on any unpaid balance, consequential damages and all costs and expenses including collection fees, court costs, and attorney's fees. The Purchaser consents to this Agreement being governed by the laws of the State of Kansas, and that Kansas will have exclusive jurisdiction over this agreement with venue in Crawford County, Kansas.

The parties agree that as a condition to Purchaser buying its fireworks products from Jake's or Far East that Jake's must issue Purchaser a Certificate of Insurance as an Additional Insured for each location requested in writing by Purchaser. The insurance coverage provided by this Certificate will be Primary and will not seek contribution from any other insurance provided to an Additional Insured. Under this contract, any entity or individual named on the Certificate of Insurance will be an Additional Insured under the Jake's or Far East liability insurance policy. The Parties further agree that Jake's or Far East may charge an administrative fee for the processing and issuing of each Certificate of Insurance.

Upon delivery, the purchaser must inspect the ordered products, and all claims for discrepancies, shortages, and/or damages must be made in writing within three (3) calendar days of delivery, or all such claims are waived. You must also send in pictures of the damaged merchandise with the written damage notification. Only notifications received and approved in writing by Jake's or Far East will result in invoice adjustments.

The purchaser is solely responsible for compliance with all local, state, and federal laws. This transaction is a wholesale commercial transaction between knowledgeable merchants. The Purchaser acknowledges that fireworks ordered are not sold on consignment or approval and are not returnable. This Agreement constitutes no joint venture or partnership. Nor will the Purchaser be the agent, dealer, or representative of Jake's Fireworks, Inc. The Purchaser is an independent merchant and is buying the product for resale.

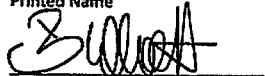
If Purchaser is picking up the ordered items at a Jake's facility, Purchaser should contact the Jake's facility at least 48 hours in advance and arrange the pickup. If such notice is not provided the order may not be ready for delivery when Purchaser arrives.

Date: 2-10-2025

Purchaser

Breanna Elliott

Printed Name



Signature

Laramie County
Fireworks Stand Inspection

Date: 3/04/2025

Planning / Zoning
3966 Archer Parkway
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Business name: Artillery World
Owner: Breanna Elliott
Address: 237 I-25 Service Rd Building C
Phone: 720-363-1827
Permit #: ~~02012253~~ Yearly: Seasonal: Yes
 02013113

A. Zoning Requirements:
CB zone: _____ Site plan: _____ Site plan changes: _____
Admin approval: _____ Compliance Cert.: _____
Outside zoned boundaries: _____

B. Retail Sales permit #: _____

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

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

F. Entry / Exit Doors
1. Two (2) public access doors –
 Size – 3.0 feet wide by 6 feet 8 inches tall X
2. Separated from each other X
3. Doors swing to outside X
4. Clear of supplies / materials /etc X
5. Exit signs clearly visible above exit on interior X

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 N/A LED

I. Signage

- | | |
|---|------------|
| 1. No Smoking – displayed correctly | <u>X</u> |
| 2. No Discharge – displayed correctly | <u>X</u> |
| 3. Sale under age – displayed correctly | <u>X</u> |
| 4. Extreme Danger – (if applicable) | <u>PLA</u> |
| 5. No spray painted retail / safety signs | <u>X</u> |

J. Storage units

- | | |
|--|----------|
| 1. Two (2) fire extinguishers | <u>X</u> |
| 2. Locked when not occupied | <u>X</u> |
| 3. 5 th wheel pinned or tires removed | <u>X</u> |
| 4. 75 feet from stand | <u>X</u> |
| (Grandfathered distance) | <u>X</u> |

K. Grounds

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

Comments:

Date: 3/19/2025 Time: 1:25

Inspectors:

Matthew Butth
Fire Warden

Just Wald
Planning / Zoning



TAMMY L. DEISCH
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 97388

Trans Date: 03/26/2025

Received from/Description:
SEASONAL SALES INC

On Account Of:
ARTILLERY WORLD FIREWORKS
237 I 25 SERVICE RD BLDG C
CK# 1863

Entered by: micheller

Batch: 20250326-000077

Amount: 2,500.00

| Payment Type | Doc# | Description | Amount |
|--------------|------|------------------------|----------|
| CHECK | 1863 | SEASONAL FIREWORKS INC | 2,500.00 |
| TOTAL: | | | 2,500.00 |