

Laramie County
Fireworks Stand Inspection

Date: 10/15/18

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

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Wholesale Fireworks Inc
Owner: Richard Krehbiel
Address: 3259 West College Dr Cheyenne WY 82007
Phone: 307-634-0248
Permit #: _____ Yearly: X Seasonal: _____ / _____
Open Close

A. Zoning Requirements:

CB zone: _____ Site plan: on file Site plan changes: _____
Admin approval: _____ Compliance Cert.: _____
Outside zoned boundaries: _____

B. Retail Sales permit #: 02010674

C. Sanitary Facilities:

1. Portable Toilets
 - a) Pumped and cleaned
 - b) Licensed pumper
 - c) Removed within 2 weeks of closing
- Permanent Facilities

X ReR Rest stops

D. Trash Containment

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

X flyte
X

E. Stand / Storage Location

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

X
X

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

X
X
X
X
X

G. Fire Extinguishers:

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

X
X

H. Fluorescent bulb covers in place

—

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
N/A
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

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:

Date: 10/15/18 Time: 1:30pm

Inspectors:

Planning / Zoning (N/A)

Matthew Bult
Fire Warden

Ray Kuoag
City / County Health



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

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

Misc Receipt Nbr: 51799

Trans Date: 10/01/2018

Received from/Description:
WHOLESALE FIREWORKS

On Account Of:
YEARLY FIREWORKS PERMIT

Entered by: brandyc

Batch: 20181001-000571

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	706509090	WHOLESALE FIREWORKS	3,800.00
TOTAL:			3,800.00

State of Wyoming

Department of Revenue

Excise Tax Division

Sales/Use Tax License No: 02010574 Business Start Date : 08/01/2012 Certificate Print Date: 06/23/2017

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: 3229 W COLLEGE DR
CHEYENNE WY 82007**

**Issued To: WHOLESALE FIREWORKS INC
WHOLESALE FIREWORKS INC
PO BOX 228
DERBY KS 670370228**

Display Conspicuously at the Place of Business for Which Issued



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/20/2018

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 Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		CONTACT NAME PHONE (AC No. Ext.) 218-658-7100 FAX (AC No.) 218-658-7101 E-MAIL ADDRESS:
INSURED 2567 Jake's Fireworks Inc 1500 E 27th Terr Pittsburg KS 66762		INSURER(S) AFFORDING COVERAGE INSURER A Maxum Indemnity Company 26743 INSURER B Everest Indemnity Insurance Co. 10851 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 380884096

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. RSR WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER POL CY <input type="checkbox"/> PRO <input checked="" type="checkbox"/> LOC		S18GL00320-161	2/15/2018	2/15/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE Y/N N/A	EXC6016367	2/15/2018	2/15/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 WC STAT. & TORTORY LIMITS EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL 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: 3229 W College Dr, Cheyenne, WY 82007,
Land Owner: Gerald Dunnigan,
Wholesale Fireworks, Inc., Richard Krehbiel, 1819 Red Brush St, Wichita, KS 67206;
Term February 15, 2018 through February 14, 2019
The Certificate Holder and the above listed are Additional Insureds with respects to General Liability policy as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Wholesale Fireworks, Inc.
Richard Krehbiel
1819 Red Brush St
Wichita KS 67206

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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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 structure during this permit period.

☒

Please Check

Richard Krehbiel

Please Sign

Applicant's Name: Richard Krehbiel

Applicant's Permanent Business Address: 1819 Red Brush St., Wichita KS 67206

Local Telephone #: (307) 634-0248

Daytime Telephone #: 307-634-0248

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: Richard Krehbiel

Address: 1819 Red Brush St. Wichita KS 67206

Name: _____

Address: _____

Name: _____

Address: _____

Registered Agent: _____

Address: _____

Wyoming Sales Tax Permit#: 02010574

(Attach Copy of Permit)

Name of Fireworks Business: Wholesale Fireworks Inc.

Street Address of Site: 3229 West College Dr. Cheyenne WY 82007

Legal Description of Site: W1/2, NW 1/4, of section 13, T.13N, R.67W, Laramie County, WY

(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: Maxim Indemnity Company & Everest Indemnity Insurance Co

Address: One Cleveland Center, Floor 30 1375 East 9th Street Cleveland, OH 44114

Policy Number: 5186L00370-181 & EXCG018367

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: _____

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

Richard Krehbiel

DATE

9/25/18

Print Name: Daniel Silverman

Witness: Dan

For Office Use Only:

☐ Original Bond

☒ Sales Tax Permit

☐ Property Taxes Current

Receipt Number for Fees Paid: # _____

Inspection Certifications

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

Fire Warden: Martha Butth

Date: 10-15-18

Environmental Health: Kay Kwagapi

Date: 10-15-18

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.

For Office Use Only:

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



Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 11-10-18