

120501 - 23

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

**1. DATE OF PROPOSED ACTION:** May 1, 2012

**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:** Dennis Carney

**AGENT:** Debbye Lathrop

**4. DESCRIPTION:** Consideration of a Seasonal Fireworks Permit located at 3115 West College Drive

Amount \$

From

To

**5. DOCUMENTATION:** Originals and (4) four copies

<u>Clerks Use Only:</u>	
<u>Commissioner</u>	<u>Signatures</u>
Humphrey _____	Co Attny _____
Woodhouse _____	Assist Co Attny _____
Thompson _____	Grants Manager _____
Action _____	Outside Agency _____
Postponed/Tabled _____	

**COPY OF RECORD**

# FIREWORKS PERMIT APPLICATION

6

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

Dennis Carney  
Please Sign

Applicant's Name: Dennis Carney

Applicant's Permanent Business Address: 251 F-25 Service Rd Cheyenne Wyo

Local Telephone #: (307) 778-9587 Daytime Telephone #: 307-778-9587

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: David Collar Address: 19208 W. 98 Terr. Lenexa K 66220

Name: Mike Collar Address: 15210 Forster Overland Plc KS 66220

Name: Bob Zimmerman Address: 4720 Eagle Lake Dr FTC Co

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

Wyoming Sales Tax Permit#: 200 9597 (Attach Copy of Permit)

Name of Fireworks Business: Pyro City

Street Address of Site: 3113 W. College Dr

Legal Description of Site: Sect 13 west of R 4th line of CSRR & South of the RW

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

Dimensions of Building: 60' x 40'

Public Property and Liability Insurance Company Information:

Name: Brown & Galleher

Address: 6430 Sam Center Rd Cleveland OH 44139

Policy Number: \_\_\_\_\_

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: 05-11-12

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 Dennis Carney DATE 04-10-12

Print Name: Don Carney

Witness: [Signature]

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: Beth McHenry Date: 4/24/12

Environmental Health: Ray Kuehn Date: 4/24/12

For Office Use Only:

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

**RECEIVED**

APR 16 2012

BY: [Signature]

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 5-31-12

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.

Sales/Use Tax License No:2009597

Business Start Date: 1/1/2009 12:00:00

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: 3115 W. COLLEGE DRIVE  
CHEYENNE WY 820070000

Issued To: PYRO CITY  
JOLLY JAC'S FIREWORKS WORLD LLC  
251 I-25 SERVICE ROAD  
CHEYENNE WY 820070000



Excise Tax Division  
Taxpayer Services Section

Certificate Print Date: 11/3/2008

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: 01/01/2009. Quarterly filers will be set up on calendar quarters. 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 postmarked 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 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 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. Mail to: Department of Revenue, 122 W 25th 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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/10/2012

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).

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (A/C, No. Ext): 440-248-4711	<b>FAX</b> (A/C, No): 440-544-1234
<b>INSURED</b> Winco Fireworks International LLC 5200 W. 94th Terrace Suite 114 Prairie Village KS 66207	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Lexington Insurance Co	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 1112156799	<b>REVISION NUMBER:</b>
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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC		3443627-04	3/31/2012	3/31/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				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)

\*\*\*\*\*AND ADDITIONALLY INSURED\*\*\*\*\*

LOCATION: JOLLY JAC'S FIREWORKS/Pyro City 3115 WEST COLLEGE,CHEYENNE, WY 82007

ADDITIONAL INSURED: MARY JANE CLARK, JOLLY JAC'S FIREWORKS/PYRO CITY. ALL EMPLOYEES WHILE ACTIING IN THIER OFFICAL CAPACITY.

<b>CERTIFICATE HOLDER</b>  Jolly Jac's Fireworks/ Pyro City 3115 West College Cheyenne WY 82007	<b>CANCELLATION</b>  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 
---	--

**Laramie County**  
**Fireworks Stand Inspection**

**Date:** 04/24/2011

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

Fire Warden  
310 W. 19<sup>th</sup> St.  
633-4335

Environmental Health  
100 Central Ave.  
633-4090

Business name: Pyro City  
Owner: David Collar  
Address: 3115 W College Dr.  
Phone: 778-9587

Wyo. Sales Tax Permit #: 2009597 Yearly: \_\_\_\_\_

Seasonal: 05/11/2012  
Open Close

**A. Zoning Requirements:**

CB zone: X Site plan: on file Site plan changes: none

Admin approval: \_\_\_\_\_ Compliance Cert.: \_\_\_\_\_

Outside zoned boundaries: no

**B. Retail Sales permit #: \_\_\_\_\_**

**C. Sanitary Facilities:**

1. Portable Toilets

a) Pumped and cleaned

b) Licensed pumper

c) Removed within 2 weeks of closing

2. Permanent Facilities

To be placed. *WDS*

OK

OK

NA

**D. Trash Containment**

1. (1) metal trash container

2. No fire danger or litter problem

OK

OK

*Countryside*

**E. Stand / Storage Location**

1. 60 feet from property boundary  
(Grandfathered)

2. 150 feet from petroleum storage/gas pumps

OK

OK

**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

OK

OK

OK

OK

OK

G. Fire Extinguishers:

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

H. Fluorescent bulb covers in place	NA
-------------------------------------	----

I. Signage

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

J. Storage units

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

K. Grounds

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

Comments:

*Remove of asphalt seal bucket of roofing compound.  
Clean up under ground electrical cables NW corner of  
building.*

Date: 4/24/12 Time: 11:00

Inspectors:

\_\_\_\_\_  
Planning / Zoning (N/A)

*Bill McHenry*  
\_\_\_\_\_  
Fire Warden

*Ray Kuehn*  
\_\_\_\_\_  
City / County Health

*[Signature]*  
\_\_\_\_\_  
[Signature]

# Laramie County Fireworks

110501-23

**Seasonal Permit**

\$2500

Under the Laramie County Fireworks Regulations adopted and made effective on the 16th day of July, 2002, the Board of Laramie County Commissioners hereby issues a SEASONAL PERMIT to:

**Dennis Carney**  
**d/b/a PYRO CITY**

located on a portion of the Sec 13 W of RW line of CSRR and South the RW Laramie County, WY, a/k/a 3115 W. College Drive, for a term of five (5) consecutive months.

DATE ISSUED May 11, 2012

  
GAY WOODHOUSE, CHAIRMAN  
BOARD OF COMMISSIONERS

  
DEBRA K. LATHROP  
LARAMIE COUNTY CLERK