



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: 0 4 - 0 2 - 2 4			
Applicant's Information	1	Applicant's Name: <u>Breanna Elliott</u> Permanent Business Address: <u>201 I-25 Service Rd. Cheyenne, WY 82007</u> Local Tel. No.: _____ Daytime Tel. No.: <u>720-363-1827</u> E-mail: <u>dmaico@q.com</u>		
	2	Doing Business As: <u>Jurassic Fireworks</u>		
Type of Business and Owner or Officers' Names	3	<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input checked="" type="checkbox"/> Corporation* <input type="checkbox"/> LLC* <small>*If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners.</small> <small>(attach additional pages if necessary)</small>		
		<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td><u>Breanna Elliott</u></td> <td><u>17076 W. 85th Lane Arvada, CO 80007</u></td> </tr> </tbody> </table>	Name	Address
Name	Address			
<u>Breanna Elliott</u>	<u>17076 W. 85th Lane Arvada, CO 80007</u>			
Wyoming Sales Tax Permit #	4	0 2 0 1 2 2 5 3 (attach copy of permit)		
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Jurassic Fireworks</u>		
	6	Street Address: <u>201 I-25 Service Rd. Bldg A</u> Legal Description: <u>Lot 7 Block 2 Terry Park Rd.</u> <small>Legal Description from the Assessor or County Planning Office</small>		
Dimensions of Building (If new building, submit site plan)	7	<u>40 X 75 X 20</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>Acrisure, LLC dba Britton Gallagher & Associates</u> Address: <u>1375 East 9th Street Cleveland OH 44114</u> Policy Number: <u>052115105</u> <small>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)</small>		
Oath and Signature of Applicant	10	<p>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.</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, 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.</p> Applicant's Signature Date <u>3/13/2024</u> <small>If a corporation, applicant must provide documentation to demonstrate authority to sign.</small> Applicant's Printed Name <u>Breanna Elliott</u>		
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Mattie Burtch</u> Date <u>3/26/24</u> Environmental Health <u>Adam</u> Date <u>3/26/24</u> Planning <u>Justin</u> Date <u>3-26-24</u>		

Laramie County
Fireworks Stand Inspection

Date: 3/26/2024

Planning / Zoning
3966 Archer Parkway
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Jurassic Fireworks
Owner: Breanna Elliott
Address: 201 I-25 Service Rd Cheyenne WY, Building A
Phone: 720-363-1827
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 #: 02012253

C. Sanitary Facilities:

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

D. Trash Containment

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

E. Stand / Storage Location

- 1. 60 feet from property boundary (Grandfathered) N/A-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 X

I. Signage

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

J. Storage units

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

K. Grounds

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

Comments:

Maintain grass through season

Date: 3/26/24 Time: 10:00am

Inspectors:

_____ (N/A)
 Planning / Zoning

[Signature]
 City / County Health

[Signature]
 Fire Warden

State of Wyoming

Department of Revenue

Excise Tax Division

Sales/Use Tax License No: 02012253 Business Start Date : 05/02/2019 Certificate Print Date: 05/09/2019

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: 201 I25 SERVICE RD
CHEYENNE WY 82007

Issued For
JURASSIC FIREWORKS
SEASONAL SALES INC
3369 W 62ND AVE
DENVER CO 80221-1907



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: 5/2/2019. 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.

Wyoming Department of Revenue, Excise Tax Division 122 West 25th Street, Herschler Bldg., Cheyenne WY 82002-0110
Phone (307) 777-5541 - Internet: <http://revenue.wyo.gov> - E-mail: dor@wyo.gov
Local Field Office: Cheyenne (307) 777-5211



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)

3/11/2024

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 Acisure LLC dba Britton Gallagher & Associates One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C No., Ext): 216-658-7100 E-MAIL: ADDRESS:	FAX (A/C No.): 216-658-7101
	INSURER(S) AFFORDING COVERAGE	
INSURED Jake's Fireworks Inc. 1500 E 27th Terr Pittsburg KS 66762	INSURER A: Arch Speciality Ins Co	NAIC # 21199
	INSURER B: Lexington Ins Co	19437
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 1190888681 **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 LTY	TYPE OF INSURANCE	ADDL SUMM INSR NO	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
1	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR		052115105	2/15/2024	2/15/2025	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					COMBINED SINGLE LIMIT (EA OCCUR) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per OCCUR) \$ \$
2	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS MADE		UXR1037098-04	2/15/2024	2/15/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER ENCLOSED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STAT/LTDY LIMITS OTH ER 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: 201 I-25 Service Rd Building A, Cheyenne, WY 82007
 Land Owner: Breanna Elliott, 17076 W 85th Lane, CO 80007
 Seasonal Sales, Breanna Elliott, 17076 W 85th Lane, CO 80007
 Term: February 15, 2024 through February 14, 2025
 The Certificate Holder and the above listed are Additional Insureds with respects to General Liability policy as required by written contract.

CERTIFICATE HOLDER Seasonal Sales Inc dba Jurassic Fireworks Breanna Elliott 17076 W 85th Lane Arvada CO 80007 United States	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 

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CONSUMER FIREWORKS SALES AGREEMENT

This invoice and Sales Agreement establishes the terms and conditions 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 prepaid prior to 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 the rate of 18% 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 this Agreement will be governed by the laws of the State of Kansas, and that Kansas will have exclusive jurisdiction over this agreement.

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. Any entity or individual named on the Certificate of Insurance will be an Additional Insured as required by contract with the Purchaser. The Parties further agree that Jake's or Far East may charge an administrative fee for the processing and issuing of such 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. Damages and shortages are subject to approval by Jake's or Far East.

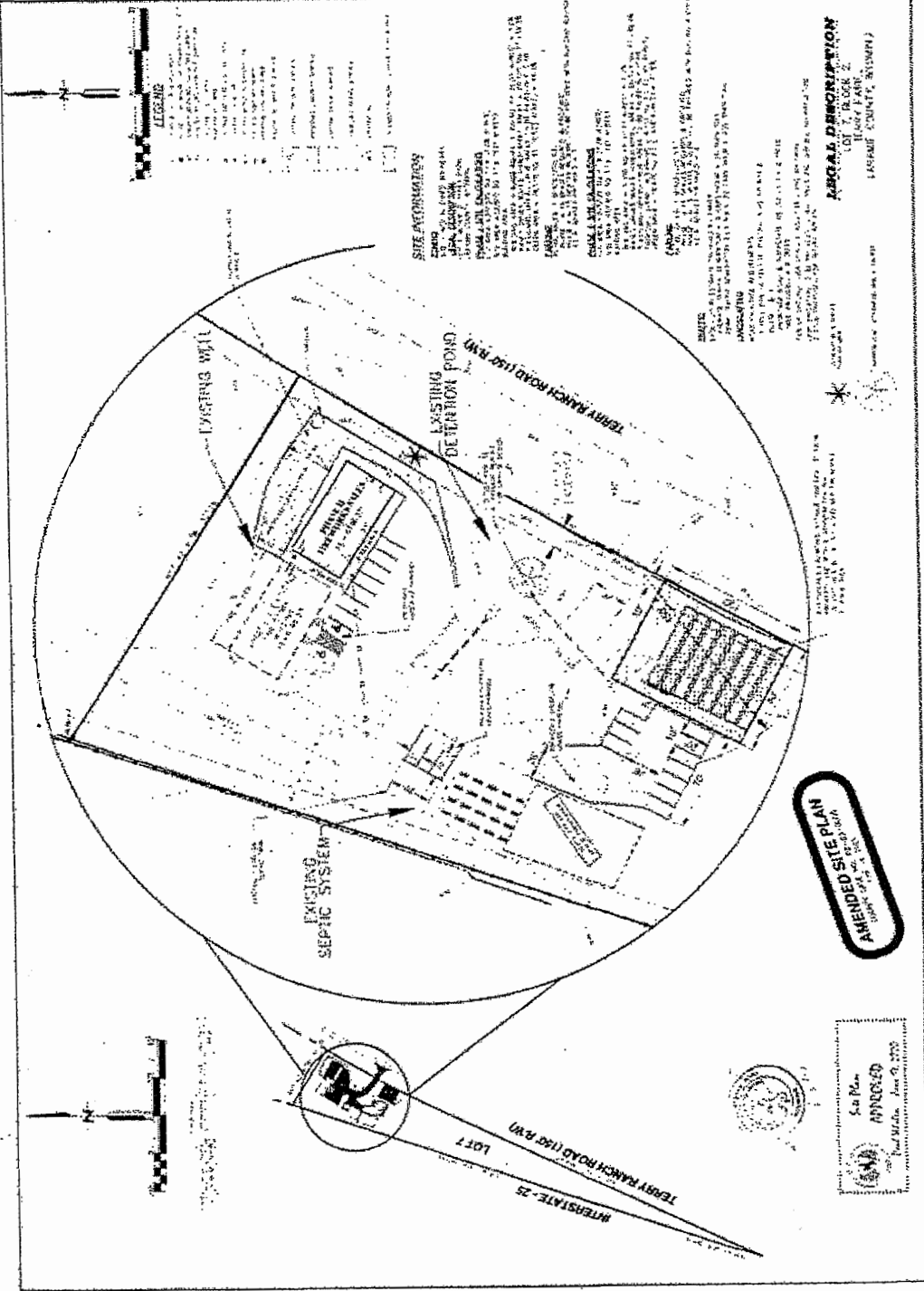
The purchaser is solely responsible for compliance with all local, state, and federal laws. This transaction is a wholesale commercial transaction between knowledgeable merchants. The Purchaser acknowledges that fireworks ordered are not sold on consignment or approval and are not returnable. This Agreement 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.

~~The 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: 3-14-2022

Purchaser
Breanna Elliott
Print Name
[Signature]
Signature

Jake's or Far East
[Signature]
Title: President





TAMMY L. DEISCH
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

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

Misc Receipt Nbr: 90387

Trans Date: 03/27/2024

Received from/Description:
SEASONAL SALES

On Account Of:
FIREWORKS PERMIT
CK#1215

Entered by: JoEllen

Batch: 20240327-000184

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	1215	SEASONAL SALES INC	2,500.00
TOTAL:			2,500.00