

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 333 West College Drive

Amount \$

From

To

5. DOCUMENTATION: Originals and (4) four copies

Commissioner

Clerks Use Only:

Signatures

Humphrey _____

Woodhouse _____

Thompson _____

Action _____

Postponed/Tabled _____

Co Attny _____

Assist Co Attny _____

Grants Manager _____

Outside Agency _____

COPY OF RECORD

FIREWORKS PERMIT APPLICATION

41

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 materials 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 I-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: 19108 W. 98 Terrace Lenexa KS 66220

Name: Mike Collar Address: 15210 Forster Overland Park KS 66223

Name: Ron Zimmerman Address: 4720 Eagle Lake Dr Fort Collins Co

Registered Agent: _____ Address: _____

Wyoming Sales Tax Permit #: 02-0-07539 (Attach Copy of Permit)

Name of Fireworks Business: Pyro City

Street Address of Site: 333 W. College Dr. Cheyenne WY 82007

Legal Description of Site: Tract 1 Menkows Corner

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

Dimensions of Building: 44' x 48'

Public Property and Liability Insurance Company Information:

Name: Britton Gallegher and Associates

Address: 6240 Som 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: 05-23-12

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: Ben 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: Bill M. Jensen

Date: 4/24/12

Environmental Health: Kay Kucinski

Date: 4/24/2012

For Office Use Only:

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

RECEIVED

APR 16 2012

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

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.

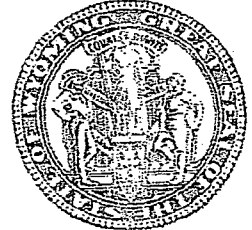
State of Wyoming**Department of Revenue****Sales/Use Tax License No:** 02-0-07539**Business Start Date:** 01-01-02**SIC:** 5940

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: 333 W COLLEGE DROVE
CHEYENNE WY 82007

Issued To:

JOLLY JAC'S FIREWORKS WORLD LLC
JOLLY JAC'S FIREWORKS WORLD LLC
5200 W 94TH TERRACE SUITE 114
PRAIRIE VILLAGE KS 66207



Excise Tax Division
Taxpayer Services Section

Issue Date: April 19, 2002

Display Conspicuously at the Place of Business for Which Issued



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).

PRODUCER Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	CONTACT NAME:	
	PHONE (A/C, No. Ext): 440-248-4711	FAX (A/C, No): 440-248-5406
INSURED Jolly Jacs LLC dba Fireworks Outlet 251 I-25 Service Rd. Cheyenne WY 82007	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Lexington Insurance Co	
	INSURER B: Axis Surplus Ins Company	
	INSURER C: Mt. Hawley Ins Co	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES

CERTIFICATE NUMBER: 1959833343

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
A	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"/> 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 \$
	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) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			EAU706475	3/31/2012	3/31/2013	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
	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				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Property RC/ Special Form			MCP0155270	3/31/2012	3/31/2013	Building \$50,000 limit Contents \$25,000 limit \$10,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is named as Loss Payee as respects to location at:
333 W College Drive, Cheyenne, WY 82007

CERTIFICATE HOLDER**CANCELLATION**

Jolly Jacs LLC dba PYRO CITY 333 W. College Dr. Cheyenne WY 82007	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.

Laramie County
Fireworks Stand Inspection

Date: 04/24/2012

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

Fire Warden
310 W. 19th St.
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Pyro City
Owner: David Collar
Address: 333 W College Dr.
Phone: 778-9587

Wyo. Sales Tax Permit #: 02-0-07539

Yearly: _____
Open 05/23/2012

Seasonal: X
Close

A. Zoning Requirements:

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

Admin approval: _____ Compliance Cert.: _____

Outside zoned boundaries: NA

B. Retail Sales permit #: _____

C. Sanitary Facilities:

1. Portable Toilets

a) Pumped and cleaned

NA

b) Licensed pumper

NA

c) Removed within 2 weeks of closing

NA

2. Permanent Facilities

SSWSD

D. Trash Containment

1. (1) metal trash container

OK

2. No fire danger or litter problem

OK

E. Stand / Storage Location

1. 60 feet from property boundary

OK

(Grandfathered)

2. 150 feet from petroleum storage/gas pumps

NA

F. Entry / Exit Doors

1. Two (2) public access doors –

Size – 3.0 feet wide by 6 feet 8 inches tall

OK

2. Separated from each other

OK

3. Doors swing to outside

OK

4. Clear of supplies / materials /etc

OK

5. Exit signs clearly visible above exit on interior

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. 5th wheel pinned or tires removed OK
- 4. 75 feet from stand OK
(Grandfathered distance)

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:

NW Exit-door will be replaced. New exit will be "Handy-capped" ADA compliant, owner will go through Building Official.
Address numbers will be replaced with reflective numbers.

Install an exit light at each of the required exits.

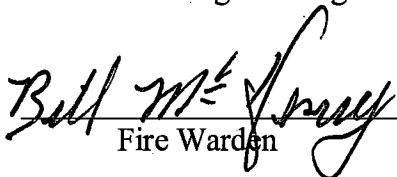
Date: 4/24/12 Time: 10:00

Inspectors:

Planning / Zoning (N/A)



City / County Health



Fire Warden



Laramie County Fireworks

110501-20

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

Tract 1, Menkins Corner

Laramie County, WY, a/k/a 333 W. College Dr, for a term of five (5) consecutive months.

DATE ISSUED May 23, 2012


GAY WOODHOUSE, CHAIRMAN
BOARD OF COMMISSIONERS


DEBRA K. LATHROP
LARAMIE COUNTY CLERK