Ap	r 04	21	09:36p
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May.03.

:24 PM Wholes	le Fireworks Cheyenne	3076340248	P 1/1
May. 3. 2021 1	59PM Laramie County Clerk	No 5683 P. 1	1
La Carlor	ramie County Consumer Fireworks R	letall Sales Permit Application	
Type of Permit	(\$2,500) Seasonal (up to 5 consecutive months)	(63,800) Veerfy: Veerfy: New-rotundebla	
Previous Fireworks Permit Holder	Applicant has previoutly been issued a fireworks p changes or additions have been or will be made to the si plasse stan	ermit and by signing below, Applicent sweets that no Ite and structure duging this permit period.	
Requested Effective Date	All Parmits shall become valid upon the date of the appr effective dates must be approved by the Board of Comm date, pisses indicate have	ioval unless athenwise replyasted. Request for specific nissioners. If you with to request a specific effective 2 1	
	Applicant's Nome: Skyle- Kre.	W. College Dr.	
Applicant's Information	Local Tel. No. (307) 634-0248	Daytime Tal. No.: (3/6) 518-0829 Salefileworks bc. com	
	2. Doing Business as: Whole sale Fis	reworks	
Type of Business and Owner or	Sole Proprietor Partnership* "If ownership is a partnership, corporation, or limited is and owners.	agesti necessiry)	
Officers' Names	Name RICHARD L KREHBIEL SANDRE L KREHBIEL	Address 10635 E GLENGATE CIR SAME AS ABOUE	WICHITA,KS 67200
Wyoming Sales Yax Permit #	4 020105	7 4 (attach copy of permite)	
Fireworks Business	15, Retall Name of Facility/Store: Lattale 3als	e Fileworks	
information	Street Addross: <u>3239</u> W. Colla 6 Legal Description: <u>W /2 NW /4 oP</u> Legal Description from the Assessor	Section 13 TISN RGTW, Laro	mie Curty Kly
Dimensions of Building (stnow building, submit site plan)			
Registered Agant If applicant is a conjoration	Address: 10635 E. Glenge		
Public Property and Liability Insurance Company	Address: 509 W KOETASC Policy Number: GRAND ISLAN	9-211	
Information	Certificate of insurance in a minimum amount of \$1,000,0 or permit shall be revoted. (estach copy of certificate	00 must remain in effect during the term of the parmit	
	i hereby sweer or effirm under penalty that ALL informations that the opplicant named herein, and that I have focus consultant by me to carry out the operations of the first the basis of the regulations and that the permit may be name to carry out the operations of the first the basis of the regulations and that the permit may be named for an updated site size size and not defined and size size of the first of the size with a assimption of the first of the first of the size of the size with a assimption of the first of the first of the size with a set of the first of the first of the size of the size with a set of the first of the first of the first of the size of the size with a set of the first of the first of the first of the size with a set of the first of the first of the first of the size with a set of the first of the first of the first of the size of the size with a set of the size of the first of the first of the size of the siz	ved, reviewed and understand the "Laramie County inwary 8, 2019. I understand all approvals represent a works operation as represented. I further understand swoked. Any and all modifications to the "Approvals" it which time a deturningtion will be made as to the high lative or Board of County Commissioners review. sel inspection for compliance with the "Approved Site	
Dath and Signature of Applicant	Pien" and a policable regulations. If any of the informatio the applicant to natify the Laramie County Clerk of the Failure to comply with this natice provision may result in NOTE URAPEROVED MODIFICATIONS TO THE SITE MARY FIREWORKS SALES PERMIT I agree on barear of Maketa, ice at all times abide by and b Employees and effiliates, ice at all times abide by and b	e change within frue (5) working days of the change, denial or revocation of the permit. r PROHIBIT ISSUANCE OR RESULT av NEWOCATION OP d liabhity company, my corporation and all assigns,	
	Fireworks Reteil Sales Reclubelions. Applicant's Signature if a corporotion, applicant must provide document Applicant's Printed Name The undursigned have inspected the applyant's site apd	(relbiel)	
Inspection Certification	Hite Warden Matthe Outbo	Date 5///2	12

May	3.	2.0 Z
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	11.	S.
12	7	73
	10.00	

May 3. 2021 1:59PM Laramie County Clerk

Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit	1.08	Image: Signal state         Fees are           Signal (\$2,500) Seasonal (up to 5 consecutive months)         Image: Signal state           Signal state         Non-refundable
Previous Fireworks Permit Holder		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:
Applicant's Information	1	Applicant's Name: <u>Skyler Krekbiel</u> Permanent Business Address: <u>3229</u> W, <u>College</u> Dr. Local Tel. No. ( <u>307</u> ) <u>634-0248</u> Daytime Tel. No.: ( <u>316</u> ) <u>518-08</u> 29 E-mail: <u>Kyler Krehbiel</u> <u>BWLolesale fikewonksing</u> . <u>Lom</u> Doing Business As: <u>Wholesale</u> Fireworks
Type of Business and Owner or Officers' Names	3	Sole Proprietor Partnership* Corporation* 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
Wyoming Sales Tax Permit #	4	O 2 O I D 5 7 4 (attach copy of permit)
Fine de Deciment	5	Retail Name of Facility/Store: <u>L1LDlesgle</u> Fileworks
Fireworks Business Information	6	Street Address: <u>3229</u> W. College Dr. Legal Description: <u>Common Ay</u> By 5 the SS Legal Description from the Assessor or County Planning Office
Dimensions of Building (If new building, submit site plan)	7	Roughly 3,000 Sq ff but Less than we believe
Registered Agent If applicant is a corporation	8	Name:
Public Property and Liability Insurance Company Information	9	Name: Ryder poserker & Mccurer & Acerel Address: SD9 W. Koerby St. & 1375 E. 9 <sup>-12</sup> St. Policy Number: 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)
Oath and Signature of Applicant	10	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. NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES 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 Consumer Fireworks Retail Sales Regulations. Applicant's Signature
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden Date Environmental Health Date Planning Date

# Laramie County Fireworks Stand Inspection

Date: <u>5 / 11 / 2021</u>

Planning / Zoning 3966 Archer Parkway 633-4303	Fire Warden 3962 Archer Parkway 633-4335		conmental Health Central Ave. 4090
Business name: Whole sale Firew Owner: Richard Krehbird, Sandre Address: 3009 W. College Dr Ch Phone:	kyenne WY		
A. Zoning Requirements: CB zone: Admin approval: Outside zoned boundaries:	Site plan: Site p Compliance Cert.:		
B. Retail Sales permit #: _0201057	<u>14</u>		
<ul> <li>C. Sanitary Facilities:</li> <li>1. Portable Toilets <ul> <li>a) Pumped and cleaned</li> <li>b) Licensed pumper</li> <li>c) Removed within 2 weeks</li> <li>Permanent Facilities</li> </ul> </li> </ul>	of closing	V RAR V V	
<ul><li>D. Trash Containment</li><li>1. (1) metal trash container</li><li>2. No fire danger or litter problem</li></ul>	m	V flyte	
<ul> <li>E. Stand / Storage Location <ol> <li>60 feet from property boundar</li> <li>(Grandfathered)</li> <li>150 feet from petroleum stora</li> </ol> </li> <li>F. Entry / Exit Doors</li> </ul>		X	
<ol> <li>Two (2) public access doors Size - 3.0 feet wide by 6 fee</li> <li>Separated from each other</li> <li>Doors swing to outside</li> <li>Clear of supplies / materials</li> <li>Exit signs clearly visible abo</li> </ol>	et 8 inches tall	**	

<ul> <li>G. Fire Extinguishers:</li> <li>1. Two (2) 5lb. 2-A, 10 BC dry Chemical type</li> <li>2. Displays current/dated inspection tag</li> </ul>	X
H. Fluorescent bulb covers in place	×
<ul> <li>I. Signage <ol> <li>No Smoking – displayed correctly</li> <li>No Discharge – displayed correctly</li> <li>Sale under age – displayed correctly</li> <li>Extreme Danger – (if applicable)</li> <li>No spray painted retail / safety signs</li> </ol> </li> </ul>	X AX X
<ul> <li>J. Storage units <ol> <li>Two (2) fire extinguishers</li> <li>Locked when not occupied</li> <li>5<sup>th</sup> wheel pinned or tires removed</li> <li>75 feet from stand </li> <li>(Grandfathered distance)</li> </ol> </li> </ul>	X X X
<ul> <li>K. Grounds</li> <li>1. Grass trimmed to height of 2" for 75 feet from stand</li> <li>2. Clear of debris / trash</li> <li>3. Defined parking</li> </ul>	* *

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Comments:

Date: <u>5 111 / 2021</u> Time: <u>11</u> : COam Inspectors:

(N/A)

MatthQue Fire Warden

Planning / Zoning

ell

City / County Health

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

WHOLESALE FIREWORKS INC WHOLESALE FIREWORKS INC PO BOX 228 DERBY KS 670370228

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: 8/1/2012. 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.
- 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.

ACORD <sup>®</sup> CERI	ſIFI	C	ATE OF LIA	BIL	ITY IN	<b>SURA</b>	NCE	121.0	9/2021
THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY	OR	NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	POLICIES
IMPORTANT: If the certificate holder the terms and conditions of the policy, certificate holder in lieu of such endors	Is an A , certal	ADD	TIONAL INSURED, the	policy( ndorse	les) must be ment. A stat	endorsed. ement on th	If SUBROGATION IS W	VAIVED, confer rig	subject to ghts to the
RODUCER	Settion	431.		CONTA NAME:	CT		- 1999		
Irition Gallagher					Extl: 216-65	B-7100	FAX (A/C, No)	216-658	-7101
One Cleveland Center, Floor 30 375 East 9th Street				E-MAIL	\$\$:			_	
leveland OH 44114						URER(S) AFFOR			NAIC #
				INSURE	RA : Everest	Indemnity Ins	urance Co.		10851
ureo ake's Fireworks Inc.			2567	INSURE	RB: Arch Spe	eciality Ins Co			21199
500 E 27th Terr.				INSURE	RC:				
ttsburg KS 66762				INSURE	RD:				
				INSURE					
OVERAGES CER	TIEIC	ATE	NUMBER: 1695108848	INSURE	RF:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF IN	ISUR. MEN	ANCE LISTED BELOW HA IT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE	CT TO V	WHICH THIS
R TYPE OF INSURANCE	ADDLIS	UBR	POLICY NUMBER		POLICY EFF	POLICY EXP	1.IMT	TS	
GENERAL LIABILITY			S18ML01699-211	1	2/15/2021	2/15/2022	EACH.OCCURRENCE	\$ 1,000,0	00
X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (En occurrence)	\$ 500,000	0.
CLAINS-MADE X OCCUR							MED EXP (Any one parson)	s	
							PERSONAL & ADV INJURY	\$ 1,000,0	00
							GENERAL AGGREGATE	\$ 2,000.0	
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,0	00
AUTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT		
ANY AUTO							(Ealectident) BODILY:(NJURY (Per person)	\$	
ALLOWNED SCHEDULED							BODILY INJURY (Per accident)		
HIRED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
							i o obligony	\$	
UMBRELLA LIAB X OCCUR			UXP1037038-01		2/15/2021	2/15/2022	EACH OCCURRENCE	\$ 1,000.0	00
X EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$ 1,000,0	00
DED RETENTION \$								5	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	NTA					1	E.L. EACH ACCIDENT	S	
(Mandatory In NH)							E.L. DISEASE - EA EMPLOYER		
							L. DISEASE - PELICY DMI	1.	
SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC dditional Insured extension of coverage is ales Location: 3229 W. College Dr., Chey and Owner: Gerald Dunnigan; /holesale Fireworks, Inc., Richard Krehbie erm: February 15, 2021 through February he Certificate Holder and the above listed	provid enne, V	NY E	y above referenced Gene 32007; 1 Brush St. Wichita, KS 6	ral Liab	ility policy wh	erë requirad l	d'		
ERTIFICATE HOLDER				CANC	ELLATION	-			
Wholesale Fireworks, Inc. Richard Krehbiel				THE	EXPIRATION	TH THE POLIC	ESCRIBED POLICIES BE C REOF, NOTICE WILL Y PROVISIONS.	ANCELL Be del	ED BEFORE IVERED IN
1819 Red Brush St. Wichita KS 67206				11	, P	75-1			

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### TRUDY L. EISELE

## LARAMIE COUNTY Treasurer

#### MISCELLANEOUS RECEIPT

#### \*\*\* ORIGINAL RECEIPT \*\*\*

#### Misc Receipt Nbr: 70279

Trans Date:

05/11/2021

Received from/Description: WHOLESALE FIREWORKS, INC

On Account Of: ANNUAL FIREWORKS PERMIT CK#99001

Entered by: micheller

Batch: 20210511-000930

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
СНЕСК	99001	WHOLESALE FIREWORKS, INC	3,800.00
		TOTAL:	3,800.00