

May. 3. 2021 1:59PM Laramie County Clerk

No. 5683 P. 1



Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit	<input type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months) <input checked="" 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: <u>Richard L. Krebbiel</u>							
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: <u>05-18-21</u>							
Applicant's Information	Applicant's Name: <u>Skyle Krebbiel</u> Permanent Business Address: <u>3229 W. College Dr.</u> Local Tel. No. <u>(307) 634-0248</u> Daytime Tel. No.: <u>(316) 518-0829</u> E-mail: <u>SkyleKrebbiel@WholesaleFireworksInc.com</u> Doing Business As: <u>Wholesale Fireworks</u>							
Type of Business and Owner or Officers' Names	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation* <input checked="" type="checkbox"/> 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) <table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td><u>RICHARD L. KREBBIEL</u></td> <td><u>10635 E. GLENGATE CIR</u></td> </tr> <tr> <td><u>SANDRE L. KREBBIEL</u></td> <td><u>SAME AS ABOVE</u></td> </tr> </tbody> </table>		Name	Address	<u>RICHARD L. KREBBIEL</u>	<u>10635 E. GLENGATE CIR</u>	<u>SANDRE L. KREBBIEL</u>	<u>SAME AS ABOVE</u>
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<u>SANDRE L. KREBBIEL</u>	<u>SAME AS ABOVE</u>							
Wyoming Sales Tax Permit #	<u>02010574</u> (attach copy of permit)							
Fireworks Business Information	Retail Name of Facility/Store: <u>Wholesale Fireworks</u> Street Address: <u>3229 W. College Dr.</u> Legal Description: <u>W 1/2 NW 1/4 of Section 13T 3N R 67W, Laramie County WY</u> Legal Description from the Assessor or County Planning Office:							
Dimensions of Building (if new building, submit site plan)	7							
Registered Agent (if applicant is a corporation)	Name: <u>Richard Krebbiel</u> Address: <u>10635 E. Glengate Cir</u>							
Public Property and Liability Insurance Company Information	Name: <u>RYDER ROSACKER & MEULE</u> Address: <u>509 W. KOENIG ST</u> <u>SIGMA 01699-211</u> Policy Number: <u>GRAND ISLAND, NE 68801</u> 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	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: <u>Richard Krebbiel</u> Date: <u>5-3-21</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name: <u>Richard Krebbiel</u>							
Inspection Certification	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden: <u>Matthew Dubs</u> Date: <u>5/11/21</u> Environmental Health: <u>Michael Wade</u> Date: <u>5/11/2021</u> Planning: <u>Shawn Emerson</u> Date: <u>5-11-21</u>							

WICHITA, KS 67206



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Fireworks Business Information	5 Retail Name of Facility/Store: <u>Wholesale Fireworks</u> 6 Street Address: <u>3229 W. College Dr.</u> Legal Description: <u>Community Business</u> <small>Legal Description from the Assessor or County Planning Office</small>									
Dimensions of Building (If new building, submit site plan)	7 <u>Roughly 3,000 sq ft but less than we believe</u>									
Registered Agent (if applicant is a corporation)	8 Name: _____ Address: _____									
Public Property and Liability Insurance Company Information	9 Name: <u>Ryder Rosacker & McWee & Accord</u> Address: <u>509 W. Koenig St & 1375 E. 9th St</u> 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)									
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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: 5/11/2021

Planning / Zoning
3966 Archer Parkway
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Wholesale Fireworks
Owner: Richard Krehbiel, Sandra Krehbiel
Address: 3529 W. College Dr Cheyenne WY
Phone: 307-634-0245
Permit #: _____ Yearly: X Seasonal: _____ / _____
Open Close

A. Zoning Requirements:

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

B. Retail Sales permit #: 02010574

C. Sanitary Facilities:

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

✓ 24R
✓
✓
N/A

D. Trash Containment

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

✓ flye
✓

E. Stand / Storage Location

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

✓
✓

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

✓
✓
✓
✓
✓

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

X

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: 5/11/2021 Time: 11:00am

Inspectors:

Planning / Zoning (N/A)

Michael Wallace
City / County Health

Matthew Bull
Fire Warden

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

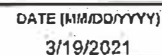


Display Conspicuously at the Place of Business for Which Issued

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.
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.





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
CHECK	99001	WHOLESALE FIREWORKS, INC	3,800.00
TOTAL:			3,800.00