

# FIREWORKS PERMIT APPLICATION

# 1

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 Michael Johnson  
Please Sign

Applicant's Name: Michael Johnson

Applicant's Permanent Business Address: 245 I 25 Service Road Cheyenne WY 82007

Local Telephone #: (307) 638-4169 Daytime Telephone #: 307-638-4169

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 Collaz Address: 2201 Snake Dr. Naples FL 34102

Name: Mike Collaz Address: 436 S. Shore Dr. Lake Winnebago MO.

Name: John Collaz Address: 3768 West 105th Terrace, Leawood KS. 66206

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

Wyoming Sales Tax Permit#: 62-0-07123 (Attach Copy of Permit)

Name of Fireworks Business: Fireworks Outlet

Street Address of Site: 251 I 25 Service Road Cheyenne WY 82007

Legal Description of Site: Lot 3 Block 1 Terry Park Subdivision Laramie WY

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

Dimensions of Building: 50' x 98'

### Public Property and Liability Insurance Company Information:

Name: Bryan Galweper + Associates

Address: 6240 San Center Road 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: May 22, 2019

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 Michael Johnson DATE 4-12-19

Print Name: Sen Laws

Witness: [Signature]

For Office Use Only:  
 Original Bond  Sales Tax Permit  Property Taxes Current  
Receipt Number for Fees Paid: # 55582

For Office Use Only:  
Place date and time stamp here at time application is received.  
**RECEIVED**  
APR 16 2019  
BY: \_\_\_\_\_  
Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: \_\_\_\_\_

Inspection Certifications  
The undersigned have inspected the applicant's site and found the same to be in compliance  
Fire Warden: Matth Butth Date: 4/25/19  
Environmental Health: Noel Hellel Date: 4/25/19

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.

**Laramie County  
Fireworks Stand Inspection**

Date: 4/25/2019

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

Fire Warden  
3962 Archer Parkway  
633-4335

Environmental Health  
100 Central Ave.  
633-4090

Business name: Fireworks Outlet  
 Owner: David Collar, Mike Collar, John Collar  
 Address: 251 I-25 Service Rd  
 Phone: 638-4169  
 Permit #: \_\_\_\_\_ Yearly: \_\_\_\_\_ Seasonal: X / \_\_\_\_\_  
Open Close

A. Zoning Requirements:  
 CB zone: \_\_\_\_\_ Site plan: on file Site plan changes: \_\_\_\_\_  
 Admin approval: \_\_\_\_\_ Compliance Cert.: \_\_\_\_\_  
 Outside zoned boundaries: \_\_\_\_\_

B. Retail Sales permit #: 0207123

C. Sanitary Facilities:  
 1. Portable Toilets  
 a) Pumped and cleaned \_\_\_\_\_  
 b) Licensed pumper \_\_\_\_\_  
 c) Removed within 2 weeks of closing \_\_\_\_\_  
 Permanent Facilities X will pump next week B & B

D. Trash Containment  
 1. (1) metal trash container X  
 2. No fire danger or litter problem X Bryan-Country side? fly +

E. Stand / Storage Location  
 1. 60 feet from property boundary X  
    (Grandfathered) X  
 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. 5<sup>th</sup> wheel pinned or tires removed X
- 4. 75 feet from stand X  
(Grandfathered distance) X

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:

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Date: 4/25/19 Time: 10:00

**Inspectors:**

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

Maell Kelley  
 City / County Health

Matthew Bubler  
 Fire Warden



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/8/2019

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 One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 216-658-7100      FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> Jolly Jacs LLC dba Fireworks Outlet 251 I-25 Service Rd. Cheyenne WY 82007	<b>INSURER A:</b> Maxum Indemnity Company      26743	
	<b>INSURER B:</b> Mt. Hawley Ins Co	
	<b>INSURER C:</b> Everest Indemnity Insurance Co.      10851	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER: 763410227**      **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
C	<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			SIBGL01234-181	12/15/2018	12/31/2019	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 - COM/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			EXC6032186	12/15/2018	12/31/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property RC/ Special Form			MCP0162136	12/15/2018	12/31/2019	Building \$400,000 Contents \$125,000 \$10,000 Deductible

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.  
Certificate Holder is named as a Loss Payee as respects to location at:  
251 I-25 Service Road, Cheyenne, WY 82007

<b>CERTIFICATE HOLDER</b>  Jolly Jacs LLC dba Fireworks Outlet 251 I-25 Service Rd. 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.
	<b>AUTHORIZED REPRESENTATIVE</b>  

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LD-6-01875

**State of Wyoming**

**Department of Revenue**

**Sales/Use Tax License No:** 02-0-07123      **Business Start Date:** 01-01-01      **SIC:** 5990

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:** 251 I-25 SERVICE RD  
CHEYENNE WY 82007-

**Issued To:**

JOLLY JACS FIREWORKS WORLD LLC  
JOLLY JAC'S FIREWORKS WORLD LLC  
5200 W 94TH STE 114  
PRAIRIE KS 66207-



Excise Tax Division  
Taxpayer Services Section

**Issue Date:** January 26, 2001

**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: 01-01-01. Quarterly and annual filers will be set up on calendar quarters and yearly filings. If you are a quarterly or annual filer, your first return may be for a portion of a calendar quarter or tax year.
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 return 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 a 10% penalty plus a monthly interest rate of .0105 per month, which is calculated on a daily basis.
5. Please notify the Taxpayer Services Section at the Cheyenne Office in writing if there is a change of address or ownership. Mail to : Department of Revenue, 122 W 25<sup>th</sup> 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.