

FIREWORKS PERMIT APPLICATION

Type of Permit

☐

Seasonal (up to 5 consecutive months)

☒

Yearly (\$3800)

Applicant has previously been issued a fireworks permit and intends to rely on site plans and application material which were approved by the Planning and Development office and FireWarden. 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

William A. Weimer, Secretary

Please Sign

Applicant's Name: Phantom Fireworks Showrooms, LLC

Applicant's Permanent Business Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405

Local Telephone #: (307) 775-9954 Daytime Telephone #: 330-746-1064

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: Bruce J. Zoldan Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405

Name: Jerry Bostock Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405

Name: Alan L. Zoldan Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405

Registered Agent: Registered Agent Solutions, Inc. Address: 125 S. King St., P.O. Box 2922, Jackson, WY 83001

Wyoming Sales Tax Permit#: 02011670 (Attach Copy of Permit)

Name of Fireworks Business: Phantom Fireworks

Street Address of Site: 227 I-25 Service Road East, Cheyenne, WY 82007

Legal Description of Site: Lot 4 Block 2, Terry Park, Laramie County, WY

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

Dimensions of Building: 158'4" x 76'4"

Public Property and Liability Insurance Company Information:

Name: Everest Indemnity through Britton-Gallagher and Associates

Address: One Cleveland Center, Floor 30, 1375 East 9th Street, Cleveland, OH 44114

Policy Number: SI8GL00643-171, EXC6025343-04

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: Upon expiration of prior permit.

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 William A. Weimer, Secretary

DATE

5-8-18

Print Name: William A. Weimer, Secretary

Witness: Kimberly A. Emery

For Office Use Only:

☒ Original Bond ☒ Sales Tax Permit ☐ Property Taxes Current

Receipt Number for Fees Paid: #

48943

Inspection Certifications

The undersigned have inspected the applicant's site and found the same to be in compliance

Fire Warden: _____ Date: _____

Environmental Health: _____ Date: _____

For Office Use Only:

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

RECEIVED
MAY - 9 2018
BY: Robert

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 6-23-18

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.



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 48943

Trans Date: 05/09/2018

Received from/Description:
PHANTOM ADMINISTRATIVE LLC

On Account Of:
YEARLY FIREWORKS PERMIT
CK#549285

Entered by: brandyc

Batch: 20180509-000606

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	549285	PHANTOM ADMINISTRATORS LLC	3,800.00
TOTAL:			3,800.00

PHANTOM FIREWORKS SHOWROOMS, LLC

Operators of Phantom ® Fireworks Retail Showrooms Nationwide

Corporate Office:
2445 Belmont Avenue
Youngstown, Ohio 44505-2405
Robyn R. Gallitto, Deputy General Counsel

Phone: 330-746-1064
Fax: 330-746-4410
Web Site: www.fireworks.com
E-Mail: Rgallitto@fireworks.com

May 1, 2018

Laramie County Clerk's Office
Attn: Valerie Roybal
309 West 20th Street
Cheyenne, WY 82001

Re: Laramie County Fireworks Yearly Permit
Phantom Fireworks - Located at 227 I-25 Service Road East, Cheyenne,
WY 82007

Dear Ms. Roybal:

Enclosed herewith please find the "Fireworks Permit Application" for a Yearly permit that I am submitting to you on behalf of Phantom Fireworks Showrooms, LLC dba Phantom Fireworks, 227 I-25 Service Road East, Cheyenne, WY 82007, together with the following supporting documentation and material:

1. A Certificate of Liability Insurance;
2. Our Sales/Use Tax License;
3. Our Plot Plan and Floor Plan
4. Our check in the amount of THREE THOUSAND EIGHT HUNDRED DOLLARS (\$3,800.00) payable to the County of Laramie representing the required filing fees.

*** Please note that our office mailing address has changed and is now: 2445 Belmont Avenue, Youngstown, Ohio 44505-2405. Please send all correspondence here in the future.

I shall appreciate your receiving this material and processing it with your usual dispatch. If, during the processing of this permit application, you determine that there are any deficiencies or that you have any additional requirements, please do not hesitate to contact me at your convenience. If you prefer, you may communicate with me via e-mail directed to me at: Rgallitto@fireworks.com.

Thank you for your attention to this Fireworks Permit Application.

Sincerely,



ROBYN R. GALLITTO
Deputy General Counsel

RRG:ke
encl.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/1/2018

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. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME:	
	PHONE (A/C No. Ext): 216-658-7100	FAX (A/C No.): 216-658-7101
INSURED Phantom Fireworks Showrooms, LLC 2445 Belmont Avenue Youngstown OH 44505	E-MAIL ADDRESS: info@brittongallagher.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Everest Indemnity Insurance Co.	NAIC #: 10851
	INSURER B: Maxum Indemnity Company	26743
	INSURER C: Axis Surplus Ins Company	26620
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 1196203647

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	Y	SI8GL00643-171	10/30/2017	10/30/2018	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$	
	<input checked="" type="checkbox"/> Non-Owned Stand					PERSONAL & ADV INJURY	\$1,000,000	
	<input type="checkbox"/> End't Included					GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS		PROPERTY DAMAGE (Per accident)	\$				
						\$		
B	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	EXC6025343-04	10/30/2017	10/30/2018	EACH OCCURRENCE	\$4,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$4,000,000	
	DED RETENTIONS						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IN)					Y/N		
	If yes, describe under DESCRIPTION OF OPERATIONS below					N/A		
C	Excess Liability #2	Y	EAU784017	10/30/2017	10/30/2018	Each Occ/ Aggregate	\$5,000,000	
		Total Limits				\$10,000,000		

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. PRODUCTS LIABILITY EXTENDS ONLY TO PRODUCTS PURCHASED FROM OR SUPPLIED BY THE INSURED.
Group Code: Young, OH

CERTIFICATE HOLDER**CANCELLATION**

Phantom Fireworks Showrooms, LLC
227 I-25 Service Road, East
Cheyenne WI 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

State of Wyoming

Department of Revenue

Excise Tax Division

Sales/Use Tax License No: 02011981 Business Start Date : 06/01/2018 Certificate Print Date: 05/08/2018

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: 227 I-25 SERVICE RD EAST
CHEYENNE WY 82007-9749**

**Issued To: PHANTOM FIREWORKS SHOWROOMS LLC
PHANTOM FIREWORKS SHOWROOMS LLC
2445 BEMONT AVE
YOUNGSTOWN OH 44502**

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: 6/1/2018. 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.

ROOM NUMBER

REQUIREMENT

AREA SERVED BY THIS ROOM

AREA SERVED BY ROOM / OCCUPANT LOAD

SQUARE FOOTAGE PER OCCUPANT

OCCUPANT LOAD SERVED BY AN EXIT

EXIT

R

EXIT EXTINGUISHER & CASH/LOT (TOP OF CASH/LOT AT EXIT)

PHANTOM ADMINISTRATIVE, LLC

VENDOR #: 299175 549285

INVOICE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
APR18API	00668209	4/27/18	3800.00		3800.00
CHECK DATE	CHECK NO.	PAYEE	TOTALS	DISCOUNTS TAKEN	CHECK AMOUNT
4/30/18	549285	COUNTY OF LARAMIE	3800.00		3800.00

Phantom Administrative, LLC
Phantom Fireworks Showrooms

Key Bank

549285

2445 BELMONT AVENUE
YOUNGSTOWN, OHIO 44505
330-746-1064

DATE 4/30/18

PAY TO THE
ORDER OF

COUNTY OF LARAMIE

THREE THOUSAND EIGHT HUNDRED AND 00/100 DOLLARS

\$ *****3,800.00

COUNTY OF LARAMIE
LARAMIE CNTY GVRNMNTL COMPLEX
P.O. BOX 608
20TH ST SUITE 1500
CHEYENNE, WY 82003

Brue L. Zoller

AUTHORIZED SIGNATURE

Phantom Administrative, LLC is acting as disbursement agent for the company listed above on the invoice noted on the attached remittance form. No contractual obligation is to be imputed to Phantom Administrative, LLC by virtue of the issuance of this check.

⑈ 549285 ⑈ ⑆02⑆300556⑆ 320993203696⑈

Security Features Included: Details on back

