

LARAMIE COUNTY CLERK BOARD OF COUNTY COMMISSIONERS AGENDA ITEM PROCESSING FORM

1. DATE OF PROPOSED ACTION: October 17, 2017

2. AGENDA ITEM: Appointments Bids/Purchase Claims
 Contracts/Agreements/lease Grants Land Use: Variances/Board App/Plats
 Proclamations Public Hearings/Rules & Reg's Reports & Public Petitions
 Resolutions Other Licenses & Permits

3. DEPARTMENT: County Clerk

APPLICANT: _____ AGENT: Debra Lee

4. PUBLIC HEARING regarding a yearly fireworks permit submitted by Richard Krehbiel d/b/a Wholesale Fireworks, located at 3229 West College Drive.

Amount \$ _____ From _____ to _____

5. DOCUMENTATION: _____ Originals

<u>Clerks Use Only:</u>			
<u>Commissioner</u>		<u>Signatures</u>	
Holmes	_____	Co Attny	_____
Heath	_____	Assist Co Attny	_____
Ash	_____	Grants Manager	_____
Kailey	_____	Outside Agency	_____
Thompson	_____		
Action	_____		
Postponed/Tabled	_____		

FIREWORKS PERMIT APPLICATION

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 Richard L. Krebbiel
Please Sign

Applicant's Name: Richard L. Krebbiel

Applicant's Permanent Business Address: 1819 Red Brush St., Wichita KS 67206

Local Telephone #: (307) 634-0248 Daytime Telephone #:

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: Richard L. Krebbiel Address: 1819 Red Brush St., Wichita KS 67206

Name: _____ Address: _____

Name: _____ Address: _____

Registered Agent: _____ Address: _____

Wyoming Sales Tax Permit#: 02010574 (Attach Copy of Permit)

Name of Fireworks Business: Wholesale Fireworks

Street Address of Site: 3229 West College Drive Cheyenne WY 82007

Legal Description of Site: W. 1/2, NW. 1/4 of Section 13, T. 13N., R. 67W., Laramie County, WY

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

Dimensions of Building: _____

Public Property and Liability Insurance Company Information:

Name: Maxum Indemnity Company & Everest Indemnity Insurance Company

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

Policy Number: 608941440, EXC6015367, SIBQL00320-171

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: 10/8/2017

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 Richard L. Krebbiel DATE 9/8/17

Print Name: Richard L. Krebbiel

Witness: [Signature]

For Office Use Only:

Original Bond Sales Tax Permit Property Taxes Current

Receipt Number for Fees Paid: # 446059

Inspection Certifications

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

Fire Warden: [Signature] Date: 10/2/17

Environmental Health: [Signature] Date: 10/2/17

For Office Use Only:

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

RECEIVED
SEP 26 2017
BY: [Signature]

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 11-10-17

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: 10/2/17

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

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Wholesale Fireworks
Owner: Richard Krehbiel
Address: 3229 West College Dr. Cheyenne WY 82007
Phone: 307-634-0248
Permit #: ~~02010574~~ Yearly: X Seasonal: /
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 #: 02010574

C. Sanitary Facilities:

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

D. Trash Containment

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

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

flyte

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. 5th 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:

Date: 12/2/2017 Time: 2:00pm

Inspectors:

_____ (N/A)
 Planning / Zoning



 City / County Health



 Fire Warden

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**

**Issued To: WHOLESALE FIREWORKS INC
WHOLESALE FIREWORKS INC
PO BOX 228
DERBY KS 670370228**

Display Conspicuously at the Place of Business for Which Issued



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/19/2017

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 One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME:	PHONE:	FAX:
	PHONE: 216-858-7100	FAX: 216-858-7101	
INSURED Jake's Fireworks Inc. 1500 E 27th Terr. Pittsburg KS 66762	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <u>Maximum Indemnity Company</u>		26743
	INSURER B: <u>Everest Indemnity Insurance Co.</u>		10851
	INSURER C:		
	INSURER D:		
INSURER E:			

COVERAGES **CERTIFICATE NUMBER: 608941440** **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.

CODE 1/A	TYPE OF INSURANCE	PROD. NUMBER (RBR / WVR)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		818GL60320-171	2/15/2017	2/15/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$500,000 MED EXP (ADV CRD PHYSN) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/PROP AGG \$2,000,000 \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. <input type="checkbox"/> RETENTION \$		EXC6018367	2/16/2017	2/16/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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.
Sales Location: 198 Springdale Rd., Sterling, CO 80751;
Land Owner: Sterling Lodge 54 Temple Assn.;
Term: February 15, 2017 through February 14, 2018
The Certificate Holder and the above listed are Additional Insureds with respects to General Liability policy as required by written contract.

CERTIFICATE HOLDER Wholesale Fireworks, Inc. Dick Krehbiel 1819 Red Brush St. Wichita KS 67208	CANCELLATION 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
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TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 44659

Trans Date: 09/26/2017

Received from/Description:
WHOLESALE FIREWORKS

On Account Of:
ANNUAL PERMIT

Entered by: mitzig

Batch: 20170926-000250

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	706508269	WHOLESALE FIREWORK	3,800.00
TOTAL:			3,800.00



CASHIER'S CHECK

No. 706508269

93-38
929

DATE: SEPTEMBER 26, 2017

PAY THREE THOUSAND EIGHT HUNDRED DOLLARS AND 00 CENTS

\$ 3,800.00

TO THE ORDER OF: CHEYENNE CITY TREASURER

PURPOSE/REMITTER: WHOLESALE FIREWORK SALES ANUAL PERMIT 17/18

Location: 706 Cheyenne Downtown

U.S. Bank National Association
Minneapolis, MN 55480

[Handwritten Signature]
AUTHORIZED SIGNATURE

Security Features Included. Details on Back.

⑆0706508269⑆ ⑆092900383⑆ ⑆50080235263⑆



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
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