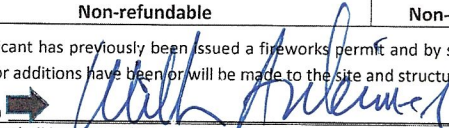
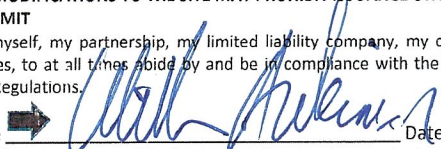




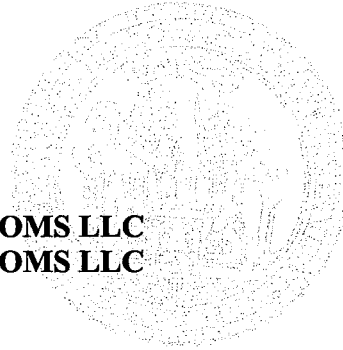
Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		<input type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months) Non-refundable	<input checked="" type="checkbox"/> (\$3,800) Yearly 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  Secretary									
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: <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>									
Applicant's Information	1	Applicant's Name: <u>Phantom Fireworks Showrooms, LLC</u> Permanent Business Address: <u>2445 Belmont Avenue, Youngstown, OH 44505-2405</u> Telephone Number: <u>330-746-1064</u> E-mail: <u>Waweimer@fireworks.com</u>									
	2	Doing Business As: <u>Phantom Fireworks</u>									
Type of Business and Owner or Officers' Names	3	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation* <input checked="" type="checkbox"/> LLC* <small>*If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners.</small> (attach additional pages if necessary)									
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th><th style="width: 50%;">Address</th></tr> </thead> <tbody> <tr> <td>Bruce J. Zoldan</td><td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td></tr> <tr> <td>William A. Weimer</td><td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td></tr> <tr> <td>Alan L. Zoldan</td><td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td></tr> </tbody> </table>		Name	Address	Bruce J. Zoldan	2445 Belmont Avenue, Youngstown, OH 44505-2405	William A. Weimer	2445 Belmont Avenue, Youngstown, OH 44505-2405	Alan L. Zoldan	2445 Belmont Avenue, Youngstown, OH 44505-2405
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Wyoming Sales Tax Permit #	4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">9</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; line-height: 20px;">5</div> </div> (attach copy of permit)									
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Phantom Fireworks</u>									
	6	Street Address: <u>239 1-25 Service Road East, Cheyenne, WY 82007</u> Legal Description: <u>R67W T12N Section 16</u> <small>Legal Description from the Assessor or County Planning Office</small>									
Dimensions of Building (If new building, submit site plan)	7	<u>30' x 156'</u>									
Registered Agent If applicant is a corporation	8	Name: <u>Corporation Service Company</u> Address: <u>1821 Logan Avenue, Cheyenne, WY 82001</u>									
Public Property and Liability Insurance Company Information	9	Name: <u>Everest Indemnity through Britton-Gallagher and Associates</u> Address: <u>One Cleveland Center, Floor 30, 1375 East 9th Street, Cleveland, OH 44114</u> Policy Number: <u>SI8GL00643-211, UXP0057739-07</u> <small>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)</small>									
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  Date <u>3/24/2023</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name <u>William A. Weimer, Secretary</u>									
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 _____									

Sales/Use Tax License No: 25002955 Business Start Date : 12/31/2016 Certificate Print Date: 03/24/2023

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 I25 SERVICE RD
CHEYENNE WY 82007-9749
UNITED STATES



Issued To: PHANTOM FIREWORKS SHOWROOMS LLC
PHANTOM FIREWORKS SHOWROOMS LLC
2445 BELMONT AVENUE
YOUNGSTOWN OH 44505-2405
UNITED STATES

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: 12/31/2016. 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/23/2023

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 E-MAIL ADDRESS: info@brittongallagher.com FAX (A/C, No): 216-658-7101														
INSURED Phantom Fireworks Showrooms, LLC 2445 Belmont Avenue Youngstown OH 44505	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Everest Indemnity Insurance Co.</td><td>10851</td></tr><tr><td>INSURER B : Axis Surplus Ins Company</td><td>26620</td></tr><tr><td>INSURER C : Arch Speciality Ins Co</td><td>21199</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest Indemnity Insurance Co.	10851	INSURER B : Axis Surplus Ins Company	26620	INSURER C : Arch Speciality Ins Co	21199	INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 1867324028**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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Non-Owned Stand <input type="checkbox"/> End't Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			SI8GL00643-221	10/30/2022	10/30/2023	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 - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UXP0057739-08	10/30/2022	10/30/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Liability #2			P-001-000046155-05	10/30/2022	10/30/2023	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)

The Certificate Holders are named as Additional Insureds with respect to General Liability as required by written contract subject to policy terms, conditions and exclusions.
Products liability coverage extends only to products purchased from or supplied by the Insured.

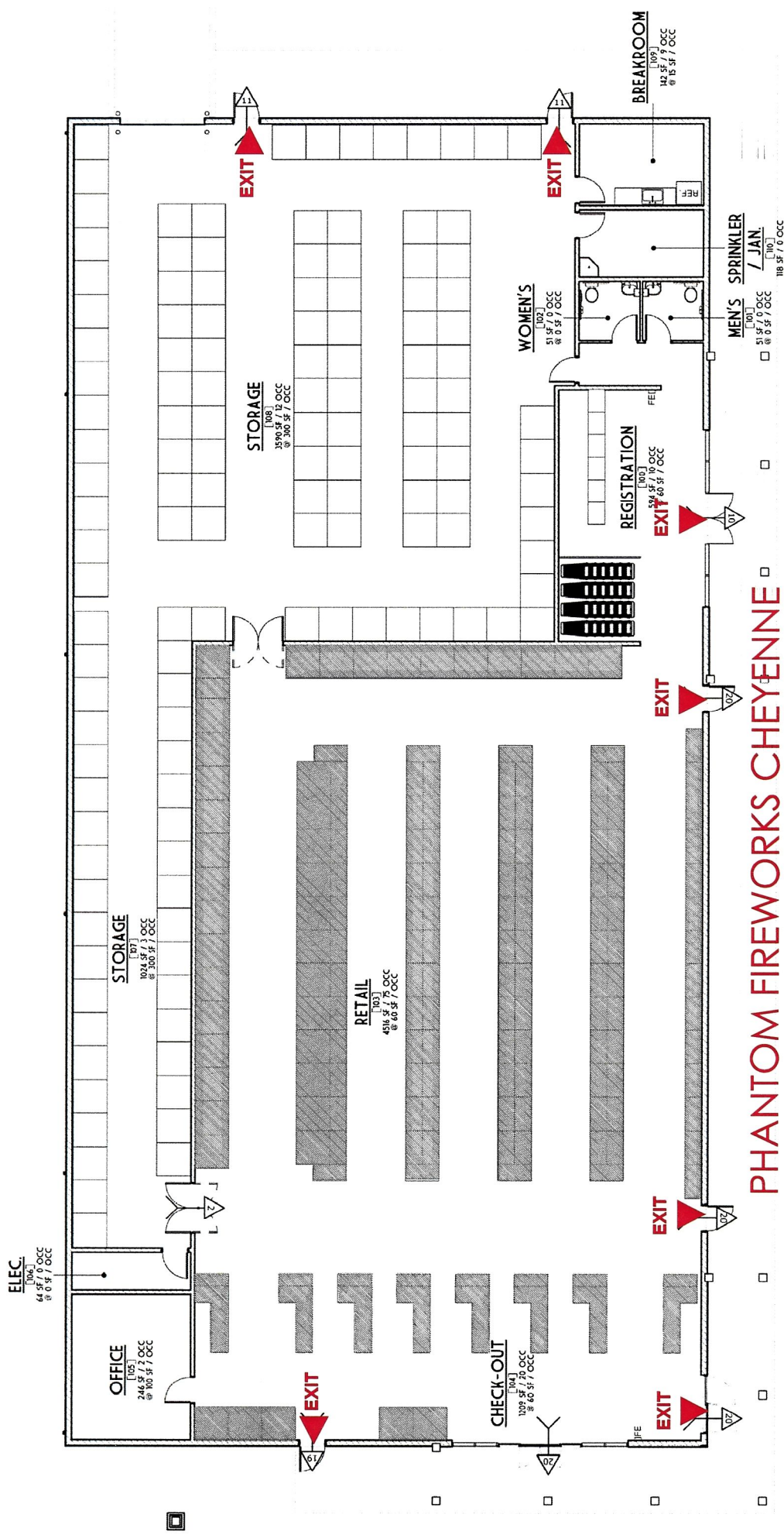
CERTIFICATE HOLDER**CANCELLATION**

Phantom Fireworks Showrooms, LLC
239 I-25 Service Road East
Cheyenne WY 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.

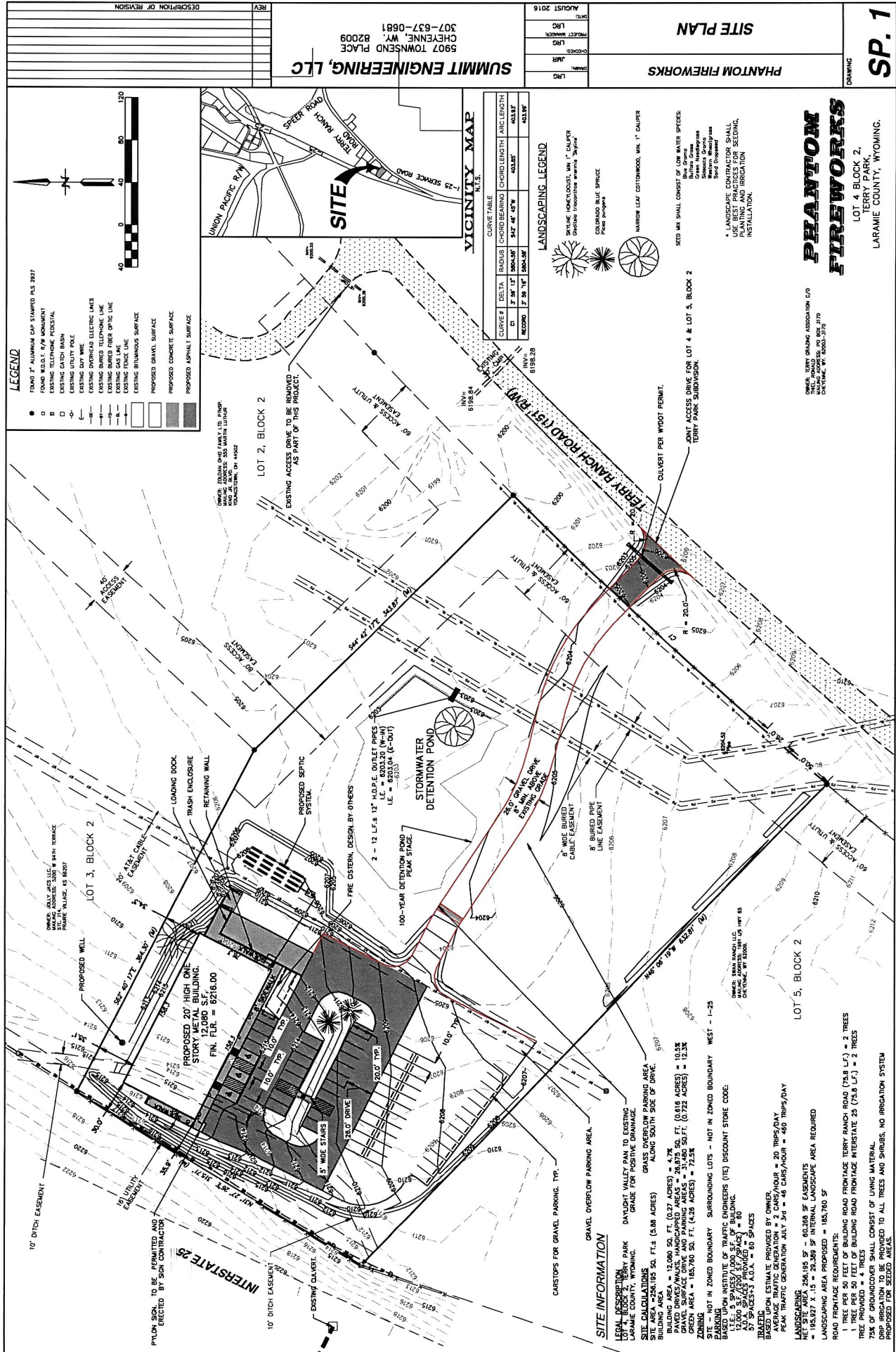
AUTHORIZED REPRESENTATIVE

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PHANTOM FIREWORKS CHEYENNE EVACUATION PLAN

MAX OCCUPANCY : 131



LEGEND

- ROAD 2" ALUMINUM CAP STAMPED PLS 2027
- ROAD 18" R/W BOUNDARY
- EXISTING TELEPHONE POLE
- EXISTING UTILITY POLE
- EXISTING UTILITY POLE
- EXISTING OVERHEAD ELECTRIC LINES
- EXISTING UNDERGROUND ELECTRIC LINES
- EXISTING BORED TELEPHONE LINES
- EXISTING BORED GAS LINES
- EXISTING FENCE LINE
- EXISTING STORMWATER SURFACE
- PROPOSED GRAVEL SURFACE
- PROPOSED ASPHALT SURFACE

VICINITY MAP

5907 TOWNSEND PLACE
CHEYENNE, WY. 82009
SUMMIT ENGINEERING, LLC
307-637-0681

DATE: AUGUST 2016
PROJECT: PHANTOM FIREWORKS
CHECKED: LRP
DESIGNED: LRP

LANDSCAPING LEGEND

SEED MIX SHALL CONSIST OF LOW WATER SPECIES:
• Blue Spruce
• Colorado Blue Spruce
• Eastern White Pine
• Norway Spruce
• Scotch Pine
• Serbian Spruce
• Spruce
• White Pine

* LANDSCAPE CONTRACTOR SHALL
USE BEST PRACTICES FOR SEEDING,
PLANTING AND IRRIGATION
INSTALLATION.

SEED MIX SHALL CONSIST OF LOW WATER SPECIES:
• Blue Spruce
• Colorado Blue Spruce
• Eastern White Pine
• Norway Spruce
• Scotch Pine
• Serbian Spruce
• Spruce
• White Pine

PHANTOM FIREWORKS

LOT 4 BLOCK 2,
TERRY PARK,
LARAMIE COUNTY, WYOMING.

OWNER: TERRY GRADING ASSOCIATION, LTD.
1001 S. 10TH AVENUE, SUITE 100
CHEYENNE, WY 82001-3710

PHANTOM FIREWORKS

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OWNER: TERRY GRADING ASSOCIATION, LTD.
1001 S. 10TH AVENUE, SUITE 100
CHEYENNE, WY 82001-3710

SITE INFORMATION

LEGAL DESCRIPTION: TERRY PARK, LARAMIE COUNTY, WYOMING.

SITE CALCULATIONS

BUILDING AREA = 12,080 SQ. FT. (0.27 ACRES) = 4.7%
PAVED DRIVEWAYS/PAVING AREAS = 26,875 SQ. FT. (0.616 ACRES) = 10.3%
TOTAL PAVED AREA = 38,955 SQ. FT. (0.886 ACRES) = 12.3%
TOTAL LOT AREA = 157,760 SQ. FT. (3.58 ACRES) = 72.3%
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NOT IN ZONED BOUNDARY SURROUNDING LOTS - NOT IN ZONED BOUNDARY WEST - 1-25

BASED UPON INSTITUTE OF TRAFFIC ENGINEERS (ITE) DISCOUNT STREETS CODE:

15,000 SQ. FT. PER 1,000 SQ. FT. OF BUILDING
15,000 SQ. FT. PER 1,000 SQ. FT. OF BUILDING
15,000 SQ. FT. PER 1,000 SQ. FT. OF BUILDING
15,000 SQ. FT. PER 1,000 SQ. FT. OF BUILDING

TRAFFIC

BASED UPON ESTIMATE PROVIDED BY OWNER

PEAK TRAFFIC GENERATION JULY 24 = 44 CARS/HOUR = 440 TRIPS/DAY

PEAK TRAFFIC GENERATION JULY 24 = 44 CARS/HOUR = 440 TRIPS/DAY

LANDSCAPING

NET SITE AREA 254,195 SQ. FT. = 5.83 ACRES

LANDSCAPING AREA PROPOSED = 153,760 SQ. FT.

ROAD FRONTAGE REQUIREMENTS:

1 TREE PER 50 FEET OF BUILDING ROAD FRONTAGE INTERSTATE 25 (75.8 L.F.) = 2 TREES

75% OF GROUND COVER SHALL CONSIST OF LIVING MATERIAL

DRIP IRRIGATION TO BE PROVIDED TO ALL TREES AND SHRUBS. NO IRRIGATION SYSTEM PROPOSED FOR SEED AREAS.