

# FIREWORKS PERMIT APPLICATION

Type of Permit

Seasonal (up to 5 consecutive months)

Yearly

**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

Walt Aulemeier, Secretary

Please Sign

Applicant's Name: Phantom Fireworks Showrooms, LLC

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

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

Name: Jerry Bostocky

Address: 2445 Belmont Avenue, Youngstown, OH 44505

Name: Alan L. Zoldan

Address: 2445 Belmont Avenue, Youngstown, OH 44505

Registered Agent: Registered Agent Solutions, Inc

Address: 125 S. King St., P.O. Box 2922, Jackson, WY 83001

Wyoming Sales Tax Permit#: 25002955

**(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 final 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

Walt Aulemeier

DATE

5/3/19

Print Name:

William A. WEIMER

Witness:

[Signature]

For Office Use Only

Original Bond  Sales Tax Permit  Property Taxes Current

Receipt Number for Fees Paid: # \_\_\_\_\_

Inspection Certifications	
The undersigned have inspected the applicant's site and found the same to be in compliance	
Fire Wardens: <u>Matthew Buller</u>	Date: <u>5-15-19</u>
Environmental Health: <u>Kay K. [Signature]</u>	Date: <u>5-15-19</u>

For Office Use Only

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

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: \_\_\_\_\_

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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/16/2019

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 and Associates, Inc. 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: info@brittongallagher.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> Phantom Fireworks Showrooms, LLC Phantom Fireworks Inc. 2445 Belmont Avenue Youngstown OH 44505	INSURER A : Everest Indemnity Insurance Co.      10851	
	INSURER B : Maxum Indemnity Company      26743	
	INSURER C : Axis Surplus Ins Company      26620	
	INSURER D :	
	INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER: 1981507222**      **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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Non-Owned Stand End't Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input checked="" type="checkbox"/> LOC	Y		SI8GL00643-181	10/30/2018	10/30/2019	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 - COMP/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) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	Y		EXC6025343-05	10/30/2018	10/30/2019	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) <input type="checkbox"/> Y/N 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 \$
C	Excess Liability #2	Y		P-001-000046155-01	10/30/2018	10/30/2019	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.

### CERTIFICATE HOLDER

Phantom Fireworks Showrooms, LLC  
 227 I-25 Service Road  
 Cheyenne, WY 82007

### 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

Sales/Use Tax License No: 25002955 Business Start Date : 12/31/2016 Certificate Print Date: 04/22/2019

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

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

Display Conspicuously at the Place of Business for Which Issued

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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.





**Laramie County**  
**Fireworks Stand Inspection**

Date: 5/14/19

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: Phantom Fireworks  
Owner: Bruce S. Zoldan, Jerry Boostocky, Alan L. Zoldan  
Address: 239 I-25 Service Road East, Cheyenne, WY 82007  
Phone: 775-9954  
Permit #: \_\_\_\_\_ 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 #: 25002955

C. Sanitary Facilities:

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

D. Trash Containment

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

E. Stand / Storage Location

- 1. 60 feet from property boundary (Grandfathered) X 30 ft per new regs
- 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
- 2. Displays current/dated inspection tag

X  
X

H. Fluorescent bulb covers in place

N/A LED

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

*need to be changed to 500ft.*

J. Storage units

- 1. Two (2) fire extinguishers
- 2. Locked when not occupied
- 3. 5<sup>th</sup> wheel pinned or tires removed
- 4. 75 feet from stand  
(Grandfathered distance)

N/A  
N/A  
N/A  
N/A  
N/A

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:

*New "No Discharge" signs need to be placed. The store manager said they will order and have the new signs in place in 2 weeks.*

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Date: 5/17/2019 Time: 3:30pm

Inspectors:

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

Ch. Woodell  
City / County Health

[Signature]  
Fire Warden



**TRUDY L. EISELE**  
**LARAMIE COUNTY Treasurer**  
**MISCELLANEOUS RECEIPT**

\*\*\* ORIGINAL RECEIPT \*\*\*

Misc Receipt Nbr: 56164

Trans Date: 05/14/2019

Received from/Description:  
PHANTOM ADMINISTRATIVE, LLC 5/14/19

On Account Of:  
YEARLY FIREWORK PERMIT-PHANTOM  
CK#3800.00

Entered by: corrie

Batch: 20190514-000523

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	566600	PHANTOM ADMINISTRATIVE, LLC	3,800.00
<b>TOTAL:</b>			<b>3,800.00</b>