

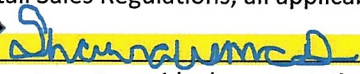

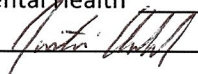

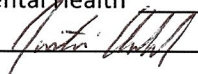

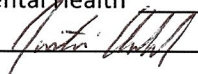


## Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		<input checked="" type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months)	<input type="checkbox"/> (\$3,800) Yearly	Fees are 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		
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="text-align: center;">4/22/25</div>		
Applicant's Information	1	Applicant's Name: <u>Wyoming Fireworks Warehouse LLC</u> Permanent Business Address: <u>12616 I-80 Service Rd</u> Local Tel. No.: <u>307-630-8019</u> Daytime Tel. No.: _____ E-mail: <u>swmc424@gmail.com</u>		
	2	Doing Business As: <u>Wyoming Fireworks Warehouse</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* *If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners. (Attach additional pages if necessary) Name, Address, City/State/ZIP <u>Shawna Williams-McDonald</u>		
	4	Wyoming Sales Tax Permit # <u>02011265</u> (attach copy of permit)		
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Wyoming Fireworks Warehouse LLC</u>		
	6	Street Address: <u>12616 I-80 Service Rd Cheyenne WY 82009</u> Legal Description: <u>Deike Estates, 3rd filing Lot 2 Block 1</u> Legal Description from the Assessor or County Planning Office		
Dimensions of Building (If new building, submit site plan)	7	<u>40 X 40</u>		
Registered Agent (If applicant is a corporation)	8	Name: <u>Shawna Williams-McDonald</u> Address: <u>6817 Woods Rd Cheyenne WY 82009</u>		
Public Property and Liability Insurance Company Information	9	Name: <u>Scottsdale Insurance Co/USI</u> Address: <u>8000 Norman Center Dr. Bloomington, NM 55437</u> Policy Number: <u>CPS7975882</u> 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)		



## Laramie County Consumer Fireworks Retail Sales Permit Application

Indemnification and Immunity	10	<p>Laramie County Government does not waive its Governmental/Sovereign Immunity, as provided by any applicable law including W.S. § 1-39-101 et seq., by the submission of this application or issuance of any permit. Further, Laramie County Government fully retains all immunities and defenses provided by law with regard to any action, whether in tort, contract or any other theory of law, based on this application or issuance of any permit.</p>						
Venue and Jurisdiction	11	<p>Applicant understands and agrees this Application and any permit shall be governed by and interpreted pursuant to the laws of the State of Wyoming and the Laramie County Consumer Fireworks Retail Sales Regulations. If any dispute arises, Applicant agrees and consents to the First Judicial District, Laramie County, State of Wyoming, as the proper venue and jurisdiction concerning this application, permit, and subject matter hereof and any suit or proceeding at law or in equity shall be brought in the Circuit or District courts of the State of Wyoming, First Judicial District, sitting in Cheyenne, WY. This provision is not intended, nor shall it be construed to waive the Laramie County Government's Governmental Immunity as provided in this application.</p>						
Oath and Signature of Applicant and Certificate of Authority	12	<p>I hereby certify under penalty of false swearing that ALL information on this application form is true and correct, that I am the applicant named herein, or their company agent, and that I have received, reviewed and understand the "Laramie County Consumer Fireworks Retail Sales Regulations, as amended. 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 as provided in the Wyoming firework regulations. Any and all modifications to the site plan 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.</p> <p><b>NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT</b></p> <p>I agree on behalf of myself, or through my company agent, 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, all applicable laws.</p> <p><b>**Applicant's Signature</b> <u></u> <b>Date</b> <u>3/31/25</u></p> <p><b>**If a corporation, applicant must provide documentation demonstrating authority to sign.</b></p> <p><b>** If a foreign corporation, applicant must provide a copy of their Certificate of Authority from the Secretary of State per W.S. § 17-19-1503.</b></p> <p><b>Applicant's Printed Name</b> <u>Shawna Williams-McDonald</u></p>						
Inspection Certification	13	<p>The undersigned have inspected the applicant's site and found the same to be in compliance.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Fire Warden <u></u></td> <td style="width: 40%;">Date <u>4-8-25</u></td> </tr> <tr> <td>Environmental Health _____</td> <td>Date _____</td> </tr> <tr> <td>Planning <u></u></td> <td>Date <u>4-8-25</u></td> </tr> </table>	Fire Warden <u></u>	Date <u>4-8-25</u>	Environmental Health _____	Date _____	Planning <u></u>	Date <u>4-8-25</u>
Fire Warden <u></u>	Date <u>4-8-25</u>							
Environmental Health _____	Date _____							
Planning <u></u>	Date <u>4-8-25</u>							

**State of Wyoming**

**Department of Revenue**

**Excise Tax Division**

**Sales/Use Tax License No: 02011265 Business Start Date : 05/12/2015 Certificate Print Date: 04/27/2021**

**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: 12616 I-80 SERVICE ROAD  
CHEYENNE WY 82009  
UNITED STATES**

**Issued To: WYOMING FIREWORKS WAREHOUSE LLC  
WYOMING FIREWORKS WAREHOUSE LLC  
6817 WOODS RD  
CHEYENNE WY 82009  
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: 4/1/2021. 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.

Client#: 1248206

WYOMIFIR

ACORD™

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/29/2024

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> <b>8000 Norman Center Drive, Suite</b> <b>400</b> <b>Minneapolis, MN 55437</b>		<b>CONTACT NAME:</b> <b>Jean Richard</b> <b>PHONE (A/C, No, Ext):</b> <b>720-361-1661</b> <b>FAX (A/C, No):</b> <b>610-537-9630</b> <b>E-MAIL ADDRESS:</b> <b>jean.richard@usi.com</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A : Scottsdale Insurance Company</b>	<b>41297</b>
<b>INSURED</b> <b>Wyoming Fireworks Warehouse LLC</b> <b>6817 Woods Rd</b> <b>Cheyenne, WY 82009</b>		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

## COVERAGES

CERTIFICATE NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:\$500 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPS7975882	04/15/2024	04/15/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$Excluded \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Laramie County Clerk  
 P.O. Box 608, 309 W 20th Street  
 Cheyenne, WY 82003

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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**STATE OF WYOMING \* SECRETARY OF STATE**  
**BUSINESS DIVISION**

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020  
Phone: 307-777-7311 · Website: <https://sos.wyo.gov> · Email: [business@wyo.gov](mailto:business@wyo.gov)

**Filing Information**



**Please note that this form CANNOT be submitted in place of your Annual Report.**

Name **Wyoming Fireworks Warehouse LLC**

Filing ID **2012-000618614**

Type Limited Liability Company

Status

Active

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**General Information**

Old Name

Sub Status

Current

Fictitious Name

Standing - Tax

Good

Standing - RA

Good

Sub Type

Standing - Other

Good

Formed in Wyoming

Filing Date

03/12/2012 2:34 PM

Term of Duration Perpetual

Delayed Effective Date

Inactive Date

---

**Principal Address**

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**Mailing Address**

6817 Woods Rd  
Cheyenne, WY 82009

6817 Woods Rd  
Cheyenne, WY 82009

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**Registered Agent Address**

Shawna Williams McDonald  
1216 I 80 Service Rd  
Cheyenne, WY 82009

**Parties**

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Type	Name / Organization / Address
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Organizer	Jeffrey L Williams
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**Notes**

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Date	Recorded By	Note
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## Filing Information



Please note that this form CANNOT be submitted in place of your Annual Report.

Name **Wyoming Fireworks Warehouse LLC**

Filing ID **2012-000618614**

Type Limited Liability Company

Status

Active

### Most Recent Annual Report Information

Type	Original	AR Year	2025
License Tax	\$60.00	AR Exempt	N
AR Date	3/5/2025 8:12 AM	AR ID	11063404
Web Filed	Y		

### Officers / Directors

Type	Name / Organization / Address
------	-------------------------------

#### Principal Address

6817 Woods Rd  
Cheyenne, WY 82009

#### Mailing Address

6817 Woods Rd  
Cheyenne, WY 82009

### Annual Report History

Num	Status	Date	Year	Tax
01879384	Original	08/06/2013	2013	\$50.00
02007729	Original	03/27/2014	2014	\$50.00
02234968	Original	05/04/2015	2015	\$50.00
02438513	Original	02/29/2016	2016	\$50.00
02771235	Original	04/05/2017	2017	\$50.00
03430796	Original	03/30/2018	2018	\$50.00
04415286	Original	04/10/2019	2019	\$50.00
05473866	Original	02/04/2020	2020	\$50.00
06075387	Original	01/27/2021	2021	\$50.00
07095631	Original	03/01/2022	2022	\$60.00
08103252	Original	01/25/2023	2023	\$60.00
09527657	Original	02/09/2024	2024	\$60.00
11063404	Original	03/05/2025	2025	\$60.00

### Amendment History

ID	Description	Date
2025-005636750	Delinquency Notice - Tax	03/02/2025
2019-002507012	Delinquency Notice - Tax	03/02/2019
2018-002272849	Change of Agent	03/30/2018

## Filing Information



Please note that this form CANNOT be submitted in place of your Annual Report.

Name **Wyoming Fireworks Warehouse LLC**

Filing ID **2012-000618614**

Type Limited Liability Company Status Active

Registered Agent # Changed From: 0202803 To: 0218241

Registered Agent First Name Changed From: Donna To: Shawna

Registered Agent Middle Name Changed From: L To: No Value

Registered Agent Last Name Changed From: Williams To: Williams McDonald

Registered Agent Physical Address 1 Changed From: 6817 Woods Rd To: 1216 I 80 Service Rd

2018-002254946 Delinquency Notice - Tax 03/02/2018

2017-002024179 Delinquency Notice - Tax 03/02/2017

2015-001727126 Change of Agent 05/04/2015

Registered Agent # Changed From: 0190016 To: 0202803

Registered Agent First Name Changed From: Jeffrey To: Donna

2015-001705679 Delinquency Notice - Tax 03/02/2015

2014-001591465 Delinquency Notice - Tax 03/02/2014

2013-001526775 Reinstatement - Tax 08/06/2013

Filing Status Changed From: Inactive - Administratively Dissolved (Tax) To: Active

Inactive Date Changed From: 05/10/2013 To: No value

2013-001491292 Administrative Dissolution (Tax) 05/10/2013

Filing Status Changed From: Active To: Inactive - Administratively Dissolved (Tax)

2013-001470122 Delinquency Notice - Tax 03/02/2013

See Filing ID Initial Filing 03/12/2012

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

**Date:** 4/8/2025

Planning / Zoning  
3966 Archer Parkway  
633-4303

Fire Warden  
3962 Archer Parkway  
633-4335

Business name: Wyoming Fireworks Warehouse  
Owner: Shawna Williams-McDonlad  
Address: 12616 I-80 Service Rd, Cheyenne WY, 82009  
Phone: 307-630-8019  
Permit #: 02011265    Yearly:            Seasonal: Yes

A. Zoning Requirements:

CB zone: \_\_\_\_\_ Site plan: \_\_\_\_\_ Site plan changes: \_\_\_\_\_  
Admin approval: \_\_\_\_\_ Compliance Cert.: \_\_\_\_\_  
Outside zoned boundaries: \_\_\_\_\_

B. Retail Sales permit #: \_\_\_\_\_

C. 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  
   (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       | <u>X</u> |
| 2. No Discharge – displayed correctly     | <u>X</u> |
| 3. Sale under age – displayed correctly   | <u>X</u> |
| 4. Extreme Danger – (if applicable)       | <u>X</u> |
| 5. No spray painted retail / safety signs | <u>X</u> |

J. Storage units

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

K. Grounds

- |   |          |
|---|----------|
| 1. Grass trimmed to height of 2" for 75 feet from stand | <u>X</u> |
| 2. Clear of debris / trash                              | <u>X</u> |
| 3. Defined parking                                      | <u>X</u> |

Comments:

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Date: 3/27/ 2024 Time: 1:00

**Inspectors:**

Matthew Barth  
Fire Warden

Justin Smith  
Planning / Zoning



**TAMMY L. DEISCH**  
**LARAMIE COUNTY Treasurer**  
**MISCELLANEOUS RECEIPT**

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

Misc Receipt Nbr: 97633

Trans Date: 04/09/2025

Received from/Description:  
WYOMING FIREWORKS

On Account Of:  
FIREWORKS PERMIT  
PERMIT #02011265  
CK#4065

Entered by: cande

Batch: 20250409-000212

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	4065	WYOMING FIREWORKS	2,500.00
TOTAL:			2,500.00