



# Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		<input checked="" type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months) Non-refundable	<input 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									
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: <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">5</span> - <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> - <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">0</span>									
Applicant's Information	1	Applicant's Name: <u>Michael Johnson</u> Permanent Business Address: <u>245 I-25 Service Rd</u> Telephone Number: <u>307.638.4169</u> E-mail: <u>Mike.J@wincofireworks.com</u>									
	2	Doing Business As: <u>Pyro City</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) <u>Jolly Jacs LLC</u>									
		<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td><u>David Collar</u></td> <td><u>2201 Snook Dr Naples FL 34102</u></td> </tr> <tr> <td><u>Mike Collar</u></td> <td><u>436 S Shore Dr Lake Winnebago MO</u></td> </tr> <tr> <td><u>John Collar</u></td> <td><u>3768 W 105 Terr Leeward KS 66206</u></td> </tr> </tbody> </table>		Name	Address	<u>David Collar</u>	<u>2201 Snook Dr Naples FL 34102</u>	<u>Mike Collar</u>	<u>436 S Shore Dr Lake Winnebago MO</u>	<u>John Collar</u>	<u>3768 W 105 Terr Leeward KS 66206</u>
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Wyoming Sales Tax Permit #	4	<span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">7</span> (attach copy of permit)									
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Pyro City</u>									
	6	Street Address: <u>3115 W College Dr</u> Legal Description: <u>Section 13 west of R/W Line of LSRR 9 South of RW</u> Legal Description from the Assessor or County Planning Office									
Dimensions of Building (If new building, submit site plan)	7	<u>60' x 40'</u>									
Registered Agent If applicant is a corporation	8	Name: _____ Address: _____									
Public Property and Liability Insurance Company Information	9	Name: <u>Britton Gallagher (EVEREST)</u> Address: <u>ONE Cleveland Center FLOOR 30</u> <u>1375 E 9th Street Cleveland OH 44114</u> Policy Number: <u>S186L01234-191</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)									
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 working, 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. <b>NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT</b> 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>3-28-20</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name <u>Michael Johnson</u>									
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Matthew Bath</u> Date <u>4-2-2020</u> Environmental Health <u>Neil Holm</u> Date <u>4/2/2020</u> Planning <u>Brook Emmert</u> Date <u>4/8/2020</u>									

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

Date: 4/2/2020

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: Pyro City  
Owner: David Collar, Mike Collar, John Collar  
Address: 3115 W College Dr Cheyenne WY  
Phone: 307-638-4169  
Permit #: \_\_\_\_\_ Yearly: \_\_\_\_\_ Seasonal: X / \_\_\_\_\_  
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 #: 62009597

C. Sanitary Facilities:

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

✓ seasonally  
✓ ↓  
✓  
N/A

D. Trash Containment

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

✓ flyt seasonally  
✓

E. Stand / Storage Location

1. 60 feet from property boundary  
(Grandfathered)
2. 150 feet from petroleum storage/gas pumps

X  
X  
X

F. Entry / Exit Doors

1. Two (2) public access doors –  
Size – 3.0 feet wide by 6 feet 8 inches tall
2. Separated from each other
3. Doors swing to outside
4. Clear of supplies / materials /etc
5. Exit signs clearly visible above exit on interior

X  
X  
X  
X  
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 X
- 2. No Discharge – displayed correctly X
- 3. Sale under age – displayed correctly X
- 4. Extreme Danger – (if applicable) N/A
- 5. No spray painted retail / safety signs X

J. Storage units

- 1. Two (2) fire extinguishers X
- 2. Locked when not occupied X
- 3. 5<sup>th</sup> 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:

Grass needs trimmed prior to sales.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: 4/2/2020 Time: 2:00pm

Inspectors:

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

Neil Hall  
City / County Health

Matthew Brubaker  
Fire Warden



**State of Wyoming**

**Department of Revenue**

**Excise Tax Division**

**Sales/Use Tax License No: 02009597 Business Start Date : 01/01/2009 Certificate Print Date: 04/15/2015**

**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: 3115 W COLLEGE DRIVE  
CHEYENNE WY 820070000**

**Issued To: PYRO CITY  
JOLLY JACS LLC  
5200 W 94TH TERRACE  
STE 114  
PRAIRIE VILLAGE KS 66207**

**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 Quarterly beginning: 01/01/2009. Quarterly filers will be setup on calendar quarters. 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)  
3/24/2020

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 One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b> 216-658-7101	
	<b>PHONE (A/C, No, Ext):</b> 216-658-7100		
<b>INSURED</b> Jolly Jacs, LLC dba Fireworks Outlet 251 I-25 Service Rd. Cheyenne WY 82007	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Everest Indemnity Insurance Co.		10851
	<b>INSURER B :</b> Everest Denali Insurance Company		16044
	<b>INSURER C :</b> Arch Speciality Ins Co		21199
	<b>INSURER D :</b>		
<b>INSURER E :</b>			
<b>INSURER F :</b>			

## COVERAGES

CERTIFICATE NUMBER: 1235263107

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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			SI8GL01234-191	12/31/2019	12/31/2020	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 - COM/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <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			SI8CA00165-191	12/15/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UXP1035081-00	12/31/2019	12/31/2020	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) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						WC STATU-TORY LIMITS <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 (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.

\*\*\*\*\*AND ADDITIONAL INSURED\*\*\*\*\*

LOCATION: JOLLY JAC'S FIREWORKS/Pyro City 3115 WEST COLLEGE CHEYENNE, WY 82007

ADDITIONAL INSURED: MARY JANE CLARK, JOLLY JAC'S FIREWORKS/PYRO CITY. ALL EMPLOYEES WHILE ACTING IN THEIR OFFICIAL CAPACITY.

## CERTIFICATE HOLDER

## CANCELLATION

Jolly Jac's Fireworks/ Pyro City 3115 West College 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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**TRUDY L. EISELE**  
**LARAMIE COUNTY Treasurer**  
**MISCELLANEOUS RECEIPT**

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

**Misc Receipt Nbr:** 62392

**Trans Date:** 03/26/2020

**Received from/Description:**  
FIREWORKS OUTLET

**On Account Of:**  
SEASONAL FIREWORKS PERMIT  
CK #1048

Entered by: tammyd

Batch: 20200326-000148

Amount: 2,500.00

There are 3 additional receipt(s) paid in this batch with a total of: \$8,800.00

Payment Type	Doc#	Description	Amount
CHECK	1048	JOLLY JACS LLC	11,300.00
TOTAL:			11,300.00