



(Corrected)

45 2025

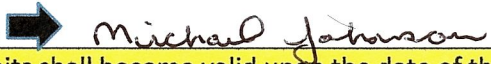
# Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit	<input type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months)	<input checked="" 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 <u>Michael Johnson</u>		
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: <u>05 06 25</u>		
Applicant's Information	1 Applicant's Name: <u>Jolly JACS LLC</u> Permanent Business Address: <u>245 I25 SERVICE RD. Cheyenne WY. 82007</u> Local Tel. No.: <u>307-638-4169</u> Daytime Tel. No.: <u>307-638-4169</u> E-mail: <u>MIKE.J.B.WINCOFFIREWORKS.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> Name, Address, City/State/ZIP <u>DAVID COLLIER 2701 SERVICE DR. Naples Florida 34102</u> <u>MIKE COLLIER 430 S Shore Dr. Lake Winnabago MN.</u>		
Wyoming Sales Tax Permit #	4 <u>02008915</u> (attach copy of permit)		
Fireworks Business Information	5 Retail Name of Facility/Store: <u>PYRO CITY</u> 6 Street Address: <u>245 I25 SERVICE RD. Cheyenne WY. 82007</u> Legal Description: <u>Lot 1, Block 7 Terry Park Laramie WY</u> Legal Description from the Assessor or County Planning Office		
Dimensions of Building (If new building, submit site plan)	7 <u>100' x 125'</u>		
Registered Agent (If applicant is a corporation)	8 Name: <u>CT Corporation Systems</u> Address: <u>3332 Deer Range Blvd, Cheyenne WY. 82007</u>		
Public Property and Liability Insurance Company Information	9 Name: <u>ACTISURE GREAT LAKES PARTNERS INSURANCE SERVICES</u> Address: <u>223 West Grand River Ave #1 Howell MI 48867</u> Policy Number: <u>0100341656-0</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)		



45 2025

## Laramie County Consumer Fireworks Retail Sales Permit Application

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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: 05 - 06 - 25		
Applicant's Information	1	Applicant's Name: <u>MICHAEL JOHNSON</u> Permanent Business Address: <u>245 I25 SERVICE RD. Cheyenne WY 82007</u> Local Tel. No.: <u>307-638-4169</u> Daytime Tel. No.: <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> Name, Address, City/State/ZIP <u>DAVID COLLIER 2701 SERVICE DR. Naples Florida 34102</u> <u>MIKE COLLIER 430 S Shore Dr. Lake Winnebago MO.</u>	
	4	Wyoming Sales Tax Permit # <u>02008915</u> (attach copy of permit)	
Fireworks Business Information	5	Retail Name of Facility/Store: <u>PYRO CITY</u>	
	6	Street Address: <u>245 I25 SERVICE RD. Cheyenne WY 82007</u> Legal Description: <u>Lot 1, Block 7 Terry Park Laramie WY</u> Legal Description from the Assessor or County Planning Office	
Dimensions of Building (If new building, submit site plan)	7	<u>100' x 125'</u>	
Registered Agent If applicant is a corporation	8	Name: _____ Address: _____	
Public Property and Liability Insurance Company Information	9	Name: <u>AGASURE GREAT LAKES PARTNERS Insurance Services</u> Address: <u>223 West Grand River Ave #1 Howell MI 48843</u> Policy Number: <u>0100341656-0</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	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.
Venue and Jurisdiction	11	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.
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>Michael Johnson</u> <b>Date</b> <u>3-28-2025</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>MICHAEL JOHNSON</u></p>
Inspection Certification	13	<p>The undersigned have inspected the applicant's site and found the same to be in compliance.</p> <p>Fire Warden <u>Matthew Butte</u> Date <u>4-29-25</u></p> <p>Environmental Health _____ Date _____</p> <p>Planning <u>John Smith</u> Date <u>4-29-25</u></p>

Sales/Use Tax License No: 02008915 Business Start Date : 05/15/2006 Certificate Print Date: 03/31/2015

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: 245 I-25 SERVICE RD  
CHEYENNE WY 820070000

Issued To: PYRO CITY  
JOLLY JACS LLC  
251 I-25 SERVICE RD  
CHEYENNE WY 820070000

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: 05/15/2006. Quarterly filers will be setup on calender quarters. If you are a quarterly filer, your first return may be for a portion of a calender 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)

3/25/2025

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> Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 216-658-7100	<b>FAX (A/C, No):</b> 216-658-7101
<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>INSURER A:</b> Arch Speciality Ins Co	
	<b>INSURER B:</b> Kinsale Insurance Company	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1797736694

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
B	<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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			0100341656-0	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 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"/> 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) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>			UXP1035081-05	12/31/2024	12/31/2025	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"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY 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)

\*\*For premise liability - this certificate reflects coverage for the dates and location noted below only.\*\*

\*\*For product liability - this certificate reflects coverage for product purchased from the above referenced named insured only\*\*

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

**CERTIFICATE HOLDER****CANCELLATION**

Jolly Jac's LLC dba Pyro City  
I-25 Service Road #245  
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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**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 **Jolly Jacs LLC**

Filing ID **2001-000415585**

Type Limited Liability Company

Status

Active

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**General Information**

Old Name

Sub Status

Current

Fictitious Name Jolly Jacs Fireworks World LLC

Standing - Tax

Good

Standing - RA

Good

Sub Type

Standing - Other

Good

Formed in Kansas

Filing Date

01/09/2001 12:00 AM

Term of Duration Perpetual

Delayed Effective Date

Inactive Date

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**Principal Address**

12521 15th STREET  
NATHAN BROWN  
GRANDVIEW  
GRANDVIEW, MO 64030

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**Mailing Address**

12521 15th STREET  
NATHAN BROWN  
GRANDVIEW, MO - Missouri 64030

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**Registered Agent Address**

C T Corporation System  
2232 Dell Range Blvd Ste 200  
Cheyenne, WY 82009

**Parties**

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Type	Name / Organization / Address
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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 **Jolly Jacs LLC**

Filing ID **2001-000415585**

Type Limited Liability Company

Status

Active

### Most Recent Annual Report Information

Type	Original	AR Year	2025
License Tax	\$327.21	AR Exempt	N
AR Date	11/25/2024 11:08 AM	AR ID	10690128
Web Filed	Y		

### Officers / Directors

Type	Name / Organization / Address
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#### Principal Address

12521 15th STREET  
NATHAN BROWN  
GRANDVIEW  
GRANDVIEW, MO 64030

#### Mailing Address

12521 15th STREET  
NATHAN BROWN  
GRANDVIEW, MO - Missouri 64030

### Annual Report History

Num	Status	Date	Year	Tax
00508277	Original	12/31/2001	2002	\$412.68
00587292	Original	09/11/2003	2003	\$469.44
00599665	Original	01/02/2004	2004	\$142.49
00667317	Original	06/06/2005	2005	\$396.04
00710378	Original	04/14/2006	2006	\$414.98
00756998	Original	02/26/2007	2007	\$648.03
00836938	Original	12/26/2007	2008	\$637.86
Principal Address 1 Changed From: Hien Nguyen To: Cindy Wayman				
Principal Address 2 Changed From: 5200 W. 94th Terrace #114 To: 5200 W 94th Terrace #114				
00952278	Original	12/09/2008	2009	\$331.06
01091732	Original	12/21/2009	2010	\$386.16
01233290	Original	11/02/2010	2011	\$302.90
01427399	Original	11/09/2011	2012	\$300.16
01639464	Original	12/07/2012	2013	\$422.48
01948507	Original	12/18/2013	2014	\$472.85
02164146	Original	01/14/2015	2015	\$441.54
02382052	Original	12/18/2015	2016	\$407.72

## Filing Information



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

**Name**                      **Jolly Jacs LLC**

**Filing ID**                **2001-000415585**

**Type**                      Limited Liability Company                      **Status**                      Active

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02665705	Original	12/13/2016	2017	\$363.25
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Principal Address 2 Changed From: Cindy Wayman To: NATHAN BROWN

03139763	Original	11/13/2017	2018	\$403.21
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04010635	Original	12/05/2018	2019	\$444.05
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05292989	Original	12/05/2019	2020	\$454.75
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Principal Address 1 Changed From: 5200 W 94th Terrace # 114 To: 12521 15th STREET

Principal City Changed From: Prairie Village To: GRANDVIEW

Principal State Changed From: KS To: MO - Missouri

Principal Postal Code Changed From: 66207 To: 64030

06014279	Original	12/09/2020	2021	\$385.98
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Principal Address 3 Changed From: No value To: GRANDVIEW

Principal State Changed From: MO - Missouri To: MO

06950481	Original	12/01/2021	2022	\$228.54
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07919151	Original	12/06/2022	2023	\$361.46
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09326550	Original	12/05/2023	2024	\$433.63
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10690128	Original	11/25/2024	2025	\$327.21
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### Amendment History

ID	Description	Date
2022-003800159	RA Address Change	08/26/2022
2015-001801656	RA Address Change	11/09/2015
2015-001686183	Delinquency Notice - Tax	01/02/2015
2013-001439741	RA Address Change	01/29/2013
2001-000415586	Fictitious Name	01/09/2001
See Filing ID	Initial Filing	01/09/2001



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

Date: 3/29/2025

Planning / Zoning  
3966 Archer Parkway  
633-4303

Fire Warden  
3962 Archer Parkway  
633-4335

Business name: Pyro City  
Owner: Jolly Jacs LLC  
Address: 245 I-25 Service Rd Cheyenne WY 82007  
Phone: 307-638-4169  
Permit #: 02008915 Yearly: Yes Seasonal:

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
2. No fire danger or litter problem

X  
X

E. Stand / Storage Location

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

N/A New Regs  
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
2. Displays current/dated inspection tag

X  
X

H. Fluorescent bulb covers in place

N/A LED

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>N/A</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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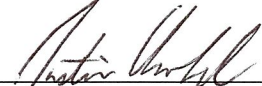
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Date: 4/29/25 Time: 1:00pm

**Inspectors:**

  
Fire Warden

  
Planning / Zoning



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

\*\*\* REPRINTED RECEIPT \*\*\*

Misc Receipt Nbr: 98101

Trans Date: 04/30/2025

Received from/Description:  
JOLLY JACS

On Account Of:  
FIREWORK; FIREWORKS PERMITS  
2 SEASONAL 1 YEARLY  
CK#102812 AMOUT FOR 8800.

Entered by: debbie

Batch: 20250430-000867

Amount: 8,800.00

Payment Type	Doc#	Description	Amount
CHECK	102812	JOLLY JACS	8,800.00
TOTAL:			8,800.00