

# FIREWORKS PERMIT APPLICATION

Type of Permit

☒ (\$2500) Seasonal (up to 5 consecutive months) ☐ (\$3800) Yearly

Applicant has previously been issued a fireworks permit and intends to rely on site plans and application materials which were approved by the Planning and Development office and Fire Warden. By signing below, Applicant swears that no changes or modifications have been or will be made to the site and structure during this permit period.

☒ Please Check Vince Frey

Applicant's Name: BREANNA ELLIOTT / VINCE FREY AGENT  
 Applicant's Permanent Business Address: 3369 W 62<sup>nd</sup> AVE DENVER, CO 80221  
 Local Telephone #: (303) 303-720-4895 Daytime Telephone #: 720 363 1827

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: BREANNA ELLIOTT Address: 17076 W. 85<sup>th</sup> LN. ARVADA CO 80007  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Registered Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Wyoming Sales Tax Permit#: \_\_\_\_\_ (Attach Copy of Permit)

Name of Fireworks Business: JURASSIC FIREWORKS  
 Street Address of Site: \_\_\_\_\_  
 Legal Description of Site: BLOCK 2 LOT 7 TERRY PARK  
 (Please use an accurate legal description from the Laramie County Assessor or the City/County Development Office)  
 Dimensions of Building: 50 x 100 m. 40 x 25

Public Property and Liability Insurance Company Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 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 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: MAY 14<sup>th</sup> 2018

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 Vince Frey AGENT DATE 4-17-18

Print Name: VINCE FREY  
 Witness: Valerie A. Kogal

☐ 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 Warden: _____	Date: _____
Environmental Health: _____	Date: _____

For Office Use Only:

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

RECEIVED

APR 18 2018

BY: Valerie A. Kogal

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 10-2-18

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.



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

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

Misc Receipt Nbr: 48683

Trans Date: 04/25/2018

Received from/Description:  
SEASONAL SALES INC

On Account Of:  
SEASONAL FIREWORKS PERMIT  
CK# 1465

Entered by: kellye

Batch: 20180425-000230

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	1465	SEASONAL SALES INC	2,500.00
TOTAL:			2,500.00

BREANNA ELLIOTT

FIREWORKS

Tools

Jump To

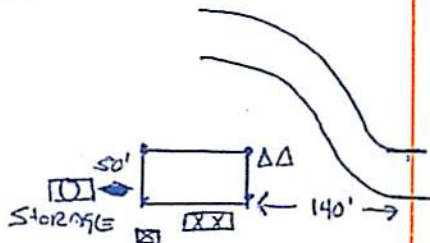
Search..



LARAMIE  
COUNTY

APR -9 2018

PLANNING & DEVELOPMENT  
OFFICE



STRUCTURE SIZE

50' x 100'

GENERATOR 30'

STORAGE 50'

BATHROOMS 20'

ALL SET BACKS

EXCEPT 100'

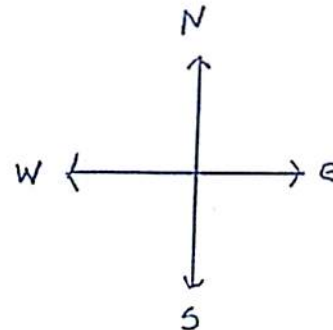
TRASH 15'

PROOF OF INSURANCE

1 Parcel(s)

[Zoom to parcel\(s\)](#)

- Pidn: 12670440200700
- Local #: 18769000200070 iTax
- Account: R0000321 Property Detail
- Name: SWAN RANCH LLC C/O ELLIOTT, BREANNA NICOLE
- Mail Addr: 17076 W 85TH LN
- Mail Addr: ARVADA, CO 80007
- St Addr: TERRY RANCH RD
- Location: TERRY PARK: LOT 7, BLOCK 2
- Type: Com Vacant Land
- Acres: 7.20 acres



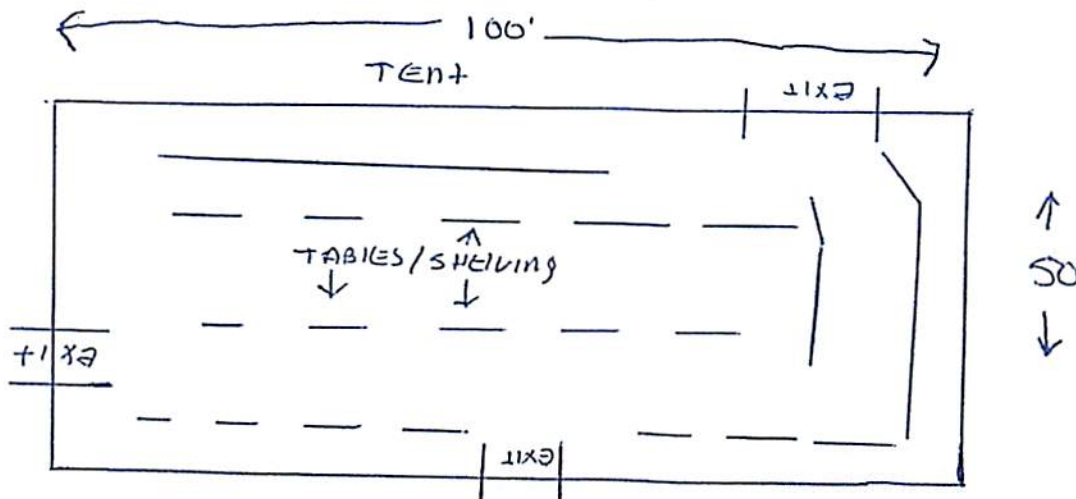
TERRY PARK LOT 7 BLOCK 2

☒ GENERATOR

☒ STORAGE

△△ BATHROOMS / PORT-O-LET

☒☒ TRASH DUMPSTER



**Temporary use Permit (Fireworks retail sales)**

**Location: TERRY PARK, LOT 7 BLOCK 2,**

**Applicant: Breanna Elliott**

**Address: 3369 w 62<sup>nd</sup> Ave Denver Colorado, 80221**

**Period of use: May 1<sup>st</sup> to July 6<sup>th</sup> 2018**

**Structure: Structured Tent 50' by 100'**

**Certification of structure: fire proof**

**Site: Structure will be a minimum of 30'ft from all property lines**

**Storage: will consist of either a trailer or a container storage unit, 30' from structure for retail sales.**

**Electrical: will either be from a temporary power pole or a generator stored 30' ft from structure of retail sales.**

**All power will be from male to female connection, no hard wiring.**

**Fire safety: structure will continuously have three or more fire extinguishers on site for the period of use.**

**Interior: All tables/shelving, will have a minimum of 40" separation while maintaining exit routes every 30'.**

**Security: Will be maintained 24 hours per day during permitted time. Trash will also be maintained daily.**

**Site map: Attached and to scale.**

**LARAMIE  
COUNTY**

**APR -9 2018**

**PLANNING & DEVELOPMENT  
OFFICE**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/1/2018

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 One Cleveland Center, Floor 30 1376 East 9th Street Cleveland OH 44114	CONTACT NAME PHONE No. 216-858-7100 FAX No. 216-858-7101 EMAIL ADDRESS
INSURED 2567 Jake's Fireworks Inc. 1500 E 27th Terr. Pittsburg KS 65762	INSURER(A) AFFORDED COVERAGE INSURER(A) Maximum Indemnity Company 26743 INSURER(B) Everest Indemnity Insurance Co. 10851 INSURER(C) INSURER(D) INSURER(E) INSURER(F)

COVERAGES CERTIFICATE NUMBER: 718717184 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.

REF. NO.	TYPE OF INSURANCE	ADDENDUM NO.	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPIRATION DATE	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL. AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-TEST <input checked="" type="checkbox"/> LOC		818GL00320-1B1	2/15/2018	2/15/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (If a subcontractor) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV. LIABILITY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMMODITY AGG \$2,000,000 COMBINED SINGLE LIMIT (As insured) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$		EXC0018387	2/15/2018	2/15/2019	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 MED. EXP. (Per person) \$ EL. EACH ACCIDENT \$ EL. DISEASE - SA EMPLOYEE \$ EL. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Indicate by init) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				

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.  
Sales Location Block 2 Lot 7 Levy Park, Laramie, WY 82070;  
Land Owner, Breanna Elliot, 17076 W 85th Lane, Arvada, CO 80007;  
Seasonal Sales Inc.

Term: February 15, 2018 through February 14, 2019

The Certificate Holder and the above listed are Additional Insureds with respects to General Liability policy as required by written contract

## CERTIFICATE HOLDER

Seasonal Sales Inc.  
Frank Elliott  
3369 W 62nd Ave.  
Denver CO 80221

## 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

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