FIREWORKS PERMIT APPLICATION (\$2500) Seasonal (up to 5 consecutive months) (\$3800) Yearty

Type of Permit · (\$	2500) Seasonal (up to 5 consecutive months)	(\$3800) Yearly
materials which were approve Applicant swears that no char this permit period.	get or modifications have been or will	be made to the tite and thrustures during
Applicant's Name: Brea	nna biliott	0 / 0.07:7:
Applicant's Demoment Business Address: 3369 W. 67 W. 67 W. COLOUCA LO SUL		
Local Telphone #: (307)	Doytime Tele	phone #: 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 agents (Attach additional pages if necessary)		
Name:	Address:	
Name:	Address:	
Name:		
Registered Agent:	Address:	
Wyoming Sales Tax Pennit#:(Altach Copy of Permit)		
Name of Fireworks Business:	Slock 2 W+ 7 1604 1	
	lock 2 Lot 7 levy	
(Place up an accurate legal description from the Lammie County Assesser or the ChylCounty Development Office) Dimensions of Building: 60 × 45 m - 10 10 0 5 10 0 0 0 0 0 0 0 0 0 0 0 0 0		
Public Property and Liability Insurance Company Information: Name: INAXI and Talency Information: Address: 13 15 6. 116 5		
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:(o-19-18		
and that I have received, reviewed and a represent a commitment by me to carry and that the permit may be revaled. A time a determination will be made as to review. I also understand the size will be NOTE: UNAPPROVED MODIFICATIONS I agree on behalf of mysalf, my partnershebide by and be in compliance e with the	indentiond the "Lararitle County Fireworks Regulation but the operation of the fireworks operation or reprisi by and all modifications to the "Approvals" must be or the need for an updated Site Pian map and/or addition	al assigns, employees and offilialus, to at all times
SIGNATURE OF APPLICANT (CII-II	DATE C. 8.18
Print Name: Die Clinic	x Cliviti · ·	
Witness: William Ell	wit	For Office Use Onle
For Office Use Original Bond Soles Tox Per Receipt Number for Pees Paids #		Place date and time stamp here at time application is received.
Inspection Co		
The embedgemi have impeded the applicantly		
Per Warders	Date:	Application is to be hourd by the Board of Commissioner within 45 days. That date will be a later them

Note: Before the Permit to Sall Fireworks can be issued, the Certificate of Compilarics must be issued by the City/County Development. The Certificate of Compilance must be extended to this application or file with the County Clerk before the permit itself is issued.