

FIREWORKS PERMIT APPLICATION

5

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 material 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 structures during this permit period. Please Check Michael Johnson Please Sign

Applicant's Name: MICHAEL JOHNSON
Applicant's Permanent Business Address: 245 I25 Service Rd. Cheyenne WY. 82007
Local Telephone #: (307) 638-4169 Daytime Telephone #: 307-638-4169

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: DAVID COLLAR Address: 2201 SHOOK DR. MAPLES FL. 34102
Name: MIKE COLLAR Address: 426 S. SHORE DR. LAKE WINNEBAGO MO
Name: JOHN COLLAR Address: 3768 W. 105TH TERRACE LEAWOOD KS. 66206
Registered Agent: _____ Address: _____

Wyoming Sales Tax Permit#: 02008915 (Attach Copy of Permit)

Name of Fireworks Business: Pyro City Fireworks
Street Address of Site: 245 I25 Service Road
Legal Description of Site: Lot 1 Block 2 Terry Park Laramie County WY.
(Please use an accurate legal description from the Laramie County Assessor or the City/County Development Office)
Dimensions of Building: 100' X 125'

Public Property and Liability Insurance Company Information:
Name: BRITTON GALLAGHER + ASSOCIATES
Address: 6240 SAN CENTER ROAD CLEVELAND OH. 44139
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 22, 2019

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 Michael Johnson DATE 4-12-2019

Print Name: Ben Laws
Witness: [Signature]

For Office Use Only:
 Original Bond Sales Tax Permit Property Taxes Current
Receipt Number for Fees Paid: # 55583

Inspection Certifications
The undersigned have inspected the applicant's site and found the same to be in compliance
Fire Warden: North Bull Date: 4-25-19
Environmental Health: Unel Well Date: 4/25/19

For Office Use Only:
Place date and time stamp here at time application is received.
RECEIVED
APR 16 2019
BY: _____
Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: _____

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.

**Laramie County
Fireworks Stand Inspection**

Date: 4/25/2019

Planning / Zoning
310 West 19th St.
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Pyro City Fireworks
Owner: David Collar, Mike Collar, John Collar
Address: 245 E 25 Service Rd
Phone: 638-4169
Permit #: _____ Yearly: Seasonal: _____ / _____
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 #: 02008915

C. Sanitary Facilities:

- 1. Portable Toilets
 - a) Pumped and cleaned _____ *Septic*
 - b) Licensed pumper _____ *installed 2017*
 - c) Removed within 2 weeks of closing _____
- Permanent Facilities

D. Trash Containment

- 1. (1) metal trash container
- 2. No fire danger or litter problem *flyt + countryside*

E. Stand / Storage Location

- 1. 60 feet from property boundary (Grandfathered)
- 2. 150 feet from petroleum storage/gas pumps *(New reg reqs 2017)*

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

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

LED

I. Signage

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

X
X
X
X
X

J. Storage units

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

X
X
X
X
X

K. Grounds

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

X
X
X

Comments:

Drinking fountains not to be used until OK'd by EPA.

Date: 4/25/2019 Time: 10 : 15

Inspectors:

Planning / Zoning (N/A)

Michael Hollett
City / County Health

Matthew Butler
Fire Warden



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2019

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 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C. No. Ext): 216-658-7100		FAX (A/C. No.): 216-658-7101
	E-MAIL ADDRESS:		
INSURED Jolly Jacs, LLC dba Fireworks Outlet 251 I-25 Service Rd. Cheyenne WY 82007	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Maxum Indemnity Company		26743
	INSURER B: Everest Indemnity Insurance Co.		10851
	INSURER C: Everest Denali Insurance Company		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 75232425

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	GENERAL LIABILITY <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"/> PROJ. <input checked="" type="checkbox"/> LOC			SIBGL01234-181	12/15/2018	12/31/2019	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 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			SIBCA00165-181	12/15/2019	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC6032186	12/15/2018	12/31/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER 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.

CERTIFICATE HOLDER**CANCELLATION**

Jolly Jacs 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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Sales/Use Tax License No:2008915

Business Start Date: 5/15/2006 12:00:

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 therefor. This authorization shall be valid and effective until cancelled or revoked and is not transferable.

Location: 245 I-25 SERVICE RD
CHEYENNE WY 820070000

Issued To: PYRO CITY
JOLLY JAC'S FIREWORKS WORLD LLC
251 I-25 SERVICE RD
CHEYENNE WY 820070000

Excise Tax Division
Taxpayer Services Section

Certificate Print Date: 5/5/2006

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 set up 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 postmarked 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 postmarked 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. Mail to: Department of Revenue, 122 W 25th St., Cheyenne WY 82002-0110. 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.