
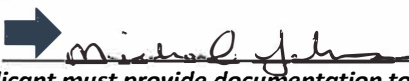







46 2024

Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		<input checked="" type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months)	<input 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 										
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 - 17 - 24										
Applicant's Information	1	Applicant's Name: MICHAEL JOHNSON Permanent Business Address: 245 E 25 SERVICE ROAD Cheyenne WY 82007 Local Tel. No.: 307-638-4169 Daytime Tel. No.: 307-638-4169 E-mail: MIKE.J@WINCOFIREWORKS.COM										
	2	Doing Business As: PYRO CITY										
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) Jolly Inc LLC										
		<table><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>DAVID COLLAR</td><td>2701 S. WALK DR. Naples FL 34102</td></tr><tr><td>MIKE COLLAR</td><td>436 S. SHORE DR. LAKE WINDHAP, MD</td></tr><tr><td>JOHN COLLAR</td><td>3760 W. 105TH TERRACE Lenexa KS 66245</td></tr></tbody></table>			Name	Address	DAVID COLLAR	2701 S. WALK DR. Naples FL 34102	MIKE COLLAR	436 S. SHORE DR. LAKE WINDHAP, MD	JOHN COLLAR	3760 W. 105TH TERRACE Lenexa KS 66245
		Name	Address									
		DAVID COLLAR	2701 S. WALK DR. Naples FL 34102									
MIKE COLLAR	436 S. SHORE DR. LAKE WINDHAP, MD											
JOHN COLLAR	3760 W. 105TH TERRACE Lenexa KS 66245											
Wyoming Sales Tax Permit #	4	02009597 (attach copy of permit)										
Fireworks Business Information	5	Retail Name of Facility/Store: PYRO CITY										
	6	Street Address: 3115 WEST COLLEGE DR. Legal Description: Section 13, West of (R3) Line of USR + South of RW Legal Description from the Assessor or County Planning Office										
Dimensions of Building (If new building, submit site plan)	7	60' x 40'										
Registered Agent If applicant is a corporation	8	Name: _____ Address: _____										
Public Property and Liability Insurance Company Information	9	Name: Aetna LLC DBA Better Care Address: 3137 PARK EAST DRIVE STE 204, BEACHWOOD OH 44122 Policy Number: SIRM602067-231 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	<p>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 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>NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT</p> <p>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.</p> <p>Applicant's Signature  Date 3-25-24 If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name MICHAEL JOHNSON</p>										
Inspection Certification	11	<p>The undersigned have inspected the applicant's site and found the same to be in compliance.</p> <p>Fire Warden  Date 4/23/24 Environmental Health  Date 4/23/24 Planning  Date 4-24-24</p>										

Laramie County

Fireworks Stand Inspection

Date: 4/23/2024

Planning / Zoning
3966 Archer Parkway
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 West College Dr
Phone: 307-638-4169
Permit #: _____ Yearly: _____ Seasonal: Yes

A. Zoning Requirements:

CB zone: _____ Site plan: _____ Site plan changes: _____
Admin approval: _____ Compliance Cert.: _____
Outside zoned boundaries: _____

B. Retail Sales permit #: 02009597

C. Sanitary Facilities:

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

D. Trash Containment

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

E. Stand / Storage Location

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

F. Entry / Exit Doors

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

Date: 4/23/ Time: 3:25

Inspectors:

Planning / Zoning (N/A)



City/County Health



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

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 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)

3/18/2024

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 Acrisure, LLC dba Britton Gallagher 3737 Park East Dr. STE 204 Beachwood OH 44122	CONTACT NAME:	
	PHONE (A/C. No. Ext): 216-658-7100	FAX (A/C. No.): 216-658-7101
INSURED Jolly Jacs, LLC dba Fireworks Outlet 251 I-25 Service Rd. Cheyenne WY 82007	E-MAIL	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Everest Indemnity Insurance Co.	
	INSURER B : Arch Speciality Ins Co	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 318200667**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	GENERAL LIABILITY			SI8ML02067-231	12/31/2023	12/31/2024	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						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 - COMP/OP AGG				
			\$ 2,000,000				
			\$				
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					\$
							BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
							\$
							\$
B	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		UXP1035081-04	12/31/2023	12/31/2024	EACH OCCURRENCE
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	\$ 4,000,000				
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$	AGGREGATE				
			\$ 4,000,000				
						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N					OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				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 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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TAMMY L. DEISCH
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 91028

Trans Date: 04/26/2024

Received from/Description:
JOLLY JACS, LLC

On Account Of:
FIREWORKS PERMIT
2024
CK# 102653 8800.00

Entered by: JoEllen

Batch: 20240426-000438

Amount: 8,800.00

Payment Type	Doc#	Description	Amount
CHECK	102653	JOLLY JACS, LLC	8,800.00
TOTAL:			8,800.00