



Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		<input checked="" type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months) Non-refundable	<input type="checkbox"/> (\$3,800) Yearly 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>Shauna McDonald</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 - 19 - 20</u>	
Applicant's Information	1	Applicant's Name: <u>Wyoming Fireworks / Shauna Williams McDonald</u> Permanent Business Address: <u>12700 I-80 Service Rd</u> Telephone Number: <u>307-630-8019</u> E-mail: <u>smc424@gmail.com</u>	
	2	Doing Business As: _____	
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)	
		Name	Address
		<u>Shauna Williams McDonald</u>	<u>6877 Woods Rd Chey WY 82009</u>
Wyoming Sales Tax Permit #	4	<u>02011265</u> (attach copy of permit)	
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Wyoming Fireworks Warehouse</u>	
	6	Street Address: <u>12700 I-80 Service Rd</u> Legal Description: <u>Lot 2 Block 1, Deiko Estates, Third Flg, Laramie County</u> Legal Description from the Assessor or County Planning Office	
Dimensions of Building (If new building, submit site plan)	7	<u>1000 square feet</u>	
Registered Agent (If applicant is a corporation)	8	Name: <u>Shauna Williams McDonald</u> Address: <u>6877 Woods Rd Chey WY 82009</u>	
Public Property and Liability Insurance Company Information	9	Name: <u>USF / Scottsdale</u> Address: <u>8000 Norman Center Dr #400 Minneapolis MN</u> Policy Number: <u>UPS 7094690</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)	
Oath and Signature of Applicant	10	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. NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES 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 Consumer Fireworks Retail Sales Regulations. Applicant's Signature <u>Shauna McDonald</u> Date <u>5/5/2020</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name _____	
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Martha Butler</u> Date <u>5-7-2020</u> Environmental Health <u>Michael Haddad</u> Date <u>5/7/2020</u> Planning <u>Brian Evans</u> Date <u>5-12-2020</u>	

Laramie County
Fireworks Stand Inspection

Date: 5/7/20

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

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Wyoming Fireworks
Owner: Shawna Williams McDonald
Address: 12700 I-80 Service Rd
Phone: 307-630-8019
Permit #: _____ Yearly: _____ Seasonal: X / _____
Open Close

A. Zoning Requirements:

CB zone: _____ Site plan: _____ Site plan changes: No
Admin approval: _____ Compliance Cert.: _____
Outside zoned boundaries: _____

B. Retail Sales permit #: 02011265

C. Sanitary Facilities:

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

Seasonal R+R
✓
✓
✓

D. Trash Containment

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

✓
✓ Cowboy Sanitation

E. Stand / Storage Location

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

✓
✓

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

X

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
N/A
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)

N/A
N/A
N/A
N/A
N/A

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:

permanent restroom exists, but is not being used for personal or public use – if it ever does, ensure soap, paper towels, toilet paper are all supplied
Will add 1 no smoking side sign to front of store

Date: 5/7/2020 Time: 2:00

Inspectors:

Planning / Zoning (N/A)

Michael Moore
City / County Health

Matthew Bull
Fire Warden

State of Wyoming

Department of Revenue

Excise Tax Division

Sales/Use Tax License No: 02011265 Business Start Date : 05/12/2015 Certificate Print Date: 04/28/2015

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: 12616 I-80 SERVICE ROAD
CHEYENNE WY 82009**

**Issued To: WYOMING FIREWORKS WAREHOUSE LLC
WYOMING FIREWORKS WAREHOUSE LLC
6817 WOODS RD
CHEYENNE WY 82009**

Display Conspicuously at the Place of Business for Which Issued

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/04/2020

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 8000 Norman Center Dr #400 Minneapolis, MN 55437		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: lauren.ashley@usi.com		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Scottsdale Insurance Company		41297
INSURED Wyoming Fireworks Warehouse 12616 I-80 Service Rd Cheyenne, WY 82009		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:500 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPS7094690	04/15/2020	04/15/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Stop Gap - \$500,000 / \$500,000 / \$500,000

CERTIFICATE HOLDER

CANCELLATION

Laramie County Clerk
 PO Box 608, 309 W 20th Street
 Cheyenne, WY 82003

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





TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 63097

Trans Date: 05/05/2020

Received from/Description:
WYOMING FIREWORKS WAREHOUSE

On Account Of:
2020 FIREWORKS PERMIT
CK#4104

Entered by: kellye

Batch: 20200505-000194

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	4104	WYOMING FIREWORKS WAREHOUSE	2,500.00
TOTAL:			2,500.00