

FIREWORKS PERMIT APPLICATION

3

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 J 25 SERVICE RD CHYENNE 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 SNOOK DR NAPLES FL 34102

Name: MIKE COLLAR Address: 436 S. SHOE DR. LAKE WINNEBAGO MO.

Name: JOHN COLLAR Address: 3768 WEST 105TH TERRACE LEAWOOD KS 66206

Registered Agent: _____ Address: _____

Wyoming Sales Tax Permit#: 02-0-07538 (Attach Copy of Permit)

Name of Fireworks Business: FIREWORKS OUTLET

Street Address of Site: 307 SOUTH GREELEY HIGHWAY

Legal Description of Site: NE '14 NW '14 SECTION T13 NR(66W)

(Please use an accurate legal description from the Laramie County Assessor or the City/County Development Office)

Dimensions of Building: 28' X 45'

Public Property and Liability Insurance Company Information:

Name: BRITTON GALLEGHAN & 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 e 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: # 55582

Inspection Certifications
The undersigned have inspected the applicant's site and found the same to be in compliance
Fire Warden: Matthew Bull Date: 4/25/19
Environmental Health: [Signature] 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: Fireworks Outlet
Owner: David Collar, Mike Collar, John Collar
Address: 207 South Greeley Highway
Phone: 638-4169
Permit #: _____ Yearly: _____ Seasonal: X / _____
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 #: 0207538

C. Sanitary Facilities:
1. Portable Toilets
a) Pumped and cleaned X RER
b) Licensed pumper X
c) Removed within 2 weeks of closing X
Permanent Facilities _____

D. Trash Containment
1. (1) metal trash container X
2. No fire danger or litter problem X flyt

E. Stand / Storage Location
1. 60 feet from property boundary X
(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) X
- 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: 4/25/19 Time: 11:00

Inspectors:

Planning / Zoning (N/A)

Neil Wallace
City / County Health

Matthew Booth
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:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Maxum Indemnity Company			26743
INSURER B : Mt. Hawley Ins Co			
INSURER C : Everest Indemnity Insurance Co.			10851
INSURER D :			
INSURER E :			
INSURER F :			

COVERAGES **CERTIFICATE NUMBER: 1382744572** **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	
C	GENERAL LIABILITY			S18GL01234-181	12/15/2018	12/31/2019	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO					BODILY INJURY (Per person)	\$
		ALL OWNED AUTOS		SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$
		HIRED AUTOS		NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB			EXC6032186	12/15/2018	12/31/2019	EACH OCCURRENCE	\$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 4,000,000
							DED	RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Property RC/ Special Form			MCP0162136	12/15/2018	12/31/2019	Building Contents \$10,000 Deductible	\$100,000 \$20,000

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 is named as a Loss Payee as respects to location at:
207 S. Greely Hwy, Cheyenne, WY 82007

CERTIFICATE HOLDER Jolly Jacs LLC dba Fireworks Outlet 207 S. Greely Hwy Cheyenne WY 82007	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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Sales/Use Tax License No:

02-0-07538

Business Start Date:

01-01-02

SIC:

5940

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:

207 S GREELEY HWY
CHEYENNE WY 82007-

Issued To:

JOLLY JACS FIREWORKS WORLD LLC
JOLLY JAC'S FIREWORKS WORLD LLC
5200 W 94TH TERRACE SUITE 114
PRAIRIE VILLAGE KS 66207-



Excise Tax Division
Taxpayer Services Section

Issue Date:

April 19, 2002

Display Conspicuously at the Place of Business for Which Issued

William's A

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