



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: <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td style="width: 30px; height: 30px; text-align: center;">0</td> <td style="width: 30px; height: 30px; text-align: center;">5</td> <td style="width: 30px; height: 30px; text-align: center;">-</td> <td style="width: 30px; height: 30px; text-align: center;">1</td> <td style="width: 30px; height: 30px; text-align: center;">2</td> <td style="width: 30px; height: 30px; text-align: center;">-</td> <td style="width: 30px; height: 30px; text-align: center;">2</td> <td style="width: 30px; height: 30px; text-align: center;">3</td> </tr> </table>			0	5	-	1	2	-	2	3
0	5	-	1	2	-	2	3				
Applicant's Information	1	Applicant's Name: <u>MICHAEL JOHNSON</u> Permanent Business Address: <u>245 I 25 SERVICE ROAD, CHEYENNE WY</u> Local Tel. No.: <u>307-638-4169</u> Daytime Tel. No.: <u>307-638-4169</u> E-mail: <u>MIKE.J@WINCOFIREWORKS.COM</u>									
	2	Doing Business As: <u>FIREWORKS OUTLET</u>									
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* <small>*If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners.</small>									
		<small>(attach additional pages if necessary)</small> <u>JOLLY JACS LLC.</u>									
		Name	Address								
		<u>DAVID COLLAR</u>	<u>2701 SWACK DR. NAPLES FL. 34102</u>								
<u>MIKE COLLAR</u>	<u>436 S. SHORE DR. LAKE WINDSOR, MD.</u>										
<u>JOHN COLLAR</u>	<u>3768 W. 105TH TERRACE LENEXA KS. 66226</u>										
Wyoming Sales Tax Permit #	4	<table border="1" style="display: inline-table; margin-right: 10px;"> <tr> <td style="width: 30px; height: 30px; text-align: center;">0</td> <td style="width: 30px; height: 30px; text-align: center;">2</td> <td style="width: 30px; height: 30px; text-align: center;">0</td> <td style="width: 30px; height: 30px; text-align: center;">0</td> <td style="width: 30px; height: 30px; text-align: center;">7</td> <td style="width: 30px; height: 30px; text-align: center;">1</td> <td style="width: 30px; height: 30px; text-align: center;">2</td> <td style="width: 30px; height: 30px; text-align: center;">3</td> </tr> </table> (attach copy of permit)		0	2	0	0	7	1	2	3
0	2	0	0	7	1	2	3				
Fireworks Business Information	5	Retail Name of Facility/Store: <u>FIREWORKS OUTLET</u>									
	6	Street Address: <u>251 I 25 SERVICE ROAD</u> Legal Description: <u>LOT 3, BLOCK 1 TERRY PARK SUBDIVISION LAEM, WY</u> <small>Legal Description from the Assessor or County Planning Office</small>									
Dimensions of Building (If new building, submit site plan)	7	50' X 98'									
Registered Agent (If applicant is a corporation)	8	Name: _____ Address: _____									
Public Property and Liability Insurance Company Information	9	Name: <u>BRITTON GALLAGHER</u> Address: <u>1375 E. 9th Street Cleveland OH 44114</u> Policy Number: <u>518M602067-221</u> <small>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)</small>									
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											

Laramie County
Fireworks Stand Inspection

Date: 04/03/2023

Planning / Zoning
3966 Archer Parkway
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: 251 I-25 Service Rd, Cheyenne, WY
Phone: 307-638-4169
Permit #: _____ Yearly: ____ Seasonal: X

Open Close

A. Zoning Requirements:

CB zone: _____ Site plan: _____ Site plan changes: None
Admin approval: _____ Compliance Cert.: _____
Outside zoned boundaries: _____

B. Retail Sales permit #: 02007123

C. Sanitary Facilities:

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

D. Trash Containment

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

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

N/A LED

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 / 3 / 2023 Time: 10 : 15

Inspectors:

Planning / Zoning (N/A)



City / County Health



Fire Warden

State of Wyoming

Department of Revenue

Excise Tax Division

Sales/Use Tax License No: 02007123 Business Start Date : 01/01/2001 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: 251 I 25 SERVICE RD
CHEYENNE WY 820070000

Issued To: FIREWORKS OUTLET
JOLLY JACS LLC
5200 W 94TH TERRACE
STE 114
PRAIRIE KS 662070000

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: 01/01/2001. Quarterly filers will be setup 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 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)
3/24/2023

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	
	INSURER A : Everest Indemnity Insurance Co. NAIC # 10851	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	

COVERAGES **CERTIFICATE NUMBER: 757385297** **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	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC		S18ML02067-221	12/31/2022	12/31/2023	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 - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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 RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS 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)
 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 Jolly Jacs LLC dba Fireworks Outlet 251 I-25 Service Road 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 