

120501 - 22

LARAMIE COUNTY CLERK BOARD OF COUNTY COMMISSIONERS AGENDA ITEM PROCESSING FORM

1. DATE OF PROPOSED ACTION: May 1, 2012

2. AGENDA ITEM: ☐ Appointments ☐ Bids/Purchases ☐ Claims
☐ Contracts/agreements/leases ☐ Grants ☐ Land Use: Variances/Board App/Plats
☐ Proclamations ☐ Public Hearings/Rules & Reg's ☐ Reports & Public Petitions
☐ Resolutions ☐ Other

3. DEPARTMENT: County Clerk

APPLICANT: Dennis Carney

AGENT: Debbye Lathrop

4. DESCRIPTION: Consideration of a Seasonal Fireworks Permit located at 245 I-25 Service Road

Amount \$

From

To

5. DOCUMENTATION: Originals and (4) four copies

Commissioner

Clerks Use Only:

Signatures

Humphrey_____

Woodhouse_____

Thompson_____

Action_____

Postponed/Tabled_____

Co Attny_____

Assist Co Attny_____

Grants Manager_____

Outside Agency_____

COPY OF RECORD

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

Please Sign

Applicant's Name: Dennis Carney

Applicant's Permanent Business Address: 251 I-25 Service Rd Cheyenne WY

Local Telephone #: (307) 778-9587 Daytime Telephone #: 307 778-9587

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: 19208 W 98 Terrace Lane KS 66220

Name: Mike Collar

Address: 15210 Foster Overland PK KS 66223

Name: Ron Zimmerman

Address: 4720 Eagle Lake Ftc Co 80524

Registered Agent:

Address:

Wyoming Sales Tax Permit#: 2008915

(Attach Copy of Permit)

Name of Fireworks Business: Pyro City

Street Address of Site:

Legal Description of Site:

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

Dimensions of Building:

Public Property and Liability Insurance Company Information:

Name:

Address:

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:

05-11-12

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

DATE 04-10-12

Print Name:

Witness:

For Office Use Only:

☐ Original Bond

☐ Sales Tax Permit

☐ Property Taxes Current

Receipt Number for Fees Paid: #

Inspection Certifications

The undersigned have inspected the applicant's site and found the same to be in compliance

Fire Warden:

Date:

Environmental Health:

Date:

For Office Use Only:

Place date and time stamp here at time application is received.

RECEIVED

APR 16 2012

BY:

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 5-31-12

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.

Sales/Use Tax License No:2008915

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

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

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/10/2012

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 and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	CONTACT NAME:	
	PHONE (A/C, No, Ext): 440-248-4711	FAX (A/C, No): 440-544-1234
INSURED Jolly Jacs, LLC dba Fireworks Outlet 251 I-25 Service Rd. Cheyenne WY 82007	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Lexington Insurance Co	
	INSURER B: Granite State Insurance Co. 23809	
	INSURER C: Axis Surplus Ins Company	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 66955904

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		3443627-04	3/31/2012	3/31/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CA62661589	3/31/2012	3/31/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		EAU706475	3/31/2012	3/31/2013	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	Y/N <input type="checkbox"/> N/A				WC STATU-TORY 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)

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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Laramie County
Fireworks Stand Inspection

Date: 04/24/2012

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

Fire Warden
310 W. 19th St.
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Pyro City
Owner: David Collar
Address: 245 I-25 Service Rd.
Phone: 778-9587

Wyo. Sales Tax Permit #: 2008915 Yearly: _____

Seasonal: X
Open 05/11/2012 Close

A. Zoning Requirements:

CB zone: _____ Site plan: on file Site plan changes: none
Admin approval: _____ Compliance Cert.: _____
Outside zoned boundaries: yes

B. Retail Sales permit #: _____

C. Sanitary Facilities:

1. Portable Toilets
a) Pumped and cleaned NA
b) Licensed pumper NA
c) Removed within 2 weeks of closing NA
2. Permanent Facilities New septic holding tank.

D. Trash Containment

1. (1) metal trash container OK, Countryside / Flyte
2. No fire danger or litter problem OK

E. Stand / Storage Location

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

F. Entry / Exit Doors

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

G. Fire Extinguishers:

- 1. Two (2) 5lb. 2-A, 10 BC dry Chemical type OK
- 2. Displays current/dated inspection tag OK

H. Fluorescent bulb covers in place NA

I. Signage

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

J. Storage units

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

K. Grounds

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

Comments:

TANK PUMPED 2x DURING SEASON. Alarms Operational
Owner will install reflective address numbers.

Date: 4/24/12 Time: 9:30

Inspectors:

Planning / Zoning (N/A)

Bill McHenry
Fire Warden

Ray Krueger
City / County Health
DA

Laramie County Fireworks

110501-22

Seasonal Permit

\$2500

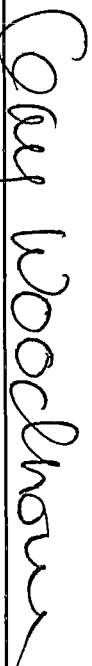
Under the Laramie County Fireworks Regulations adopted and made effective on the 16th day of July, 2002, the Board of Laramie County Commissioners hereby issues a SEASONAL PERMIT to:

DENNIS CARNEY

d/b/a Pyro City

located at Lot 1, Block 2, Terry Park Subdivision
Laramie County, WY, a/k/a 245 I-25 Service Road East, for a term
of five (5) consecutive months.

DATE ISSUED May 11, 2012



GAY WOODHOUSE, CHAIRMAN
BOARD OF COMMISSIONERS



DEBRA K. LATHROP
LARAMIE COUNTY CLERK