



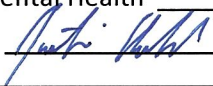


Laramie County Consumer Fireworks Retail Sales Permit Application

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: <u>04-01-25</u>	
Applicant's Information	1	Applicant's Name: <u>Breanna Elliott</u> Permanent Business Address: <u>201 I-25 Service Rd Cheyenne, WY 82007</u> Local Tel. No.: _____ Daytime Tel. No.: <u>720-363-1827</u> E-mail: <u>dmiaco@q.com</u>
	2	Doing Business As: <u>Jurassic Fireworks</u>
Type of Business and Owner or Officers' Names	3	<input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation* <input 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, City/State/ZIP <u>Breanna Elliott</u> <u>17076 W. 85th Lane Arvada, CO 80221</u>
Wyoming Sales Tax Permit #	4	<u>02012253</u> (attach copy of permit)
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Jurassic Fireworks</u>
	6	Street Address: <u>201 I-25 Service Rd BLDG A</u> Legal Description: <u>Lot 7 Block 2 Terry Park Rd.</u> <small>Legal Description from the Assessor or County Planning Office</small>
Dimensions of Building (If new building, submit site plan)	7	<u>40 X 75 X 20</u>
Registered Agent (If applicant is a corporation)	8	Name: <u>Frank Elliott (Seasonal Sales)</u> Address: <u>3369 W. 62nd Ave Denver, CO 80221</u>
Public Property and Liability Insurance Company Information	9	Name: <u>Agrisure Great Lakes Partners Insurance Services</u> Address: <u>223 West Grand River Ave #1 Howell, MI 48843</u> Policy Number: <u>052115105</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)



Laramie County Consumer Fireworks Retail Sales Permit Application

Indemnification and Immunity	10	Laramie County Government does not waive its Governmental/Sovereign Immunity, as provided by any applicable law including W.S. § 1-39-101 et seq., by the submission of this application or issuance of any permit. Further, Laramie County Government fully retains all immunities and defenses provided by law with regard to any action, whether in tort, contract or any other theory of law, based on this application or issuance of any permit.
Venue and Jurisdiction	11	Applicant understands and agrees this Application and any permit shall be governed by and interpreted pursuant to the laws of the State of Wyoming and the Laramie County Consumer Fireworks Retail Sales Regulations. If any dispute arises, Applicant agrees and consents to the First Judicial District, Laramie County, State of Wyoming, as the proper venue and jurisdiction concerning this application, permit, and subject matter hereof and any suit or proceeding at law or in equity shall be brought in the Circuit or District courts of the State of Wyoming, First Judicial District, sitting in Cheyenne, WY. This provision is not intended, nor shall it be construed to waive the Laramie County Government's Governmental Immunity as provided in this application.
Oath and Signature of Applicant and Certificate of Authority	12	<p>I hereby certify under penalty of false swearing that ALL information on this application form is true and correct, that I am the applicant named herein, or their company agent, and that I have received, reviewed and understand the "Laramie County Consumer Fireworks Retail Sales Regulations, as amended. 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 as provided in the Wyoming firework regulations. Any and all modifications to the site plan 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, or through my company agent, 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, all applicable laws.</p> <p>**Applicant's Signature <u></u> Date <u>2/25/25</u></p> <p>**If a corporation, applicant must provide documentation demonstrating authority to sign.</p> <p>** If a foreign corporation, applicant must provide a copy of their Certificate of Authority from the Secretary of State per W.S. § 17-19-1503.</p> <p>Applicant's Printed Name <u>Breanna Elliott</u></p>
Inspection Certification	13	<p>The undersigned have inspected the applicant's site and found the same to be in compliance.</p> <p>Fire Warden <u></u> Date <u>3-19-25</u></p> <p>Environmental Health _____ Date _____</p> <p>Planning <u></u> Date <u>3-24-25</u></p>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2025

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 Acisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	CONTACT NAME: PHONE (A/C, No., Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED Jake's Fireworks Inc. 1500 E 27th Terr. Pittsburg KS 66762	2567	INSURER A : Arch Specialty Insurance Company NAIC # 21199 INSURER B : Lexington Insurance Company 19437 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER: 1918326960

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	
B	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			052115105	2/15/2025	2/15/2026	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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UXP1037038-05	2/15/2025	2/15/2026	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		N/A				WC STATUTORY LIMITS	OTHER
							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)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
 Sales Location: 201 I-25 Service Rd., Building A, Cheyenne, WY 82007;
 Land Owner: Breanna Elliott, 17076 W. 85th Lane, CO 80007
 Seasonal Sales, Breanna Elliott, 17076 W. 85th Lane, CO 80007
 Term: February 15, 2025 through February 14, 2026
 The Certificate Holder and the above listed are Additional Insureds with respects to General Liability policy as required by written contract.

CERTIFICATE HOLDER

Seasonal Sales Inc dba Jurassic Fireworks
 Breanna Elliott
 17076 W. 85th Lane
 Arvada CO 80007
 United States

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

Sales/Use Tax License No: 02012253 Business Start Date : 05/02/2019 Certificate Print Date: 05/29/2019

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: 201 I25 SERVICE RD
CHEYENNE WY 82007

Issued To: JURASSIC FIREWORKS
SEASONAL SALES INC
3369 W 62ND AVE
DENVER CO 80221-1907

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: 5/2/2019. Quarterly filers will be setup on calendar quarter. 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.

CONSUMER FIREWORKS SALES AGREEMENT

This Invoice and Sales Agreement establishes the terms that govern the sales of consumer fireworks (DOT 1.4G; UN 0336) to Purchaser by Jake's Fireworks Inc., a Kansas Corporation or Far East Imports, Inc., a Kansas Corporation (Jake's or Far East). It is understood that Jake's and Far East are not manufacturers of consumer fireworks and import and distribute consumer fireworks in the United States. This Sales Agreement evidences the parties' entire agreement and may be modified only by written agreement. Previous verbal agreements are not enforceable. All price sheet quotes are cash prices and FOB Pittsburg, Kansas. Freight charges must be paid in full before shipment. Should Purchaser fail to make payment as required, refuse delivery, or otherwise breach this agreement, Jake's or Far East may recover both actual damages, interest at up to 15% per annum on any unpaid balance, consequential damages and all costs and expenses including collection fees, court costs, and attorney's fees. The Purchaser consents to this Agreement being governed by the laws of the State of Kansas, and that Kansas will have exclusive jurisdiction over this agreement with venue in Crawford County, Kansas.

The parties agree that as a condition to Purchaser buying its fireworks products from Jake's or Far East that Jake's must issue Purchaser a Certificate of Insurance as an Additional Insured for each location requested in writing by Purchaser. The insurance coverage provided by this Certificate will be Primary and will not seek contribution from any other insurance provided to an Additional Insured. Under this contract, any entity or individual named on the Certificate of Insurance will be an Additional Insured under the Jake's or Far East liability insurance policy. The Parties further agree that Jake's or Far East may charge an administrative fee for the processing and issuing of each Certificate of Insurance.

Upon delivery, the purchaser must inspect the ordered products, and all claims for discrepancies, shortages, and/or damages must be made in writing within three (3) calendar days of delivery, or all such claims are waived. You must also send in pictures of the damaged merchandise with the written damage notification. Only notifications received and approved in writing by Jake's or Far East will result in invoice adjustments.

The purchaser is solely responsible for compliance with all local, state, and federal laws. This transaction is a wholesale commercial transaction between knowledgeable merchants. The Purchaser acknowledges that fireworks ordered are not sold on consignment or approval and are not returnable. This Agreement constitutes no joint venture or partnership. Nor will the Purchaser be the agent, dealer, or representative of Jake's Fireworks, Inc. The Purchaser is an independent merchant and is buying the product for resale.

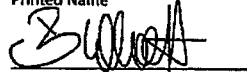
If Purchaser is picking up the ordered items at a Jake's facility, Purchaser should contact the Jake's facility at least 48 hours in advance and arrange the pickup. If such notice is not provided the order may not be ready for delivery when Purchaser arrives.

Date: 2-10-2025

Purchaser

Breanna Elliott

Printed Name



Signature

Laramie County
Fireworks Stand Inspection

Date: 3/04/2025

Planning / Zoning
3966 Archer Parkway
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Business name: Jurassic Fireworks
Owner: Breanna Elliott
Address: 201 I-25 Service Rd Building A
Phone: 720-363-1827
Permit #: 02012253 Yearly: Seasonal: Yes

Open Close

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

B. Retail Sales permit #: _____

C. Trash Containment

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

E. Stand / Storage Location

- 1. 60 feet from property boundary
(Grandfathered) *Down 25%*
- 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

H. Fluorescent bulb covers in place

WIK LEP

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

K. Grounds

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

Comments:

Date: 3/19/2025 Time: 1:35

Inspectors:

Matthew Butler
Fire Warden

Justin Smith
Planning / Zoning



TAMMY L. DEISCH
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 97385

Trans Date: 03/26/2025

Received from/Description:
SEASONAL SALES INC

On Account Of:
SEASONAL SALES INC
201 I-25 SERVICE RD JURASSIC FIREWORKS
CK# 1861

Entered by: micheller

Batch: 20250326-000071

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	1861	SEASONAL SALES INC	2,500.00
		TOTAL:	2,500.00