



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 <u>Shaunna Williams-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: <div><div></div><div></div><div>-</div><div></div><div></div><div>-</div><div></div><div></div></div>										
Applicant's Information	1	Applicant's Name: <u>Shaunna Williams-McDonald</u> Permanent Business Address: <u>12616 I 80 Service Rd</u> Local Tel. No.: <u>307-635-5820</u> Daytime Tel. No.: <u>307-630-8099</u> E-mail: <u>swmc424@gmail.com</u>										
	2	Doing Business As: <u>Wyoming fireworks Warehouse</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* *If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners. (attach additional pages if necessary)										
		<table><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td><u>Shaunna Williams-McDonald</u></td><td><u>6817 Woods Rd Cheyenne WY 82009</u></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>			Name	Address	<u>Shaunna Williams-McDonald</u>	<u>6817 Woods Rd Cheyenne WY 82009</u>				
	Name	Address										
<u>Shaunna Williams-McDonald</u>	<u>6817 Woods Rd Cheyenne WY 82009</u>											
Wyoming Sales Tax Permit #	4	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> (attach copy of permit)										
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Wyoming fireworks</u>										
	6	Street Address: <u>12616 I 80 Service Rd Cheyenne WY 82009</u> Legal Description: <u>Deike estates 3rd filing Lot 2 Block 1</u> <small>Legal Description from the Assessor or County Planning Office</small>										
Dimensions of Building (If new building, submit site plan)	7	<u>80x80</u>										
Registered Agent (If applicant is a corporation)	8	Name: <u>Shaunna Williams-McDonald</u> Address: <u>12616 I 80 Service Rd Cheyenne WY 82009</u>										
Public Property and Liability Insurance Company Information	9	Name: <u>Scottsdale Insurance Co./USF</u> Address: <u>8000 Norman Center DE, Bloomington MN 55437</u> Policy Number: <u>CPS 7566767</u> <u>sum</u> <u>CPS 7762741</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	<p>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.</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, 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.</p> <p>Applicant's Signature Date <u>4/10/23</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name <u>Shaunna Williams-McDonald</u></p>										
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden _____ Date _____ Environmental Health _____ Date _____ Planning _____ Date _____										

Sales/Use Tax License No: 02011265 Business Start Date : 05/12/2015 Certificate Print Date: 04/27/2021

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
UNITED STATES

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

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: 4/1/2021. 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.

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 Drive, Suite 400

Bloomington, MN 55437

CONTACT NAME: Jean Richard

PHONE (A/C, No, Ext): 720-361-1661

FAX (A/C, No): 610-537-9630

E-MAIL ADDRESS: jean.richard@usi.com

INSURER(S) AFFORDING COVERAGE

INSURER A : Scottsdale Insurance Company

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Wyoming Fireworks Warehouse LLC

6817 Woods Rd

Cheyenne, WY 82009

NAIC # 41297

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<div><div><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</div><div><div><input type="checkbox"/> CLAIMS-MADE</div><div><input checked="" type="checkbox"/> OCCUR</div></div><div><input checked="" type="checkbox"/> BI/PD Ded:\$500</div><div>GEN'L AGGREGATE LIMIT APPLIES PER:</div><div><div><input checked="" type="checkbox"/> POLICY</div><div><input type="checkbox"/> PRO-JECT</div><div><input type="checkbox"/> LOC</div></div><div>OTHER:</div></div>						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Laramie County Clerk

P.O. 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

