

120501-21

**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 Yearly Fireworks Permit located at 251 I-25 Service Road

Amount \$

From

To

**5. DOCUMENTATION:** Originals and (4) four copies

<u>Commissioner</u>	<u>Clerks Use Only:</u>	<u>Signatures</u>
Humphrey_____		Co Attny _____
Woodhouse_____		Assist Co Attny _____
Thompson_____		Grants Manager _____
Action _____		Outside Agency _____
Postponed/Tabled _____		

COPY OF RECORD

# FIREWORKS PERMIT APPLICATION

1

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

Dennis Carney  
Please Sign

Applicant's Name: Dennis Carney

Applicant's Permanent Business Address: 251 F-25 Service Rd Cheyenne Wyo

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. 98th Terr. Lenexa KS

Name: Mike Collar

Address: 11346 Hemlock Oakland PK KS

Name: Ron Zimmerman

Address: 4720 Eagle Lake FTC, 680524

Registered Agent:

Address:

Wyoming Sales Tax Permit#: 02-0-07123 (Attach Copy of Permit)

Name of Fireworks Business: Fireworks Outlet

Street Address of Site: 251 F-25 Service Rd Cheyenne Wyo

Legal Description of Site: Lot 3, Block 4, Terry Park Subdivision, Laramie WY

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

Dimensions of Building: 50' x 98'

Public Property and Liability Insurance Company Information:

Name: Britton Gallagher and Associates

Address: 6240 Sam Center Rd 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: 05-04-12

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

Dennis Carney

DATE 04-10-12

Print Name:

Dennis Carney

Witness:

[Signature]

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:

Bill McHenry

Date:

4/24/12

Environmental Health:

Ray Hudep

Date:

4/24/12

For Office Use Only:

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

**RECEIVED**

APR 16 2012

BY:

[Signature]

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.

**State of Wyoming****Department of Revenue****Sales/Use Tax License No:** 02-0-07123**Business Start Date:** 01-01-01**SIC:** 5990

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:** 251 I-25 SERVICE RD  
CHEYENNE WY 82007

**Issued To:**

JOLLY JACS FIREWORKS WORLD LLC  
JOLLY JAC'S FIREWORKS WORLD LLC  
5200 W 94TH STE 114  
PRAIRIE KS 66207



Excise Tax Division  
Taxpayer Services Section

**Issue Date:** January 26, 2001

**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 **QUARTERLY** beginning: 01-01-01. Quarterly and annual filers will be set up on calendar quarters and yearly filings. If you are a quarterly or annual filer, your first return may be for a portion of a calendar quarter or tax year.
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 return 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 a 10% penalty plus a monthly interest rate of .0105 per month, which is calculated on a daily basis.
5. Please notify the Taxpayer Services Section at the Cheyenne Office in writing if there is a change of address or ownership. Mail to : Department of Revenue, 122 W 25<sup>th</sup> 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).

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (A/C, No, Ext): 440-248-4711	<b>FAX</b> (A/C, No): 440-248-5406
<b>INSURED</b> Jolly Jacs LLC dba Fireworks Outlet 251 I-25 Service Rd. Cheyenne WY 82007	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Lexington Insurance Co	
	<b>INSURER B:</b> Axis Surplus Ins Company	
	<b>INSURER C:</b> Mt. Hawley Ins Co	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER: 16951936

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	<b>GENERAL LIABILITY</b> <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"/> PROJECT <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</b> <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) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <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 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Property RC/ Special Form			MCP0155270	3/31/2012	3/31/2013	Building \$50,000 limit Contents \$25,000 limit \$10,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

Certificate Holder is named as a Loss Payee as respects to location at:  
251 I-25 Service Road, Cheyenne, WY 82007

## CERTIFICATE HOLDER

## CANCELLATION

Jolly Jacs LLC dba Fireworks Outlet 251 I-25 Service Rd. 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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**TRUDY L. EISELE**  
**LARAMIE COUNTY Treasurer**  
**MISCELLANEOUS RECEIPT**

\*\*\* ORIGINAL RECEIPT \*\*\*

Misc Receipt Nbr: 11812

Trans Date: 04/16/2012

Received from/Description:  
JOLLY JACS LLC

On Account Of:  
1 YEARLY APPLICATION  
4 SEASONAL APPLICATIONS

Entered by: kellye

Batch: 20120416-000577

Amount: 13,800.00

Payment Type	Doc#	Description	Amount
CHECK	3019	JOLLY JACS LLC	13,800.00
TOTAL:			13,800.00

## Laramie County

### Fireworks Stand Inspection

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

Fire Warden  
310 W. 19<sup>th</sup> St.  
633-4335

Date: 4/24/12

Environmental Health  
100 Central Ave.  
633-4090

Business name: Fireworks Outlet

Owner: David Collar, Mike Collar, Ron Zimmerman

Address: 19208 W. 98<sup>th</sup> Terr Lenexa, KS

251 I-25 Service Rd.

Phone: 778-9587

Permit #: 02-0-07123 Yearly: X Seasonal: \_\_\_\_\_ / 5/4/12

Open

Close

#### A. Zoning Requirements:

CB zone: \_\_\_\_\_

Site plan: on file

Site plan changes: NA

Admin approval: \_\_\_\_\_

Compliance Cert.: \_\_\_\_\_

Outside zoned boundaries: Yes

#### B. Wyoming Sales Tax Permit #: 02-0-07123

#### C. Sanitary Facilities:

##### 1. Portable Toilets

a) Pumped and cleaned

NA

b) Licensed pumper

NA

c) Removed within 2 weeks of closing

NA

Permanent Facilities

OK

Tanks Pumped

*July 1, 2011*

#### D. Trash Containment

1. (1) metal trash container

OK

2. No fire danger or litter problem

OK

#### E. Stand / Storage Location

1. 60 feet from property boundary

(Grandfathered)

OK

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

OK Countryside + Flyte  
Roll Offs Dumpsters

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)       | OK |
| 5. No spray painted retail / safety signs | OK |

J. Storage units

- |  |       |
|--|-------|
| 1. Two (2) fire extinguishers                    | _____ |
| 2. Locked when not occupied                      | _____ |
| 3. 5 <sup>th</sup> 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 | OK |
| 2. Clear of debris / trash                              | OK |
| 3. Defined parking                                      | OK |

Comments: Damaged fireworks are in the trailer closest and parallel to I-25. The owner will look at annual disposal of damaged fireworks.

*Has fire 1 years of damaged product to dispose of. A contractor from Salt Lake UT will remove this fall.*

*Spot checked for trailers & vans for fire extinguishers & content. Exterior cable is low voltage "Security" on all trailers.*

Date: 4/24/12 Time: 09:30

Inspectors: *trailers.*

\_\_\_\_\_  
Planning / Zoning (N/A)

*Ray Kueper*  
\_\_\_\_\_  
City / County Health

*Bill McFerry*  
\_\_\_\_\_  
Fire Warden

*Jim [Signature]*

*owner will install reflective address numbers.*

# Laramie County Fireworks

## Yearly Permit

\$3800

110501-21

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 YEARLY PERMIT to:

**DENNIS CARNEY**

**d/b/a Fireworks Outlet**

located on a portion of Lot 3, Block 1, Terry Park Subdivision Laramie County, WY, a/k/a 251 I-25 Service Road, for a term of twelve (12) consecutive months.

DATE ISSUED May 4, 2012

  
GAY WOODHOUSE, CHAIRMAN  
BOARD OF COMMISSIONERS

  
DEBRA K. LATHROP  
LARAMIE COUNTY CLERK