



5
2024

Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit	<input type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months)	<input checked="" 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>Michael Johnson</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: <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;">7</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;">4</td> </tr> </table>			0	5	-	1	7	-	2	4
0	5	-	1	7	-	2	4				
Applicant's Information	1	Applicant's Name: <u>MICHAEL JOHNSON</u> Permanent Business Address: <u>245 I25 SERVICE ROAD Cheyenne WY 82007</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>PYRO CITY</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) <u>Jolly JACS LLC.</u>									
		Name	Address								
		<u>DAVID COLLAR</u>	<u>2701 Suck DR. Naples FL 34102</u>								
	<u>MIKE COLLAR</u>	<u>436 S. Siltice DR. Lake Winnebago MO.</u>									
	<u>JOHN COLLAR</u>	<u>3768 W 105th Terrace, Leawood KS. 66206</u>									
Wyoming Sales Tax Permit #	4	<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;">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;">8</td> <td style="width: 30px; height: 30px; text-align: center;">9</td> <td style="width: 30px; height: 30px; text-align: center;">1</td> <td style="width: 30px; height: 30px; text-align: center;">5</td> </tr> </table> (attach copy of permit)		0	2	0	0	8	9	1	5
0	2	0	0	8	9	1	5				
Fireworks Business Information	5	Retail Name of Facility/Store: <u>PYRO CITY</u>									
	6	Street Address: <u>245 I25 SERVICE ROAD</u> Legal Description: <u>Lot 1, Block 7, Terry Park, Laramie County WY</u> <small>Legal Description from the Assessor or County Planning Office</small>									
Dimensions of Building (If new building, submit site plan)	7	100' x 125'									
Registered Agent (If applicant is a corporation)	8	Name: _____ Address: _____									
Public Property and Liability Insurance Company Information	9	Name: <u>AGGASURE LLC DBA BITTON CALLAGHER</u> Address: <u>3737 PARK EAST DR STE 204 BEAUMONT OH 44122</u> Policy Number: <u>S18MLO2067-231</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>									
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 <u>Michael Johnson</u> Date <u>3-25-24</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name <u>MICHAEL JOHNSON</u></p>									
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Walter Burt</u> Date <u>4-23-24</u> Environmental Health <u>AMV</u> Date <u>4/23/24</u> Planning <u>John Burt</u> Date <u>4-24-24</u>									

Laramie County
Fireworks Stand Inspection

Date: 4/23/2024

Planning / Zoning
3966 Archer Parkway
633-4303

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Pyro City
Owner: David Collar; Mike Collar; John Collar
Address: 245 I-25 Service Rd.
Phone: 307-638-4169
Permit #: _____ Yearly: Yes Seasonal:

A. Zoning Requirements:

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

B. Retail Sales permit #: 02008915

C. Sanitary Facilities:

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

D. Trash Containment

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

E. Stand / Storage Location

- 1. 60 feet from property boundary
(Grandfathered) _____ N/A New Regs
- 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: 4/23/2024 Time: 2 : 30 pm

Inspectors:

Planning / Zoning (N/A)

[Signature]

City / County Health

[Signature]

Fire Warden

State of Wyoming

Department of Revenue

Excise Tax Division

Sales/Use Tax License No: 02008915 Business Start Date : 05/15/2006 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: 245 I-25 SERVICE RD
CHEYENNE WY 820070000

Issued To: PYRO CITY
JOLLY JACS LLC
5200 W 94TH TERRACE
STE 114
PRAIRIE VILLAGE KS 66207

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 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.



TAMMY L. DEISCH
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 91028

Trans Date: 04/26/2024

Received from/Description:
JOLLY JACS, LLC

On Account Of:
FIREWORKS PERMIT
2024
CK# 102653 8800.00

Entered by: JoEllen

Batch: 20240426-000438

Amount: 8,800.00

Payment Type	Doc#	Description	Amount
CHECK	102653	JOLLY JACS, LLC	8,800.00
TOTAL:			8,800.00