

Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		(\$2,500) Seasonal (up to 5 consecutive months) Fees are Non-refund								
Previous Fireworks Permit Holder		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 All Permits shall become valid upon the date of the approval unless otherwise requested. Request for specific								
Requested Effective Date		effective dates must be approved by the Board of Commissioners. If you wish to request a specific effective date, please indicate here:								
		Applicant's Name: MICHAEC JOHNSON								
Applicant's Information	1		aytime Tel. No.: <u>367</u>							
	2		KE-J & WINCOFIZEWORKS, COM							
	2	Doing Business As: PYRE CITY								
Type of Business and Owner or Officers' Names	3	Sole Proprietor Partnership* Corporation* *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 DAYING COLIAR 2701 Succk IR. Mapies Ft. 34107 MICG COLIAR 436 5 SHORE DR. CAICE WILLIAMS AD MO.								
Wyoming Sales Tax Permit #	4	0 2 0 0 8 9 1								
	5	Retail Name of Facility/Store: PY20 C	(attach copy of permit)							
Fireworks Business Information	6	Street Address: 245 F25 SERVICE ROAD Legal Description: Lord, Block 7 Tenns Park, Language Contact Wy Legal Description from the Assessor or County Planning Office								
Dimensions of Building (If new building, submit site plan)	7	100' 7 125'								
Registered Agent If applicant is a corporation	8	Name:								
Public Property and Liability Insurance Company Information	9	Name: Acrisce CC DBA Barre Address: 3737 Pace East D2 STG 20 Policy Number: Signe C2067 Certificate of Insurance in a minimum amount of \$1,000,000 or permit shall be revoked. (attach copy of certificate)	331 O must remain in effect duri	ing the term of the permit						
Oath and Signature of Applicant	10	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. NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES 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 Consumer Fireworks Retail Sales Regulations. Applicant's Signature If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name								
Inspection Certification	11	The undersigned have inspected the applicant's site and fo Fire Warden Environmental Health Planning	Date	4-23-24						

Laramie County Fireworks Stand Inspection

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; Address: 245 I-25 Service Rd. Phone: 307-638-4169 Permit #: Yearly		
A. Zoning Requirements: CB zone: Admin approval: Outside zoned boundaries:	Site plan: Site Compliance Cert.:	plan changes:
B. Retail Sales permit #: 02008915		
C. Sanitary Facilities: 1. Portable Toilets a) Pumped and cleaned b) Licensed pumper c) Removed within 2 weeks Permanent Facilities	of closing	× × +
D. Trash Containment1. (1) metal trash container2. No fire danger or litter problem	n	*
E. Stand / Storage Location 1. 60 feet from property boundar (Grandfathered) 2. 150 feet from petroleum storage F. Entry / Exit Doors		N/A New Tegs
 Two (2) public access doors Size – 3.0 feet wide by 6 fee Separated from each other Doors swing to outside Clear of supplies / materials Exit signs clearly visible abo 	t 8 inches tall	★ * * * *

Date: 4/23/2024

G. Fire Extinguishers:

	 Two (2) 5lb. 2-A, 10 BC dry Chemical type Displays current/dated inspection tag 	<u>x</u> _
Н.	Fluorescent bulb covers in place	MA LED
I.	Signage 1. No Smoking – displayed correctly 2. No Discharge – displayed correctly 3. Sale under age – displayed correctly 4. Extreme Danger – (if applicable) 5. No spray painted retail / safety signs	X X NO X
J.	Storage units 1. Two (2) fire extinguishers 2. Locked when not occupied 3. 5 th 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 3. Defined parking	<u>x</u> <u>x</u>
Co	omments:	
_		
	nte: <u>4 63 5004</u> Time: <u>3</u> : <u>3</u> : <u>3</u>	
	Planning / Zoning (N/A) Planning / Zoning (N/A)	County Health

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

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 calender quarters. If you are a quarterly filer, your first return may be for a portion of a calender 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/18/2024

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).

C	ertificate holder in lieu of such endor	seme	ent(s)	•						
	DUCER				CONTA NAME:	СТ				
Acrisure, LLC dba Britton Gallagher 3737 Park East Dr. STE 204				PHONE (A/C, No, Ext): 216-658-7100 (A/C, No): 216-658-7101						
3/3/ Park East Dr. STE 204 Beachwood OH 44122				E-MAIL ADDRESS:						
Deachwood On 44122				INSURER(S) AFFORDING COVERAGE				NAIC #		
					INSURER A : Everest Indemnity Insurance Co.				10851	
INSU	RED								21199	
	y Jacs, LLC dba Fireworks Outlet									21199
	I-25 Service Rd.				INSURE	~				
Cn	eyenne WY 82007				INSURE					
					INSURER E :					
<u> </u>					INSURE	RF:				<u> </u>
				NUMBER: 1438036711				REVISION NUMBER:	= ==:	.0./ ====
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIF	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	ст то	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD(YYYY)	LIMIT	s	
A	GENERAL LIABILITY	masiz	XXX	SI8ML02067-231		12/31/2023	12/31/2024	EACH OCCURRENCE	\$ 1,000,	.000
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,00	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$,,,
	CEANVIS-IVIADE COCOR							PERSONAL & ADV INJURY	\$ 1,000,	000
									\$ 2,000.	
	OF AN ACCRECATE LINET APPLIES OF D							GENERAL AGGREGATE		
	POLICY PRO- IFCT X LOC							PRODUCTS - COMP/OP AGG	\$ 2,000, \$	000
	POLICY IFCT X LOC AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT		
								(Ea accident) BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)		
	ALL OWNED SCHEDULED AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)		
_				LINDAGE COL CA		10.001.0000	10/04/0004		\$	
В	UMBRELLA LIAB X OCCUR			UXP1035081-04		12/31/2023	12/31/2024	EACH OCCURRENCE	\$ 4,000,	000
	X EXCESSLIAB CLAIMS-MADE	1						AGGREGATE	\$ 4,000,	000
	DED RETENTION \$ WORKERS COMPENSATION							WC STATU- OTH-	\$	
	AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER	ļ	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L.EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
F	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC or premise liability — this certificate refle or product liability — this certificate reflec	cts co	vera	ge for the dates and location	n note	d below only.*	n*	nsured only		
Add	litional Insured extension of coverage is	prov	ided I	by above referenced Gene	ral Liab	oility policy wh	ere required	by written agreement.		
CE	CERTIFICATE HOLDER				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.									
	I-25 Service Road #245 Cheyenne WY 82007				AUTHO	RIZED REPRESE	_			
	Cheyenne vvv 82007			90x7						



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		