

# Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		(\$2,500) Seasonal (up to 5 consecutive months)		✓ (\$3,800) Yearly	Non-refundable					
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 See attached								
		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 Condate, please indicate here:  0 5								
		Applicant's Name: Wholesale Fireworks, Inc.								
Applicant's Information	1	Permanent Business Address:         3229 W. College Dr.           Local Tel. No.:         (307) 634-0248         Daytime Tel. No.:         (316) 518-0829								
		E-mail: wholesalefireworksinc@gmail.com								
	2	Doing Business As: Wholesale Fireworks								
Type of Business and Owner or	3	Sole Proprietor Partnership* Corporation* 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								
Officers' Names		Richard L Krehbiel	106	335 E Glengate Cir., V	Vichita, KS 67206					
Wyoming Sales Tax Permit #	4	0 2 0 1 0 5	7	4 (attach copy c	of permit)					
	5	Retail Name of Facility/Store: Wholesale Fireworks								
Fireworks Business Information	6	Street Address: 3229 W. College Dr, Cheyenne, WY 82007  Legal Description: W1/2, NW1/4 of Section 13, T13N R67W, Laramie County, WY.								
Dimensions of Building (If new building, submit site plan)	7	Legal Description from the Assessor or County Planning Office  Roughly 3,000 Sq Ft but less than, we believe								
Registered Agent If applicant is a corporation	8	Name: Richard L. Krehbiel  Address: 10635 E Glengate Cir., Wichita, KS 67206								
		Name: Acord								
Public Property and Liability Insurance Company Information	9	Address: 1375 E. 9th St., Cleveland, OH 44144  Policy Number: S18ML0699-221								
mormation		or permit shall be revoked. (attach copy of certifica								
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.  See attached  Applicant's Signature    Date 4-12-22     If a corporation, applicant must provide documentation to demonstrate authority to sign.   Applicant's Printed Name   Richard L Krehbiel								
Inspection Certification	11	The undersigned have inspected the applicant's site a Fire Warden Add But Environmental Health Planning	nd fou	nd the same to be in com  Date  Date  Date	4/25/22					

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Previous Fireworks   Permit Holder		changes or additions have begge or will be made to the site and specture desires this permit period.						
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Requested		effective dates must be approved by the Board of Commissioners. If you wan to request a specific employee						
Effective Date		date, please indicate here: 0 S — 1 8 — 2 2						
		Applicant's Name: Wholesale Fineworks, Inc.						
		1						
Applicants	1	Permanest Business Address: 3229 W. College Dr.						
ROBE Michal		Local Tel. No.: (307) 854-0248 Daytime Tel. No.: (315) 518-0829						
		E-mail: wholessielre-unnsino@gmail.com						
	2.	Doing Business Ag: Wholesala Fireworks						
	-	Sole Proprietor EPartnership* Corporation* LLE*  "Howership is a partnership, corporation, or Forical Solitor Company, flut names and addresses of all officers						
Type of Business		and owners to a partnership, throughout and a supplementary of the contents of						
and Owner or Officers' Names	3	Name Activess						
Olikais Hanes		Richard L Krathiel 10635 & Glangate Cir., Widma, NS 57 200						
Wyoming Sales Tax Permit#	4	0 2 0 1 0 5 7 4 (attach capy of serrait)						
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Registered Agent	Ī	Name: Richard L Krehbiel						
If applicants a	8	Address: 18935 E Glongate Cir., Wichite, KS 67205						
L	├	Name: Acord						
Public Frogerty and	1	Addrest: 1375 E. Sh St., Cleveland, OH 44144						
Liability Insurance Company	9	205 cy Munitier: S15ML0599-221						
information		Certificate of losurance in a minimum amount of \$1,000,000 must remain in effect during the term of the permit we want shall be reunized. Earlisch convert certificate?						
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	]	Consumer Fireworks Retail Sales Regulations" adopted January 9, 2079. Tundenstandad approvad representation						
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		and sure Surance + Heren & Received the 4-12-22						
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Certification		Planning Date						

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Laramie County Consumer Fireworks Retail Sales Permit Applicat						
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Applicant's Information	1	Applicant's Name. Wholesele Fireworks, Inc.  Permanent Business Address 3229 W. College Dr.  Local Tel. No.: (307) 634-0248 Daytime Tel. No.: (316) 518-0029  E-mail: wholeseletireworksino@gmail.com						
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Wyoming Sales Tax Pormit #	4	0 2 0 1 0 5 7 4 (attach topy of perm-t)						
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inspection Corrdication	11	The undersoned have expected the appreart's vite and found the sums to be in contribute.  Fire Worden Date  Environmental Health Date  Plaining Date						

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## State of Wyoming

## **Department of Revenue**

**Excise Tax Division** 

Sales/Use Tax License No: 02010574 Business Start Date: 08/01/2012 Certificate Print Date: 06/23/2017

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:

3229 W COLLEGE DR CHEYENNE WY 82007

sued To:

WHOLESALE FIREWORKS INC WHOLESALE FIREWORKS INC PO BOX 228 DERBY KS 670370228



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: 8/1/2012. 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.

Wyoming Department of Revenue, Excise Tax Division, 122 West 25th Street Cheyenne, WY 82002-0110
Phone (307) 777-5541 - Internet: http://revenue.wyo.gov - E-mail: dor@wyo.gov
Local Field Office: Cheyenne (307) 777-5211

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/24/2022

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 the terms and conditions of the policy certificate holder in lieu of such endor	, ceri	tain r	olicles may require an er	policy( ndorse	les) must be ment. A sta	endorsed. tement on th	If SUBROGATION IS WA is certificate does not con	IVED, subject to iter rights to the
PRODUCER		· s s s [ est ]	•	CONTA NAME:	СТ			
Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street					o. Exti: 410-00	8-7100	FAX: (AC, Nel): 2	16-658-7101
Cleveland OH 44114				ADDRE				ara i Ar
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1500 E 27th Terr. Pittsburg KS 66762				INSURER C:				
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				INSURER E:			Manager Manager in the Committee of the	
COVERAGES CER		CATE	E NUMBER: 614487107	INSURE	RF:		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF EQUIPERT PERT POLI	INSUI REME TAIN, CIES.	RANCE LISTED BELOW HAN NT, TERM OR CÖNDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	THE INSURE OR OTHER I S DESCRIBE PAID CLAIMS	D NAMED ABOVE FOR THE DOCUMENT WITH RESPECT I HEREIN IS SUBJECT TO	TO WHICH THE
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OFFICER/MEMBER EXCLUDED?	N/A	1.					EL EACH ACCIDENT \$	<del></del>
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escription of operations / Locations / vehic udditional insured extension of coverage is lates tocation; 3229 W. College Dr., Chey and Owner: Richard Krehbie! Vholesale-Fireworks, Inc., Richard Krehbie erm: February 15, 2022 through February he Certificate Holder and the above listed	provenne enne 1, 10	ided I , WY 635 E	by above referenced Gener 82007; E. Glengate Cir., Wichita, K	rai Liab S 6720	llity policy wh 6;	ere required l		
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## **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

Date: 4/25/2022

Business name: Wholesale Fireworks Inc.

Owner: Richard L. Krehbiel

Address: 3229 West College Dr

Phone: 307-634-0248

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 #: 02010574

C. Sanitary Facilities:

1. Portable Toilets

a) Pumped and cleaned

b) Licensed pumper
c) Removed within 2 weeks of closing
Permanent Facilities

D. Trash Containment
1. (1) metal trash container

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

E. Stand / Storage Location
1. 60 feet from property boundary

1. 60 feet from property boundary
(Grandfathered)

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	<del>*</del>
Н.	Fluorescent bulb covers in place	<u> </u>
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	who was a second of the second
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)	<u>*</u> * * * * * * * * * * * * * * * * * *
K.	Grounds 1. Grass trimmed to height of 2" for 75 feet from stand 2. Clear of debris / trash 3. Defined parking	<del>*</del> <del>*</del> <del>*</del> *
Co	omments:	
_		
	tte: <u>4 /26 / 2022</u> Time: <u>7</u> :60pm	
	Planning / Zoning (N/A) City / C	County Health
_/	Matthe Butter Fire Warden	



## TRUDY L. EISELE **LARAMIE COUNTY Treasurer**

## MISCELLANEOUS RECEIPT

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

Misc Receipt Nbr: 76903 Trans Date:

04/21/2022

Received from/Description: WHOLESALE FIREWORKS, INC.

On Account Of: WHOLESALE FIREWORKS, INC. ANNUAL FIREWORKS PERMIT CK# 99004

Entered by: jennifer

Batch: 20220421-000509

Amount:

3,800.00

Payment Type Doc# Description Amount						
СНЕСК	99004	WHOLESALE FIREWORKS, INC		3,800.00		
			TOTAL:	3,800.00		