


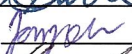
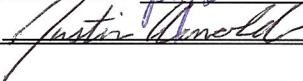

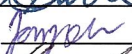
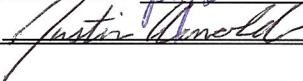

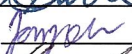
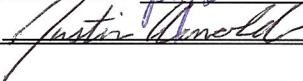




Laramie County Consumer Fireworks Retail Sales Permit Application

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  See attached														
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>05 — 18 — 22</div>														
Applicant's Information	1	Applicant's Name: Wholesale Fireworks, Inc. 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 Officers' Names	3	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input checked="" type="checkbox"/> Corporation* <input 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><tr><td>Name</td><td>Address</td></tr><tr><td>Richard L Krehbiel</td><td>10635 E Glengate Cir., Wichita, KS 67206</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>			Name	Address	Richard L Krehbiel	10635 E Glengate Cir., Wichita, KS 67206								
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		Richard L Krehbiel	10635 E Glengate Cir., Wichita, KS 67206													
Wyoming Sales Tax Permit #	4	<div>02010574</div> (attach copy of permit)														
Fireworks Business Information	5	Retail Name of Facility/Store: Wholesale Fireworks														
	6	Street Address: 3229 W. College Dr, Cheyenne, WY 82007 Legal Description: W1/2, NW1/4 of Section 13, T13N R67W, Laramie County, WY. Legal Description from the Assessor or County Planning Office														
Dimensions of Building (If new building, submit site plan)	7	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														
Public Property and Liability Insurance Company Information	9	Name: Acord Address: 1375 E. 9th St., Cleveland, OH 44144 Policy Number: S18ML0699-221 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><b>NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES PERMIT</b></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  See attached Date 4-12-22 If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name Richard L Krehbiel</p>														
Inspection Certification	11	<p>The undersigned have inspected the applicant's site and found the same to be in compliance.</p> <table><tr><td>Fire Warden</td><td></td><td>Date</td><td>4/25/22</td></tr><tr><td>Environmental Health</td><td></td><td>Date</td><td>4/25/22</td></tr><tr><td>Planning</td><td></td><td>Date</td><td>4/25/22</td></tr></table>			Fire Warden		Date	4/25/22	Environmental Health		Date	4/25/22	Planning		Date	4/25/22
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## Laramie County Consumer Fireworks Retail Sales Permit Application

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Requested Effective Date		All permits shall become void 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: <u>05</u> — <u>16</u> — <u>22</u>		
Applicant's Information	1	Applicant's Name: <u>Wholesale Fireworks, Inc.</u> Permanent Business Address: <u>3229 W. College Dr.</u> Local Tel. No.: <u>(307) 634-0248</u> Daytime Tel. No.: <u>(315) 518-0828</u> E-mail: <u>wholesalefireworksinc@gmail.com</u>		
	2	Doing Business As: <u>Wholesale Fireworks</u>		
Type of Business and Owner or Officers' Names	3	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input 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) Name: <u>Richard L. Krehbiel</u> Address: <u>10535 E. Glengate Cir., Wichita, KS 67206</u>		
	4	Wyoming Sales Tax Permit # <u>02010574</u> (attach copy of permit)		
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Wholesale Fireworks</u>		
	6	Street Address: <u>3229 W. College Dr., Cheyenne, WY 82007</u> Legal Description: <u>W1/2, NW1/4 of Section 13, T13N R67W, Laramie County, WY.</u> Legal Description from the Assessor or County Planning Office		
Dimensions of Building (if new building, submit site plan)	7	Roughly 3,000 Sq Ft but less than, we believe		
Registered Agent (if applicant is a corporation)	8	Name: <u>Richard L. Krehbiel</u> Address: <u>10535 E. Glengate Cir., Wichita, KS 67206</u>		
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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 understood the "Laramie County Consumer Fireworks Retail Sales Regulations" adopted January 3, 2021. 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 Compliance 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: <u>Richard L. Krehbiel</u> Date: <u>4-12-22</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name: <u>Richard L. Krehbiel</u>		
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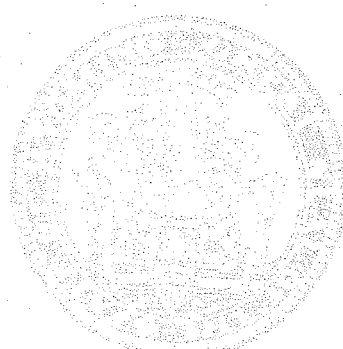
## Laramie County Consumer Fireworks Retail Sales Permit Application

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Requested Effective Date	All permits shall become void upon the date of the applicant's permit expiration. 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: <u>05-01-2022</u>		
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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



Issued 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.



# 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 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).

PRODUCER Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No. Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS:
INSURED Jake's Fireworks Inc. 1500 E 27th Terr. Pittsburg KS 66762	INSURER(S) AFFORDING COVERAGE INSURER A: Everest Indemnity Insurance Co. NAIC #: 10851 INSURER B: Arch Specialty Ins Co 21199 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 614487107 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			SIGML01699-221	2/15/2022	2/15/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POF AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED. RETENTION \$			LXP1037038-02	2/15/2022	2/15/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.  
Sales Location: 3229 W. College Dr., Cheyenne, WY 82007;  
Land Owner: Richard Krehbiel  
Wholesale Fireworks, Inc., Richard Krehbiel, 10635 E. Glengate Cir., Wichita, KS 67206;  
Term: February 15, 2022 through February 14, 2023  
The Certificate Holder and the above listed are Additional Insureds with respects to General Liability policy as required by written contract.

CERTIFICATE HOLDER Wholesale Fireworks, Inc. Richard Krehbiel 10635 E. Glengate Cir Wichita KS 67206	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. AUTHORIZED REPRESENTATIVE 
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**Laramie County**  
**Fireworks Stand Inspection**

**Date:** 4/25/2022

Planning / Zoning 3966 Archer Parkway 633-4303	Fire Warden 3962 Archer Parkway 633-4335	Environmental Health 100 Central Ave. 633-4090
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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	<u>X</u> RJA
b) Licensed pumper	<u>X</u>
c) Removed within 2 weeks of closing	<u>X</u>
Permanent Facilities	<u>  </u>

D. Trash Containment

1. (1) metal trash container	<u>X</u> Countryside
2. No fire danger or litter problem	<u>X</u>

E. Stand / Storage Location

1. 60 feet from property boundary	<u>  </u>
(Grandfathered)	<u>X</u>
2. 150 feet from petroleum storage/gas pumps	<u>X</u>

F. Entry / Exit Doors

1. Two (2) public access doors –	
Size – 3.0 feet wide by 6 feet 8 inches tall	<u>X</u>
2. Separated from each other	<u>X</u>
3. Doors swing to outside	<u>X</u>
4. Clear of supplies / materials /etc	<u>X</u>
5. Exit signs clearly visible above exit on interior	<u>X</u>

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 X

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. 5<sup>th</sup> wheel pinned or tires removed X
- 4. 75 feet from stand X
- (Grandfathered distance)

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:

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Date: 4/25/2022 Time: 2:00pm

Inspectors:

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

  
City / County Health

  
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
CHECK	99004	WHOLESALE FIREWORKS, INC	3,800.00
TOTAL:			3,800.00