

# FIREWORKS PERMIT APPLICATION

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 materials 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

Please Sign

Applicant's Name:

USA

Fireworks

Applicant's Permanent Business Address:

#04 Valley Road Rverton, Wyo 82501

Local Telephone #: (307)

851-4450

Daytime Telephone #:

307-851-4450

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:

Jim Landis

Address:

#04 Valley Rd Rverton Wyo 82501

Name:

Rebecca Landis

Address:

#04 Valley Rd Rverton Wyo 82501

Name:

Address:

82501

Registered Agent:

Address:

Wyoming Sales Tax Permit#:

02011506

(Attach Copy of Permit)

Name of Fireworks Business:

USA Fireworks

Street Address of Site:

102 West College Drive

Legal Description of Site:

A portion of tract 51 Allison tracts 102 West College Drive

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

Dimensions of Building:

1 x 40 x 21 x 12' high

Public Property and Liability Insurance Company Information:

Name:

Allied Specialty

Address:

10451 Gulf Blvd Treasure Island FL 33706

Policy Number:

C PPO100331-07

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:

May 8 - 2018

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

Jim Landis

DATE

2-7-18

Print Name:

Jim Landis

Witness:

Matthew

For Office Use Only:

☐ Original Bond

☒ Sales Tax Permit

☐ Property Taxes Current

Receipt Number for Fees Paid: #

47294

## Inspection Certifications

The undersigned have inspected the applicant's site and found the same to be in compliance

Fire Warden:

Matthew Butte

Date:

3/21/18

Environmental Health:

Kay Kueper

Date:

3/21/18

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.

For Office Use Only:

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

RECEIVED

FEB 13 2018

BY: [Signature]

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than:

NEW YORK STATE APPLICATION

Form No. 1 (Rev. 1-1-60)

1. Name of applicant: \_\_\_\_\_  
2. Address of applicant: \_\_\_\_\_  
3. City or town: \_\_\_\_\_

4. I am applying for: ☐ Part-time ☐ Full-time ☐ Seasonal

5. Address of employer: \_\_\_\_\_

6. City or town of employer: \_\_\_\_\_

7. State of employer: \_\_\_\_\_

8. Name of employer: \_\_\_\_\_

9. Title of employer: \_\_\_\_\_

10. Date of application: \_\_\_\_\_

11. Date of birth: \_\_\_\_\_

12. Date of graduation: \_\_\_\_\_

13. Date of marriage: \_\_\_\_\_

14. Date of death: \_\_\_\_\_

15. Date of divorce: \_\_\_\_\_

16. Date of remarriage: \_\_\_\_\_

17. Date of remarriage: \_\_\_\_\_

18. Date of remarriage: \_\_\_\_\_

19. Date of remarriage: \_\_\_\_\_

20. Date of remarriage: \_\_\_\_\_

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25. Date of remarriage: \_\_\_\_\_

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40. Date of remarriage: \_\_\_\_\_



12-1-60  
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12-1-60



**Laramie County**  
**Fireworks Stand Inspection**

Date: 3/21/2018

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

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

Environmental Health  
100 Central Ave.  
633-4090

Business name: USA Fireworks  
Owner: Sim Landis  
Address: 102 West College Dr Cheyenne WY  
Phone: 307-861-4450  
Permit #: \_\_\_\_\_ Yearly: \_\_\_\_\_ Seasonal: \_\_\_\_\_ / \_\_\_\_\_  
Open Close

A. Zoning Requirements:

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

B. Retail Sales permit #: 02011506

C. Sanitary Facilities:

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

D. Trash Containment

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

E. Stand / Storage Location

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 \_\_\_\_\_

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G. Fire Extinguishers:

1. Two (2) 5lb. 2-A, 10 BC dry Chemical type
2. Displays current/dated inspection tag

X  
X

H. Fluorescent bulb covers in place

N/A (LED Now)

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  
X  
X  
X

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)

X  
X  
X  
X  
X

K. Grounds

1. Grass trimmed to height of 2" for 75 feet from stand
2. Clear of debris / trash
3. Defined parking

X  
X  
X

Comments:

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Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:

Inspectors:


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

Matthew Butler  
Fire Warden

Ray Kuey  
City / County Health



2010年12月10日 星期五



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1955

*[Handwritten signature]*



**TRUDY L. EISELE**  
**LARAMIE COUNTY Treasurer**  
**MISCELLANEOUS RECEIPT**

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

Misc Receipt Nbr: 47294

Trans Date: 02/12/2018

Received from/Description:  
J & R ENTERPRISES

On Account Of:  
SEASONAL FIREWORKS PERMIT

Entered by: brandyc

Batch: 20180212-000334

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	1431	JAMES R LANDIS DBA J & R ENTERPRISES	2,500.00
TOTAL:			2,500.00





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/28/2017

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 have ADDITIONAL INSURED provisions or 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 Allied Specialty Insurance, Inc.  
10451 Gulf Blvd  
Treasure Island, FL 33706-4814

CONTACT NAME: Michelle Kugler  
PHONE (A/C, No, Ext): 727-547-3070  
E-MAIL: mkugler@alliedspecialty.com  
FAX (A/C, No): 727-367-5695

INSURER(S) AFFORDING COVERAGE  
INSURER A: T.H.E. Insurance Company  
NAIC # 12866

INSURED J & R LANDIS ENTERPRISES, LLC  
1115 WEST IDAHO BLVD  
EMMETT, ID 83617

INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

## 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP0100331-07	03/01/2017	03/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	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	N/A	Coverage is afforded in the State(s) of:			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fireworks Stand Location: 102 West College Drive, Cheyenne WY  
Additional insured as respects to the negligence of the named insured only coverage affords products liability only: J & R Enterprises LLC

## CERTIFICATE HOLDER

J & R Enterprises LLC

## 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

*Carol A. Serra*



**Sales/Use Tax License No: 02011506 Business Start Date : 01/18/2016 Certificate Print Date: 05/11/2016**

**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: 102 W COLLEGE DR  
CHEYENNE WY 82007**

**Issued To: J & R LANDIS ENTERPRISES LLC  
J & R LANDIS ENTERPRISES LLC  
04 DALLEY RD  
RIVERTON WY 82501**



**Display Conspicuously at the Place of Business for Which Issued**