

# FIREWORKS PERMIT APPLICATION

Type of Permit

☐ Seasonal (up to 5 consecutive months)

☒ Yearly (\$3800)

**Applicant has previously been issued a fireworks permit and intends to rely on site plans and application material which were approved by the Planning and Development office and FireWarden. By signing below, Applicant swears that no changes or modifications have been or will be made to the site and structure during this permit period.**

☒ Please Check

, Secretary

Please Sign

Applicant's Name: Phantom Fireworks Showrooms, LLC

Applicant's Permanent Business Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405

Local Telephone #: (307) 775-9954

Daytime Telephone #: 330-746-1064

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: Bruce J. Zoldan

Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405

Name: Jerry Bostocky

Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405

Name: Alan L. Zoldan

Address: 2445 Belmont Avenue, Youngstown, OH 44505-2405

Registered Agent: Registered Agent Solutions, Inc.

Address: 125 S. King St., P.O. Box 2922, Jackson, WY 83001

Wyoming Sales Tax Permit#: 02011670

**(Attach Copy of Permit)**

Name of Fireworks Business: Phantom Fireworks

Street Address of Site: 239 I-25 Service Road East, Cheyenne, WY 82007

Legal Description of Site: R67W T12N Section 16

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

Dimensions of Building: 30' x 156'

**Public Property and Liability Insurance Company Information:**

Name: Everest Indemnity through Britton-Gallagher and Associates

Address: One Cleveland Center, Floor 30, 1375 East 9th Street, Cleveland, OH 44114

Policy Number: SI8GL00643-171, EXC6025343-04

**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: Upon expiration of prior permit.

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

William A. Weimer

, Secretary

DATE

4-2-18

Print Name: William A. Weimer, Secretary

Witness: Hamberly A. Emerg

For Office Use Only:

☒ Original Bond ☒ Sales Tax Permit ☐ Property Taxes Current

Receipt Number for Fees Paid: #

48288

## Inspection Certifications

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

Fire Warden:

Matthew B. Buhl

Date:

4-23-18

Environmental Health:

Ray Kucarp

Date:

4-23-18

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**  
**APR - 4 2018**  
BY: [Signature]

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: May 20, 2018



# PHANTOM FIREWORKS SHOWROOMS, LLC

Operators of Phantom ® Fireworks Retail Showrooms Nationwide

*Corporate Office:*  
2445 Belmont Avenue  
Youngstown, Ohio 44505-2405  
Robyn R. Gallitto, Deputy General Counsel

*Phone: 330-746-1064*  
*Fax: 330-746-4410*  
*Web Site: [www.fireworks.com](http://www.fireworks.com)*  
*E-Mail: [Rgallitto@fireworks.com](mailto:Rgallitto@fireworks.com)*

April 2, 2018

Laramie County Clerk's Office  
Attn: Valerie Roybal  
309 West 20th Street  
Cheyenne, WY 82001

Re: Laramie County Fireworks Yearly Permit  
Phantom Fireworks - Located at 239 I-25 Service Road East, Cheyenne,  
WY 82007

Dear Ms. Roybal:

Enclosed herewith please find the "Fireworks Permit Application" for a Yearly permit that I am submitting to you on behalf of Phantom Fireworks Showrooms, LLC dba Phantom Fireworks, 239 I-25 Service Road East, Cheyenne, WY 8200, together with the following supporting documentation and material:

1. A Certificate of Liability Insurance;
2. Our Sales/Use Tax License;
3. Our check in the amount of THREE THOUSAND EIGHT HUNDRED DOLLARS (\$3,800.00) payable to the County of Laramie representing the required filing fees.

\*\*\* Please note that our office mailing address has changed and is now: 2445 Belmont Avenue, Youngstown, Ohio 44505-2405. Please send all correspondence here in the future.

I shall appreciate your receiving this material and processing it with your usual dispatch. If, during the processing of this permit application, you determine that there are any deficiencies or that you have any additional requirements, please do not hesitate to contact me at your convenience. If you prefer, you may communicate with me via e-mail directed to me at: [Rgallitto@fireworks.com](mailto:Rgallitto@fireworks.com).

Thank you for your attention to this Fireworks Permit Application.

Sincerely,



ROBYN R. GALLITTO  
Deputy General Counsel

RRG:ke  
encl.

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

Date: 4/23/18

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

Fire Warden  
3962 Archer Parkway  
633-4335

Environmental Health  
100 Central Ave.  
633-4090

Business name: Phantom Fireworks Showrooms, LLC  
Owner: Bruce Zoldan, Jerry Bostock, Alan Zoldan  
Address: 839 I-25 Service Rd, Cheyenne, WY 82007  
Phone: 775-9954  
Permit #: 02011670 Yearly: X Seasonal:        /         
Open Close

A. Zoning Requirements:

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

B. Retail Sales permit #: 02011670

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
- 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

Coyote

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) 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:

\* Will have two fire extinguishers in storage trailers when they arrive.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: 4/28/18 Time: 3:00pm

Inspectors:

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

Matthew Butts  
Fire Warden

Ray Kuwaga  
City / County Health



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

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

Misc Receipt Nbr: 48288

Trans Date: 04/05/2018

Received from/Description:  
PHANTOM ADMINISTRATIVE LLC

On Account Of:  
YEARLY FIREWORKS PERMIT  
CHK #548058

Entered by: ashley

Batch: 20180405-000118

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	548058	PHANTOM ADMINISTRATIVE	3,800.00
TOTAL:			3,800.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/2/2018

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).

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (A/C, No. Ext): 216-658-7100	<b>FAX</b> (A/C, No): 216-658-7101
<b>INSURED</b> Phantom Fireworks Showrooms, LLC 2445 Belmont Avenue Youngstown OH 44505	<b>E-MAIL</b> Address: info@brittongallagher.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Everest Indemnity Insurance Co.	
	<b>INSURER B:</b> Maxum Indemnity Company	
	<b>INSURER C:</b> Axis Surplus Ins Company	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 631947520

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y	S18GL00643-171	10/30/2017	10/30/2018	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Non-Owned Stand					PERSONAL & ADV INJURY \$1,000,000
	<input type="checkbox"/> End't Included					GENERAL AGGREGATE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMPI/OP AGG \$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$	
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	Y	EXC6025343-04	10/30/2017	10/30/2018	EACH OCCURRENCE \$4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$4,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$
C	Excess Liability #2	Y	EAU784017	10/30/2017	10/30/2018	E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
						Each Occ/ Aggregate \$5,000,000
						Total Limits \$10,000,000

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. PRODUCTS LIABILITY EXTENDS ONLY TO PRODUCTS PURCHASED FROM OR SUPPLIED BY THE INSURED.  
Group Code: Young, OH

**CERTIFICATE HOLDER****CANCELLATION**

Phantom of Wyoming, Inc.  
239 I-25 Service Road, East  
Cheyenne WY 82007

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

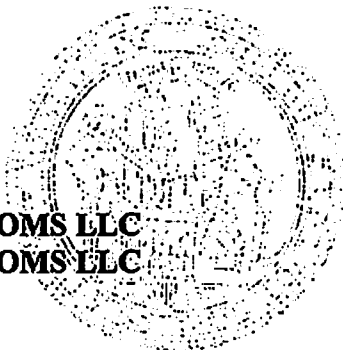
© 1988-2010 ACORD CORPORATION. All rights reserved.

Sales/Use Tax License No: 02011670 Business Start Date : 12/31/2016 Certificate Print Date: 02/02/2017

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: 239 I-25 SERVICE RD EAST  
CHEYENNE WY 82007-9749

Issued To: PHANTOM FIREWORKS SHOWROOMS LLC  
PHANTOM FIREWORKS SHOWROOMS LLC  
555 MARTIN LUTHER KING BLVD  
YOUNGSTOWN OH 44501-1102



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: 12/31/2016. 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.

**PHANTOM ADMINISTRATIVE, LLC**

 VENDOR #: 299175 **548058**

INVOICE NO.	DESCRIPTION	INVOICE DATE	INVOICE AMOUNT	DISCOUNT TAKEN	AMOUNT PAID
MAR18API	00665767	3/28/18	3800.00		3800.00
CHECK DATE	CHECK NO.	PAYEE	TOTALS	DISCOUNTS TAKEN	CHECK AMOUNT
4/02/18	548058	COUNTY OF LARAMIE	3800.00		3800.00

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

**Phantom Administrative, LLC**  
 Phantom Fireworks Showrooms

Key Bank

**548058**

 2445 BELMONT AVENUE  
 YOUNGSTOWN, OHIO 44505  
 330-746-1064

 DATE 4/02/18
**PAY TO THE ORDER OF** COUNTY OF LARAMIE

\$ \*\*\*\*\*3,800.00

THREE THOUSAND EIGHT HUNDRED AND 00/100 DOLLARS

 COUNTY OF LARAMIE  
 LARAMIE CNTY GVRNMNTL COMPLEX  
 P.O. BOX 608  
 20TH ST SUITE 1500  
 CHEYENNE, WY 82003

  
 AUTHORIZED SIGNATURE

 Phantom Administrative, USA acting as disbursement agent for the company listed above on the invoices noted on the attached remittance form.  
 No contractual obligation is to be imputed to Phantom Administrative, LLC by virtue of the issuance of this check.

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN REACTIVE INK

548058 021300556 320993203696