

# FIREWORKS PERMIT APPLICATION

# 6

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 plan 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 permit period.

☒ Please Check

Michael Johnson  
Please Sign

Applicant's Name: Michael Johnson

Applicant's Permanent Business Address: 245 I-25 Service Rd. Cheyenne WY 82007

Telephone #: (307) 638-4169 Daytime Telephone #: 307-638-4169

Form 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)

Owner: David Collar Address: 2201 SNOW DR Naples FL 34102  
Owner: Mike Collar Address: 436 S. 5th Ave. Des Moines IA 50319  
Owner: John Collar Address: 3768 West 105th Terrace Leawards KS 66206  
Registered Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Permitting Sales Tax Permit#: 2009597 (Attach Copy of Permit)

Name of Fireworks Business: Pied City Fireworks  
Site Address of Site: 3115 West College Dr.  
Detailed Description of Site: Section 13, West of RW line of LSRR + South of RW.  
(Please use an accurate legal description from the Laramie County Assessor or the City/County Development Office)  
Dimensions of Building: 60' x 40'

Public Property and Liability Insurance Company Information:

Insurance Company: Barton Gallagher + Associates  
Address: 6240 Sam Center Rd. Cleveland OH 44139  
Policy Number: \_\_\_\_\_

A Certificate of Insurance in a minimum amount of \$1,000,000 must accompany application and remain in effect during term of the permit or permit shall be revoked.

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:

Applicant hereby request that my permit become effective on: MAY 15 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, 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 that the permit may be revoked. Any and all modifications to the "Approvals" must be coordinated through the Development Office at which a determination will be made as to the need for an updated Site Plan map and/or additional Administrative or Board of County Commissioners approval. I also understand the site will be examined during the final inspection for compliance with the "Approved Site Plan" and applicable regulations. E: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS STAND PERMIT. I swear on behalf of myself, my partnership, my limited liability company, my corporation and all assigns, employees and affiliates, to at all times be in compliance with the Laramie County Fireworks Regulations as amended.

NATURE OF APPLICANT Michael Johnson DATE 4-11-2018

Applicant Name: Ben Lanes  
Business: Ben Lanes

For Office Use Only:

☒ Original Bond ☒ Sales Tax Permit ☐ Property Taxes Current

Receipt Number for Fees Paid: # 486666

## Inspection Certifications

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

Fire Warden: Matt Butth Date: 4/26/18

Environmental Health: Kay Kueper Date: 4/26/18

For Office Use Only:

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

APR 20 4 11 PM '18

Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than: 6-4-18

Before the Permit to Sell Fireworks can be issued, the Certificate of Compliance must be issued by the City/County Development. A Certificate of Compliance must be attached to this application or file with the County Clerk before the permit itself is issued.

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

Date: 4/26/18

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: Pyro City Fireworks  
Owner: David Collar, Mike Collar, John Collar  
Address: 3115 West College Dr  
Phone: 307-638-4169  
Permit #: \_\_\_\_\_ Yearly: \_\_\_\_\_ Seasonal: X / \_\_\_\_\_  
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 #: 02009697

C. Sanitary Facilities:

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

X R+R Reststop  
X  
X  
-

D. Trash Containment

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

X Flyte Sanitation  
X

E. Stand / Storage Location

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

X  
X  
X

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

X  
X  
X  
X  
X



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) X
- 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:

---

---

---

---

---

---

Date: 4/26/15 Time: 3:30

Inspectors:

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

Matthew Butcher  
Fire Warden

Roy Kucaga  
City / County Health



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

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

Misc Receipt Nbr: 48666

Trans Date: 04/24/2018

Received from/Description:  
JOLLY JACS LLC

On Account Of:  
SEASONAL FIREWORK PERMIT (3)

Entered by: brandyc

Batch: 20180424-000206

Amount: 2,500.00

There are 3 additional receipt(s) paid in this batch with a total of: \$8,800.00

Payment Type	Doc#	Description	Amount
CHECK	101293	JOLLY JACS LLC	11,300.00
TOTAL:			11,300.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/11/2018

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 One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C No, Ext):</b> 216-658-7100	<b>FAX (A/C, No):</b> 216-658-7101
<b>INSURED</b> Jolly Jacs, LLC dba Fireworks Outlet 251 I-25 Service Rd. Cheyenne WY 82007	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Maxum Indemnity Company	<b>NAIC #</b> 26743
	<b>INSURER B:</b> Everest Indemnity Insurance Co.	<b>10851</b>
	<b>INSURER C:</b> Everest National Insurance Company	<b>10120</b>
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 207748941

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
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC			S18GL01234-171	12/15/2017	12/15/2018	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 - COMPOP AGG \$ 2,000,000 \$
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S18CA00165-171	12/15/2017	12/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC6032188	12/15/2017	12/15/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		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.

\*\*\*\*\*AND ADDITIONALLY INSURED\*\*\*\*\*

LOCATION: JOLLY JAC'S FIREWORKS/Pyro City 3115 WEST COLLEGE,CHEYENNE, WY 82007

ADDITIONAL INSURED: MARY JANE CLARK, JOLLY JAC'S FIREWORKS/PYRO CITY. ALL EMPLOYEES WHILE ACTING IN THEIR OFFICIAL CAPACITY.

**CERTIFICATE HOLDER****CANCELLATION**Jolly Jac's Fireworks/ Pyro City  
3115 West College  
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.

**State of Wyoming****Department of Revenue****Excise Tax Division****Sales/Use Tax License No: 02009597 Business Start Date : 01/01/2009 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: 3115 W COLLEGE DRIVE  
CHEYENNE WY 820070000**

**Issued To: 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 Quarterly beginning: 01/01/2009. 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.**