

FIREWORKS PERMIT APPLICATION

Type of Permit

☐ Seasonal (up to 5 consecutive months)

☒ 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 FireWarden. By signing below, Applicant swears that no change or modification have been or will be made to the site and structure during this permit period.

☒ Please Check

William A. Weiner Secretary

Please Sign

Applicant's Name: Phantom Fireworks Showrooms, LLC

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

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

Name: Jerry Bostock

Address: 2445 Belmont Avenue, Youngstown, OH 44505

Name: Alan L. Zoldan

Address: 2445 Belmont Avenue, Youngstown, OH 44505

Registered Agent: Registered Agent Solutions, Inc Address: 125 S. King St., P.O. Box 2922, Jackson, WY 83001

Wyoming Sales Tax Permit#: 25002955

(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. Weiner

DATE

5/3/19

Print Name:

WILLIAM A. WEINER

Witness:

Jamela J. Salas

☒ Original Band

For Office Use Only:

☒ Sales Tax Permit

☐ Property Taxes Current

Receipt Number for Fees Paid #

56024

Inspection Certifications	
The undersigned have inspected the applicant's site and found the same to be in compliance	<u>5/28/19</u>
Fire Warden: <u>[Signature]</u>	Date: <u>5/28/19</u>
Environmental Health: <u>[Signature]</u>	Date: <u>5/28/19</u>

For Office Use Only
Place date and time stamp here at time application is received.
Application is to be heard by the Board of Commissioners within 45 days. That date will be no later than:

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2019

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 and Associates, Inc. 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
INSURED Phantom Fireworks Showrooms, LLC Phantom Fireworks Inc. 2445 Belmont Avenue Youngstown OH 44505	E-MAIL ADDRESS: info@brittongallagher.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Everest Indemnity Insurance Co.	
	INSURER B : Maxum Indemnity Company	
	INSURER C : Axis Surplus Ins Company	
	INSURER D :	
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 686513730

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 <input checked="" type="checkbox"/> Non-Owned Stand <input type="checkbox"/> End't Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y		SI8GL00643-181	10/30/2018	10/30/2019	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 - COMP/OP 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	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y		EXC6025343-05	10/30/2018	10/30/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	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 STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Excess Liability #2	Y		P-001-000046155-01	10/30/2018	10/30/2019	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.

CERTIFICATE HOLDER**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

Phantom Fireworks Showrooms, LLC
239 I-25 Service Road East
Cheyenne, WY 82007

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State of Wyoming

Department of Revenue

Excise Tax Division

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: 2391-25 SERVICE RD EAST
CHEYENNE WY 82007-9749**

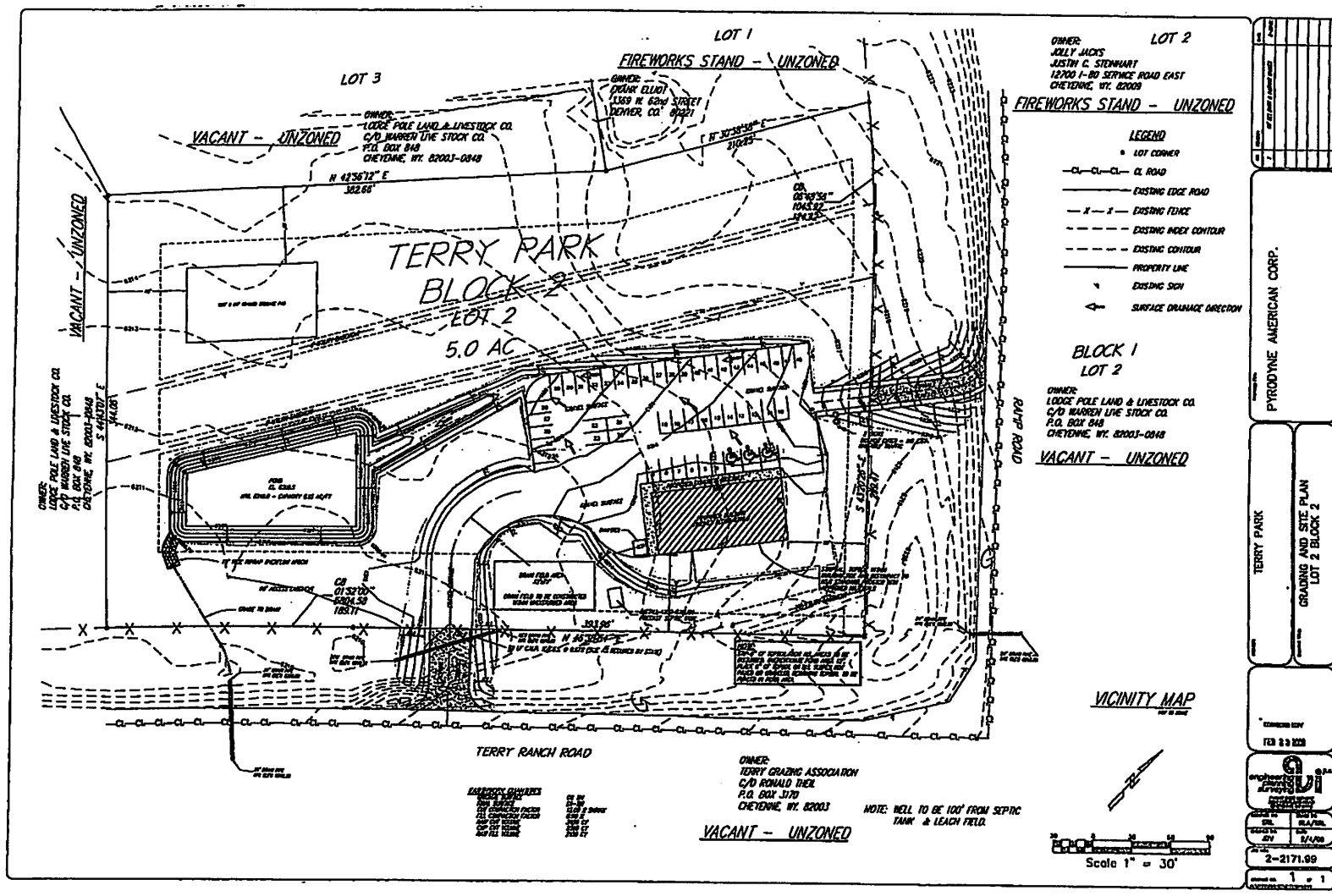
**Issued To: PHANTOM FIREWORKS SHOWROOMS LLC
PHANTOM FIREWORKS SHOWROOMS LLC
555 MARTIN LUTHER KING BLVD
YOUNGSTOWN OH 44501-1102**

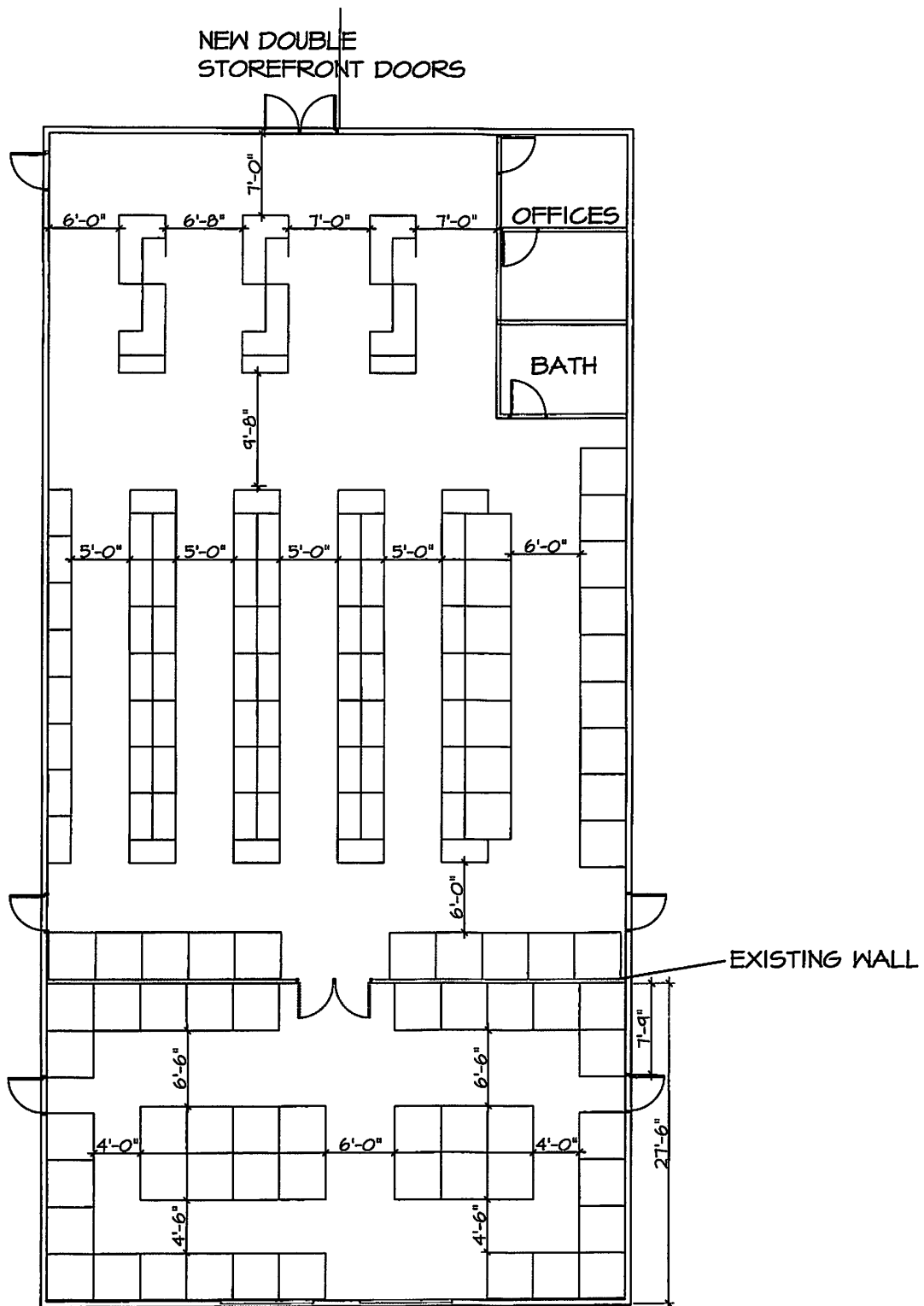
Display Conspicuously at the Place of Business for Which Issued

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.**





CHEYENNE WYOMING
PHANTOM FIREWORKS

EXISTING SHOWROOM
WITH SHELVING CHANGE

26- SHOWROOM PALLET SPACES
41- STOCK PALLET SPACES

Laramie County
Fireworks Stand Inspection

Date: 5/28/2019

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

Fire Warden
3962 Archer Parkway
633-4335

Environmental Health
100 Central Ave.
633-4090

Business name: Phantom Fireworks

Owner: Bruce S. Zoldan, Jerry Bostock, Alan L. Zoldan

Address: 239 I-25 Service Rd East Cheyenne WY 82007

Phone: 307-775-9954

Permit #: _____ 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 #: 25002955

C. Sanitary Facilities:

1. Portable Toilets

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

X pump every 3 yrs if used
only for warehouse

D. Trash Containment

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

X WSD
✓

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) N/A
- 5. No spray painted retail / safety signs X

J. Storage units

- 1. Two (2) fire extinguishers N/A
- 2. Locked when not occupied N/A
- 3. 5th wheel pinned or tires removed N/A
- 4. 75 feet from stand N/A
(Grandfathered distance) N/A

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:

Provide soap at hand sink in restroom

Date: 5/28/2019 Time: 9:00am

Inspectors:

Planning / Zoning (N/A)

M. Udell
City / County Health

Matthew Butth
Fire Warden



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 56024

Trans Date: 05/07/2019

Received from/Description:
PHANTOM ADMINISTRATIVE, LLC 5/7/2019

On Account Of:
YEARLY PERMIT
CK#565360

Entered by: corrie

Batch: 20190507-000296

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	565360	PHANTOM ADMINISTRATIVE, LLC	3,800.00
TOTAL:			3,800.00