

FIREWORKS PERMIT APPLICATION

EIN #

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 material 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 structure during this permit period.

☐ Please Check

Please Sign

Applicant's Name:

Breanna Elliott

Applicant's Permanent Business Address:

3369 West 62nd Ave Denver CO 80221

Local Telephone #: (307)

Daytime Telephone #:

720-368-1821 / 720-329

2946

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:

Address:

Name:

Address:

Name:

Address:

Registered Agent:

Breanna Elliott

Address:

3369 West 62nd Ave Denver CO.

Wyoming Sales Tax Permit#:

(Attach Copy of Permit)

Name of Fireworks Business:

Jurassic Fireworks

Street Address of Site:

201 I-75 Srv. Rd. Wyoming 82007

Legal Description of Site:

Lot 7, Block 2, Terry Park Laramie County Wyoming

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

Dimensions of Building:

40 x 75

Public Property and Liability Insurance Company Information:

Name:

Barton Collier

Address:

One Cleveland Center, Floor 30 1375 E 9th St (Lebanon) Ohio 44114

Policy Number:

1719877887

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 21st 2019

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

Breanna Elliott

DATE 05.8.19

Print Name:

Breanna Elliott

Witness:

[Signature]

☐ Original Bond

For Office Use Only:

☐ Sales Tax Permit

☐ Property Taxes Current

Receipt Number for Fees Paid: #

Inspection Certifications

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

Fire Warden:

[Signature]

Date:

5/28/19

Environmental Health:

[Signature]

Date:

5/28/19

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)
5/2/2019

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 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: Maxum Indemnity Company 26743 INSURER B: Everest Indemnity Insurance Co. 10851 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1719877887

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	ADD'L SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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"/> PROJECT <input checked="" type="checkbox"/> LOC		S18ML01699-191	2/15/2019	2/15/2020	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) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		EXC8018387	2/15/2019	2/15/2020	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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: 201 I-25 Service Road, Cheyenne, Wyoming 82007;
Land Owner: Breanna Elliott, 3369 W. 62nd Ave., Denver, CO 80221;
Seasonal Sales and Breanna Elliott, 3369 W. 62nd Ave., Denver, CO 80221;
Term: February 15, 2019 through February 14, 2020;
The Certificate Holder and the above listed are Additional Insureds with respects to General Liability policy as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Seasonal Sales, "Jurassic Fireworks" Breanna Elliott 3369 W. 62nd Ave. Denver CO 80221	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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Sales/Use Tax License No: 02012253 Business Start Date : 05/02/2019 Certificate Print Date: 05/29/2019

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: 201 I25 SERVICE RD
CHEYENNE WY 82007



Issued To: JURASSIC FIREWORKS
SEASONAL SALES INC
3369 W 62ND AVE
DENVER CO 80221-1907

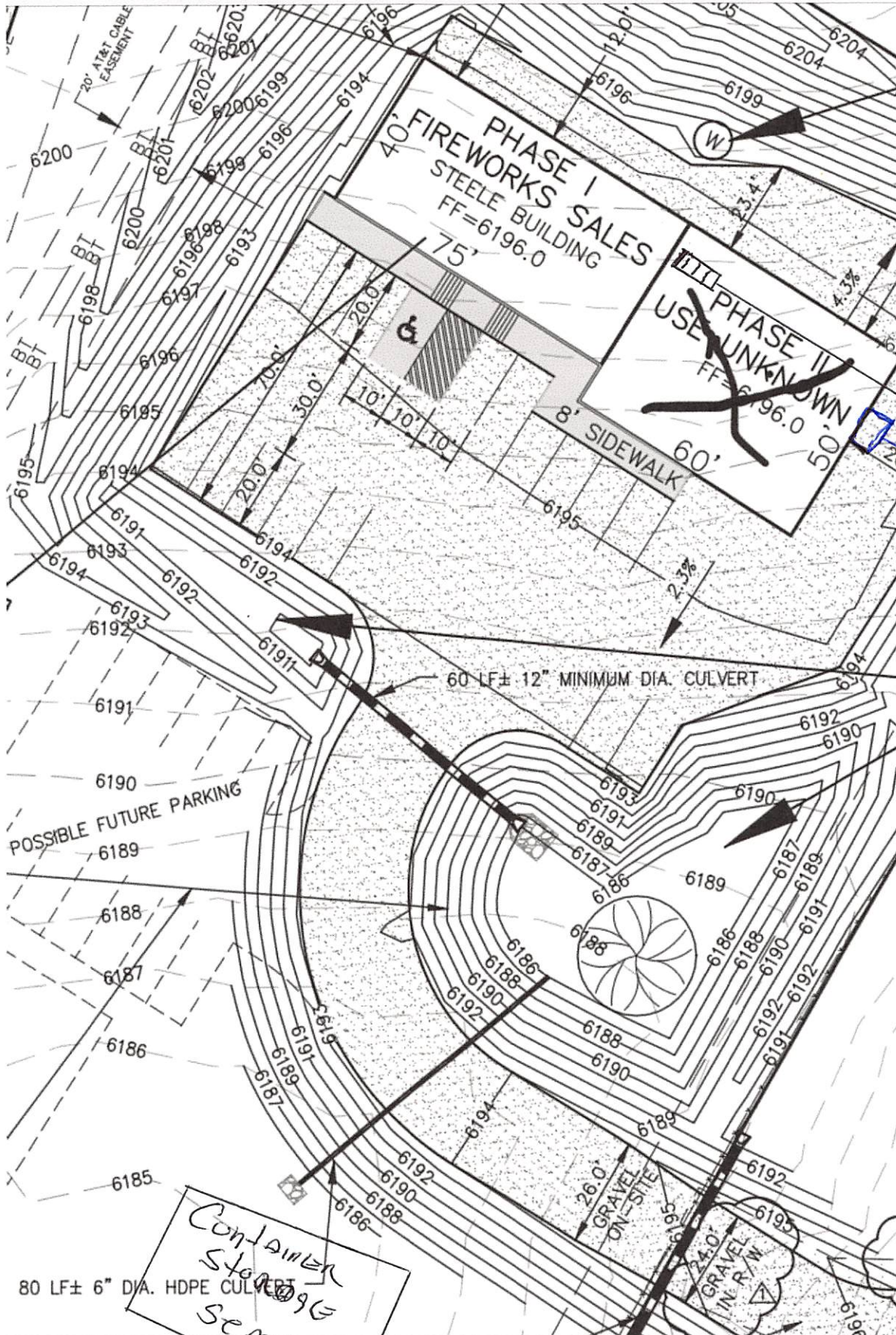
Display Conspicuously at the Place of Business for Which Issued

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: 5/2/2019. 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.

Done PZ-18-00132 Site Plan Revi...



Future Development
4 Port + 2 Pottys
Trash Area

201 I-25 Service Rd
TUPASSIC.FE

Buildings 40' x 75'
3000 sq ft

Container Storage
Semi's

80 LF ± 6" DIA. HDPE CULVERT
230' from Building

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: Jurassic Fireworks
Owner: Agent: Breanna Elliott
Address: 201 I-25 Service Rd Cheyenne WY 82007
Phone: 720-363-1821 ; 720-329-2946
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 #: _____

C. Sanitary Facilities:

1. Portable Toilets
a) Pumped and cleaned _____
b) Licensed pumper _____
c) Removed within 2 weeks of closing _____ installed 5/1/2019
Permanent Facilities X

D. Trash Containment

1. (1) metal trash container X E: Menterpises
2. No fire danger or litter problem X

E. Stand / Storage Location

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

F. Entry / Exit Doors

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

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

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
N/A
X

J. Storage units

1. Two (2) fire extinguishers
2. Locked when not occupied
3. 5th 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:

provide soap, paper towel in restroom. Public cannot use
water fountains before EPA approval check with EPA for approval
Process-

Needs 2 extinguishers in storage containers

Date: 5/28/2019 Time: 9 : 15

Inspectors:

Planning / Zoning (N/A)


City / County Health


Fire Warden



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 56023

Trans Date: 05/07/2019

Received from/Description:
SEASONAL SALES INC. 5/7/19

On Account Of:
SEASONAL PERMIT
CK#1558

Entered by: corrie

Batch: 20190507-000293

Amount: 2,500.00

Payment Type	Doc#	Description	Amount
CHECK	1558	SEASONAL SALES INC.	2,500.00
TOTAL:			2,500.00