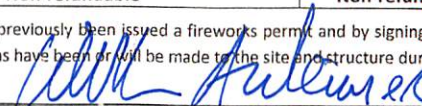
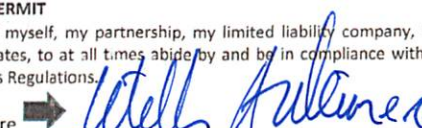




Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit		<input type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months) Non-refundable	<input checked="" type="checkbox"/> (\$3,800) Yearly Non-refundable								
Previous Fireworks Permit Holder		<input checked="" type="checkbox"/> Applicant has previously been issued a fireworks permit and by signing below, Applicant swears that no changes or additions have been or will be made to the site and structure during this permit period. Please Sign  Secretary									
Requested Effective Date		All Permits shall become valid upon the date of the approval unless otherwise requested. Request for specific effective dates must be approved by the Board of Commissioners. If you wish to request a specific effective date, please indicate here: Upon expiration of 0 6 — 0 4 — 2 0									
Applicant's Information	1	Applicant's Name: <u>Phantom Fireworks Showrooms, LLC</u> Permanent Business Address: <u>2445 Belmont Avenue, Youngstown, OH 44505-2405</u> Telephone Number: <u>330-746-1064</u> E-mail: <u>Waweimer@fireworks.com</u>									
	2	Doing Business As: <u>Phantom Fireworks</u>									
Type of Business and Owner or Officers' Names	3	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation* <input checked="" type="checkbox"/> LLC* <small>*If ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners.</small> (attach additional pages if necessary)									
		<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Bruce J. Zoldan</td> <td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td> </tr> <tr> <td>William A. Weimer</td> <td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td> </tr> <tr> <td>Alan L. Zoldan</td> <td>2445 Belmont Avenue, Youngstown, OH 44505-2405</td> </tr> </tbody> </table>		Name	Address	Bruce J. Zoldan	2445 Belmont Avenue, Youngstown, OH 44505-2405	William A. Weimer	2445 Belmont Avenue, Youngstown, OH 44505-2405	Alan L. Zoldan	2445 Belmont Avenue, Youngstown, OH 44505-2405
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Alan L. Zoldan	2445 Belmont Avenue, Youngstown, OH 44505-2405										
Wyoming Sales Tax Permit #	4	2 5 0 0 2 9 5 5 (attach copy of permit)									
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Phantom Fireworks</u>									
	6	Street Address: <u>239 1-25 Service Road East, Cheyenne, WY 82007</u> Legal Description: <u>R67W T12N Section 16</u> <small>Legal Description from the Assessor or County Planning Office</small>									
Dimensions of Building (If new building, submit site plan)	7	<u>30' x 156'</u>									
Registered Agent If applicant is a corporation	8	Name: <u>Registered Agent Solutions</u> Address: <u>125 S. King St. P.O. Box 2922, Jackson, WY 83001</u>									
Public Property and Liability Insurance Company Information	9	Name: <u>Everest Indemnity through Britton-Gallagher and Associates</u> Address: <u>One Cleveland Center, Floor 30, 1375 East 9th Street, Cleveland, OH 44114</u> Policy Number: <u>SI8GL00643-191 UXP0057739-05</u> <small>Certificate of Insurance in a minimum amount of \$1,000,000 must remain in effect during the term of the permit or permit shall be revoked. (attach copy of certificate)</small>									
Oath and Signature of Applicant	10	I hereby swear or affirm under penalty that ALL information on this application form is true and correct, that I am the applicant named herein, and that I have received, reviewed and understand the "Laramie County Consumer Fireworks Retail Sales Regulations" adopted January 8, 2019. I understand all approvals represent a commitment by me to carry out the operations 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. If any of the information in this application changes, it is the responsibility of the applicant to notify the Laramie County Clerk of the change within five (5) working days of the change. Failure to comply with this notice provision may result in denial or revocation of the permit. NOTE: UNAPPROVED MODIFICATIONS TO THE SITE MAY PROHIBIT ISSUANCE OR RESULT IN REVOCATION OF FIREWORKS SALES 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 Consumer Fireworks Retail Sales Regulations. Applicant's Signature  Date <u>2/19/2020</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name _____									
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Mattie Bush</u> Date <u>3/3/2020</u> Environmental Health <u>Neil Wallace</u> Date <u>3/3/2020</u> Planning <u>MJR</u> Date <u>3-12-2020</u>									

Laramie County
Fireworks Stand Inspection

Date: 3/3/2020

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, William A. Weimer, Alan L. Zoldan

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

Phone: 330-746-1064

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

N/A
JBAB
N/A
✓ pumped by B+B every April

D. Trash Containment

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

N/A
✓

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
2. Displays current/dated inspection tag

X
X

H. Fluorescent bulb covers in place

X (incandescent covers in place)

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 add 1 "5" sticker
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)

N/A
N/A No storage units used
N/A For Firework storage
N/A
N/A

K. Grounds

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

X
X Needs to be mowed before
X use as a store

Comments:

This building is currently being used as an overflow storage building.
No plans to use as a retail facility.

Date: 3/3/2020 Time: 9 : 45

Inspectors:

Planning / Zoning (N/A)

Michael Waller
City / County Health

Matthew Butts
Fire Warden



TRUDY L. EISELE
LARAMIE COUNTY Treasurer
MISCELLANEOUS RECEIPT

*** ORIGINAL RECEIPT ***

Misc Receipt Nbr: 61703

Trans Date: 02/21/2020

Received from/Description:
PHANTOM FIREWORKS

On Account Of:
YEARLY FIREWORKS PERMITS
CK#579528

Entered by: tammyd

Batch: 20200221-000092

Amount: 3,800.00

Payment Type	Doc#	Description	Amount
CHECK	579528	PHANTOM ADMINISTRATIVE LLC	3,800.00
TOTAL:			3,800.00

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.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/5/2020

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 E-MAIL ADDRESS: info@brittongallagher.com	FAX (A/C, No): 216-658-7101	
INSURED Phantom Fireworks Showrooms LLC 2445 Belmont Avenue Youngstown OH 44505	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Everest Indemnity Insurance Co.		10851
	INSURER B: Axis Surplus Ins Company		26620
	INSURER C: Arch Speciality Ins Co		21199
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 657246819

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			S18GL00643-191	10/30/2019	10/30/2020	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 - COMP/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) \$				
							\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UXP0057739-05	10/30/2019	10/30/2020	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						<input type="checkbox"/> 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 \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Excess Liability #2			P-001-000046155-02	10/30/2019	10/30/2020	Each Occ/ Aggregate Total Limits \$5,000,000 \$10,000,000

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

The Certificate Holders are named as Additional Insureds with respect to General Liability as required by written contract subject to policy terms, conditions and exclusions.

PRODUCTS LIABILITY EXTENDS ONLY TO PRODUCTS PURCHASED FROM OR SUPPLIED BY THE INSURED.

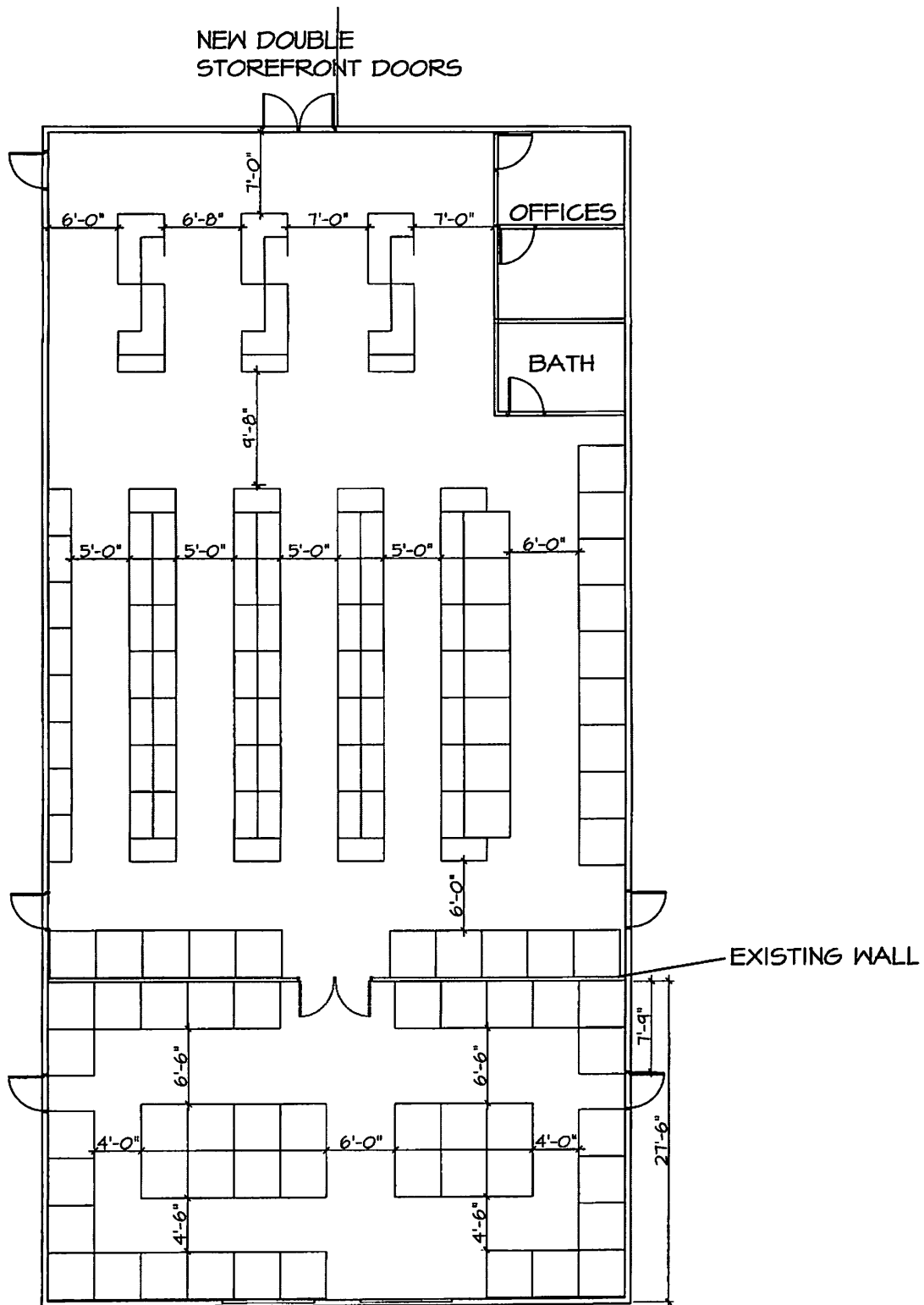
Group Code: Young, OH

CERTIFICATE HOLDER**CANCELLATION**

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



CHEYENNE WYOMING
PHANTOM FIREWORKS
EXISTING SHOWROOM
WITH SHELVING CHANGE

26- SHOWROOM PALLET SPACES
41- STOCK PALLET SPACES

