



Laramie County Consumer Fireworks Retail Sales Permit Application

Type of Permit	<input type="checkbox"/> (\$2,500) Seasonal (up to 5 consecutive months)	<input checked="" type="checkbox"/> (\$3,800) Yearly	Fees are 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.		
Requested Effective Date	Please Sign <u>Michael O. Johnson</u> 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: <u>05-07-21</u>		
Applicant's Information	1	Applicant's Name: <u>Michael Johnson</u> Permanent Business Address: <u>245 I-25 Service Rd. Cheyenne WY 82007</u> Local Tel. No.: <u>307-634-4169</u> Daytime Tel. No.: <u>307-634-4169</u> E-mail: <u>Mike.J.B@wincobrewery.com</u>	
	2	Doing Business As: <u>Pyro City</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* *if ownership is a partnership, corporation, or limited liability company, list names and addresses of all officers and owners. (attach additional pages if necessary) <u>Jolly Jacs LLC.</u>	
		Name Address <u>David Collier</u> <u>2201 Sunset Dr. Naples FL 34102</u> <u>Mike Collier</u> <u>4312 S. Shreve Dr. Lake Waukegan IL 60049</u> <u>John Collier</u> <u>3760 W 10th Terrace Council KS 66204</u>	
Wyoming Sales Tax Permit #	4	<u>02008915</u> (attach copy of permit)	
Fireworks Business Information	5	Retail Name of Facility/Store: <u>Pyro City</u>	
	6	Street Address: <u>245 I-25 Service Rd.</u> Legal Description: <u>Lot 1, Block 7 Towne Park, Laramie County WY</u> Legal Description from the Assessor or County Planning Office	
Dimensions of Building (If new building, submit site plan)	7	<u>100' x 125'</u>	
Registered Agent (If applicant is a corporation)	8	Name: _____ Address: _____	
Public Property and Liability Insurance Company Information	9	Name: <u>Bentley Gallagher &amp; Associates</u> Address: <u>6240 San Central Road Cleveland OH 44139</u> Policy Number: <u>SI8ML02067-202</u> 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)	
	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 <u>Michael Johnson</u> Date <u>3-25-2021</u> If a corporation, applicant must provide documentation to demonstrate authority to sign. Applicant's Printed Name <u>Michael Johnson</u>	
Inspection Certification	11	The undersigned have inspected the applicant's site and found the same to be in compliance. Fire Warden <u>Mattie Buth</u> Date <u>4/14/21</u> Environmental Health <u>Mike White</u> Date <u>4/14/21</u> Planning <u>Sam Gunn</u> Date <u>4/14/21</u>	

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

Date: 4/14/2021

Planning / Zoning  
3966 Archer Parkway  
633-4303

Fire Warden  
3962 Archer Parkway  
633-4335

Environmental Health  
100 Central Ave.  
633-4090

Business name: Dyno City

Owner: ~~245~~ David Collar, Mike Collar, Sohn Collar

Address: 245 I-25 Service Rd. Cheyenne WY

Phone: 307-638-4169

Permit #: \_\_\_\_\_ Yearly: X Seasonal: \_\_\_\_\_ / \_\_\_\_\_

Open Close

A. Zoning Requirements:

CB zone: \_\_\_\_\_ Site plan: \_\_\_\_\_ Site plan changes: \_\_\_\_\_

Admin approval: \_\_\_\_\_ Compliance Cert.: \_\_\_\_\_

Outside zoned boundaries: \_\_\_\_\_

B. Retail Sales permit #: 02008915

C. Sanitary Facilities:

1. Portable Toilets

a) Pumped and cleaned

b) Licensed pumper

c) Removed within 2 weeks of closing

Permanent Facilities

✓ 12412

✓

✓

✓ pumped 2021 5/13

D. Trash Containment

1. (1) metal trash container

2. No fire danger or litter problem

✓ flyte

✓

E. Stand / Storage Location

1. 60 feet from property boundary

(Grandfathered)

2. 150 feet from petroleum storage/gas pumps

N/A New Regs

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 (sliding)

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

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. 5<sup>th</sup> 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:

If public water fountains ever become available for public use ensure they  
are properly labeled per EPA.

Date: 4 / 14 / 2021 Time: 9 : 00am

Inspectors:

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

Nicole Reed  
City / County Health

Matthew Brull  
Fire Warden



**State of Wyoming**

**Department of Revenue**

**Excise Tax Division**

**Sales/Use Tax License No: 02008915 Business Start Date : 05/15/2006 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: 245 I-25 SERVICE RD  
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 Monthly beginning: 05/15/2006. 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.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/30/2021

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> Everest Indemnity Insurance Co.	<b>NAIC #</b> 10851
	<b>INSURER B :</b> Arch Speciality Ins Co	21199
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1518261664 **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	<b>GENERAL LIABILITY</b> <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"/> PRO-JECT <input checked="" type="checkbox"/> LOC		SI8ML02067-202	12/31/2020	12/31/2021	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 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		UXP1035081-01	12/31/2020	12/31/2021	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 <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)

\*\*For premise liability - this certificate reflects coverage for the dates and location noted below only.\*\*

\*\*For product liability - this certificate reflects coverage for product purchased from the above referenced named insured only\*\*

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

## CERTIFICATE HOLDER

Jolly Jacs LLC dba PYRO CITY I-25 Service Road #245 Cheyenne WY 82007	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 

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TRUDY L. EISELE  
LARAMIE COUNTY Treasurer  
MISCELLANEOUS RECEIPT

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

Misc Receipt Nbr: 69433

Trans Date: 04/01/2021

Received from/Description:  
JOLLY JACS LLC

On Account Of:  
FIREWORKS  
CHECK #1058

Entered by: corrie

Batch: 20210401-000300

Amount: 11,300.00

Payment Type	Doc#	Description	Amount
CHECK	1058	JOLLY JACS LLC	11,300.00
TOTAL:			11,300.00