



Bryant Development and Review Committee Meeting

Boswell Municipal Complex - City Hall Conference Room

210 SW 3rd Street

Date: June 12, 2025 - **Time:** 9:00 AM

Call to Order

Old Business

New Business

1. A-1 Fireworks - 25612 I-30 - Temporary Business License

Joan Rey - Requesting Approval for Temporary Business License for Firework Stand

- [0965-APP-01.pdf](#)

2. Meramec Specialty - Fireworks City - 6905 HWY 5 - Temporary Business License

Kevin Bailey - Requesting Approval for Temporary Business License for Firework Stand

- [0964-APP-01.pdf](#)

3. TNT Fireworks - 400 Bryant Ave - Temporary Business License

Heather Whaley - Requesting Approval for Temporary Business License for Firework Stand

- [0963-APP-01.pdf](#)

4. Five Star Fireworks - Temporary Business License

Mark Bradford - Requesting Approval for Temporary Business License for Firework Stand at the following locations: 23395 I-30, 5407 Hwy 5

- [0970-APP-01.pdf](#)
- [0971-APP-01.pdf](#)

5. Jake's Fireworks - 4910 Hwy 5 - Temporary Business License

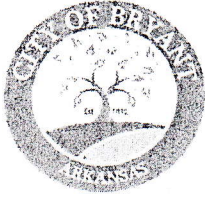
Courtney Rakestraw - Requesting Approval for Temporary Business License for Firework Stand

- [0969-APP-01.pdf](#)

Staff Approved

Permit Report

Adjournments



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943



Temporary Business Application For the Sale of Fireworks

- Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting.
- Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab.

Date: MAY 12, 2025

Business Information:

Name A-1 Fireworks
Federal Tax Employer ID Number 26-1711923
Arkansas State Sales Tax Number 00318073-5L5
Location of Proposed Temporary Business 251612 I-30, BRYANT, AR. 72022

Business Owner:

Name Michael Gonzales
Address 24341 State Hwy 10E
01A, AR. 72853
Phone 479-489-3298
Email mike.gonzales65@gmail.com

Contact Person:

Name Joan Rey
Address 24341 State Hwy 10E
01A, AR. 72853
Phone 479-747-9304
Email joanrey@a1fireworks.com

Checklist for Submission

- ☐ Completed Application and Checklist
- ☐ Twenty-Five Dollar (\$25.00) Application fee
- ☐ Provide proof of 1,000,000 Liability Insurance or Surety Bond worth the same amount.
(Further information on the details of liability insurance can be found in Section 2-4 of the Temporary Business Section of the Bryant Business Ordinance.)

(Continued on Page 2)

☐ Eight (8) copies of a **Site Plan**:

- Site Plan shall be to scale, all structures shall be identified. Clear identification of any open display areas
- Fireworks tent / canopy shall have a minimum 50ft. setback from all other structures
- Show parking spaces dedicated by the owner of the property for use by the temporary business.

☐ Exits shall be provided every 100 ft. with a minimum of 2 remotely located exits

Minimum exit width shall be 72 in. All exits shall be identified with proper signage

☐ No smoking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs shall be posted at all entrance / exits

☐ 2 ABC fire extinguishers, with a 2A rating or greater, shall be provided. The maximum travel distance to an extinguisher shall not exceed 75 ft. Additional extinguishers may be required. Extinguishers shall be clearly visible, marked with appropriate signage, and mounted height of not less than 36 in. from the ground

☐ Generators or other combustion power sources, including fuel, shall be separated from tents / canopies by a minimum of 25 ft.

☐ Applicant shall contact the Bryant Fire Dept. Fire Marshal's office and schedule an inspection once the business is ready for operation. The inspection shall be conducted prior to any sales to the public are allowed. Contact: 501-943-0964

READ CAREFULLY BEFORE SIGNING

I Michael Gonzales, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional applicable ordinances of the City as well as the requirements of all state and federal laws. Furthermore, I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation.

Owners Signature

Michael Gonzales



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/9/2025

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 Acrisure Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS:
INSURED Winco Fireworks International LLC 12521 15th Street Grandview MO 64030	INSURER(S) AFFORDING COVERAGE INSURER A : Kinsale Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES: **CERTIFICATE NUMBER: 1571515999** **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			0100341656-0	12/31/2024	12/31/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> 8166972217						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 \$

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.
Dates of Coverage for 4th of July Season: 06/20/25 through 07/10/25
Dates of Coverage for Christmas/New Year Season: 12/10/25 through 12/31/25
Location: 25612 I-30 Bryant, AR 72022
See Attached...

CERTIFICATE HOLDER City of Bryant 210 SW 3rd Street Bryant AR 72022	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
--	---

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Acrisure Great Lakes Partners Insurance Services		NAMED INSURED Winco Fireworks International LLC 12521 15th Street Grandview MO 64030
POLICY NUMBER OPERATIONS		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Operator: Carrie Simmons
 Landowner: Dion Simpson
 Additional Insured: Dion Simpson; A-1 Fireworks; Carrie Simmons; City of Bryant

DEE 2025
w/ Insurance

A-1 FIREWORKS

COMMERCIAL LEASE

This lease is made between Dion Simpson
(Lessor Name)
Of 25550 I-30, Bryant, AR. 72022
(Mailing Address)

Herein called Lessor, and A-1 Fireworks of **24341 Hwy 10 East, Ola, Arkansas 72853**, herein called Lessee.

Lessee hereby offers to lease from Lessor the premises situated in
Or near the *City of* Bryant
County of Saline
State of: Arkansas

Described as: 25612 I-30, Bryant, AR. 72022

(Physical Location Address)

1. **Term and Rent:** Lessor demises the above premises as well
As allowing use of power pole for a term of 45 days per year,
Commencing June 1st, and terminating on July 15th for the
Selling season of June 20th to July 5th 2025 or sooner and/or
For a term of 31 days per year commencing December 15th
2025 and terminating January 15th 2026 as provided herein
At the annual rental of;

\$ 3,000.00 Payable, 100% at the time lease is signed and
Returned.

DS
Initial

[Signature]
Initial

4-10-25
CK #6274
\$3000.00
100%

1. All rental payments shall be made to Lessor, at the address Specified on front page.
- 2: **Use.** Lessee shall use and occupy the premises for Retail Sales of Fireworks. The premises shall be used for no Other purpose. Lessor represents that the premises may Lawfully be used for such purpose. Lessee may, at the Lessee's Expense, erect tents, utility poles, signs, banners, Balloons, Pendants, flags and other such paraphernalia as Deemed useful to aid in the selling of fireworks. All such Paraphernalia remains the property of the Lessee and will be Removed at the end of the lease agreement.
- 3: **Care and Maintenance of Premises:** Lessee acknowledges That the premises are in good order and repair, unless Otherwise indicated herein. Lessee shall, at his own Expense and at all times, maintain the premises in good Condition and shall surrender the same, at termination Hereof, in as good condition as received, normal wear and Tear excepted.
- 4: **Ordinances and Statutes:** Lessee shall comply with all Statutes, ordinances and requirements of all municipal State and federal authorities now in force, or which may Hereafter be in force, pertaining to the premises, Occasioned by or affecting the use thereof by Lessee.
- 5: **Assignment and Subletting:** Lessee shall not assign this Lease or sublet any portion of the premises without prior Written consent of the Lessor, which shall not be Unreasonably withheld. Any such assignment or Subletting without consent shall be void and, at the option Of the Lessor, may terminate this lease.

6: **Notices:** Any notice, which either party may or is Required to give shall be given by mailing the same, Postage prepaid, to Lessee or Lessor at The address specified on front page, or at such other places As may be designated by the parties from time to time.

7: **Heirs, Assigns, and Successors:** This lease is binding Upon and inures to the benefit of the heirs, assigns and Successors in interest to the parties.

8. **Waiver of Liability:** This agreement releases Dion Simpson From all liability relating to injuries or damages that may occur During the lease of property for the retail sales of fireworks. By Signing this agreement, I agree to hold Dion Simpson entirely free From any liability, including financial responsibility for injuries or Damages incurred, regardless of whether injuries are caused by Negligence.

9: **Entire Agreement:** The foregoing constitutes the entire Agreement between the parties and may be modified only By a writing signed by both parties. The following exhibits, If any, have been made a part of this Lease before the Parties' execution hereof:

Signed this 3rd day of April year 2025.

By: Dion Simpson (Lessor)

By: Jan Rey (Lessee)

A-1 Fireworks

Commercial Lease

Insurance:

Lessee, at his expense, shall maintain liability insurance including Bodily injury and property damage insuring Lessee and Lessor With minimum coverage as follows: \$500,000.00

Lessee shall provide Lessor with a certificate of insurance showing Lessor as additional insured.

Signed: Don Simpson
Dated: 4-3-25

Signed: John Rex
Dated: April 8, 2025

O = powerpole

Vacant building

Driveway
50 ft wide

Distance of
70 feet

Heavy Tent

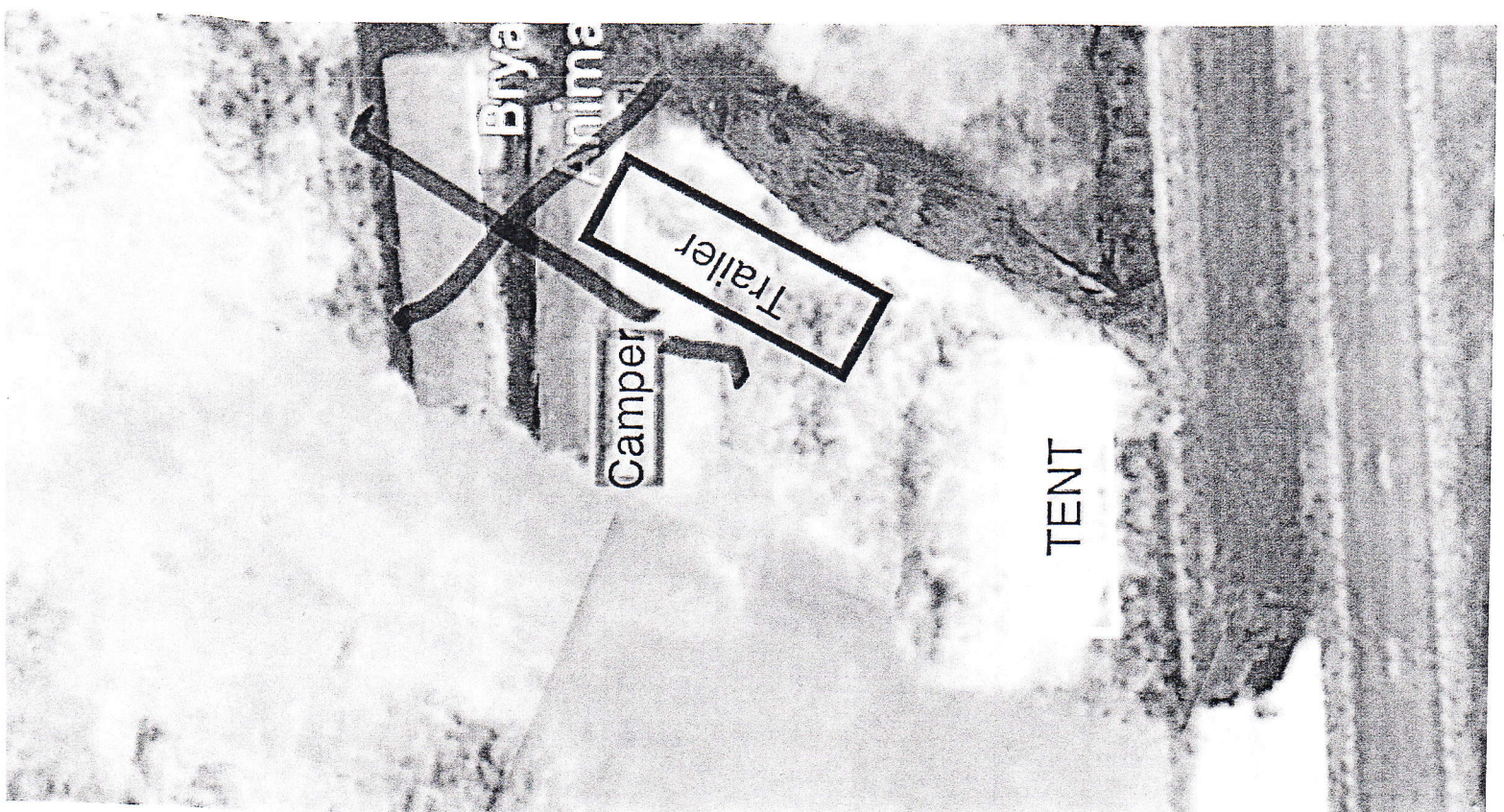
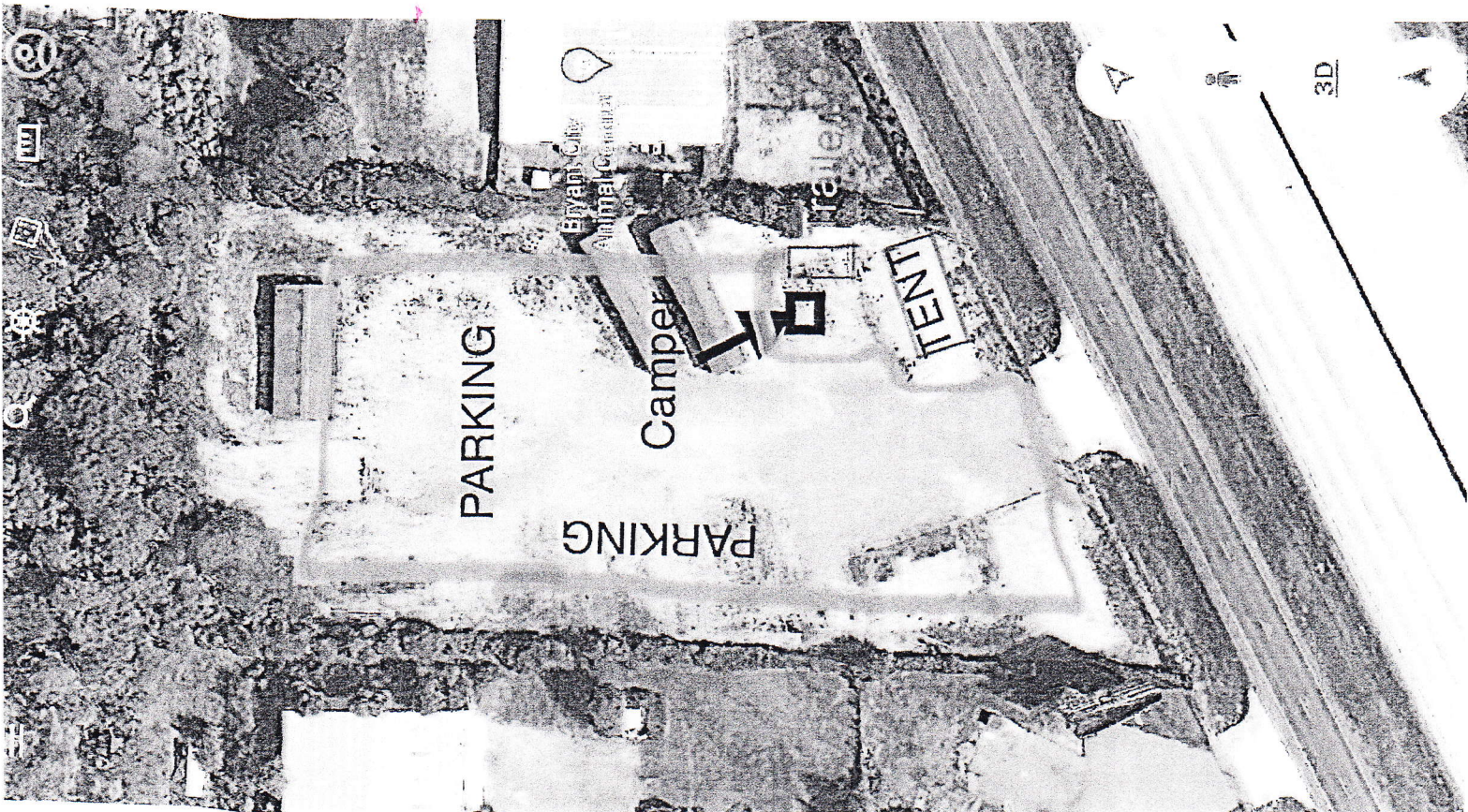
50x20

Camp

6x30

trailer

8x28





THIS LICENSE MUST BE CONSPICUOUSLY DISPLAY IN PLACE OF BUSINESS

Office of Fire Services

Permit Number
FWJ.0001200

Date of Issue
05/01/2025

State Fire Marshal

FIREWORKS LICENSE

This is to certify that

A-1 Fireworks

is duly license to transact business in the State of Arkansas as a Fireworks:

JOBBER-WHOLESALE LICENSE

LICENSE EXPIRES

04/30/2026

AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL

#964



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943



Temporary Business Application For the Sale of Fireworks

- Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting.
- Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab.

Date: 5-2025

Business Information:

Name Meramec Specialty Co. dba Fireworks City
Federal Tax Employer ID Number 43-0762804
Arkansas State Sales Tax Number 035048-18-001
Location of Proposed Temporary Business 1805/16139 Hwy 5 N., Bryant, AR. 72022
(parking lot)

Business Owner:

Name Mark Loyd
Address P.O. Box 1150
West Memphis AR. 72303
Phone (870) 735-1753
Email kristi.loyd@aol.com

Contact Person:

Name Kevin Bailey
Address 5505 Chesterfield Cove
Bartlett TN. 38134
Phone 901.409.1884
Email Kbaileyar@aol.com

Checklist for Submission

- ☒ Completed Application and Checklist
 - ☒ Twenty-Five Dollar (\$25.00) Application fee
 - ☒ Provide proof of 1,000,000 Liability Insurance or Surety Bond worth the same amount.
- (Further information on the details of liability insurance can be found in Section 2-4 of the Temporary Business Section of the Bryant Business Ordinance.)

(Continued on Page 2)

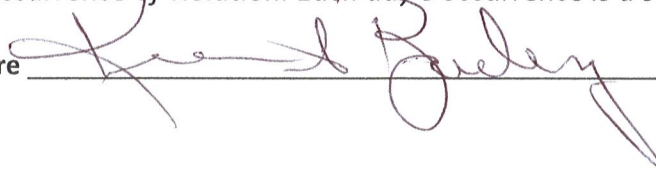
☒ Eight (8) copies of a **Site Plan**:

- Site Plan shall be to scale, all structures shall be identified. Clear identification of any open display areas
 - Fireworks tent / canopy shall have a minimum 50ft. setback from all other structures
 - Show parking spaces dedicated by the owner of the property for use by the temporary business.
- ☒ Exits shall be provided every 100 ft. with a minimum of 2 remotely located exits
Minimum exit width shall be 72 in. All exits shall be identified with proper signage
- ☒ No smoking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs shall be posted at all entrance / exits
- ☒ 2 ABC fire extinguishers, with a 2A rating or greater, shall be provided. The maximum travel distance to an extinguisher shall not exceed 75 ft. Additional extinguishers may be required. Extinguishers shall be clearly visible, marked with appropriate signage, and mounted height of not less than 36 in. from the ground
- ☒ Generators or other combustion power sources, including fuel, shall be separated from tents / canopies by a minimum of 25 ft.
- ☒ Applicant shall contact the Bryant Fire Dept. Fire Marshal's office and schedule an inspection once the business is ready for operation. The inspection shall be conducted prior to any sales to the public are allowed. Contact: 501-943-0964

READ CAREFULLY BEFORE SIGNING

I, Kevin Bailey, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional applicable ordinances of the City as well as the requirements of all state and federal laws. Furthermore, I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation.

Owners Signature



Temporary Business Application

City of Bryant

Date: 5-2024

Name of Business: Meramec Specialty Co. dba Fireworks City

Federal Tax Employer Identification Number: 43-0762804

Arkansas State Sales Tax Number: 035048-18-001

Type of Business: Fireworks-Retail

Location of proposed Temporary Business: ⁶⁹⁰⁵
~~6139~~ Hwy 5 N., Bryant, AR. 72072

Parcel Number of Location of proposed Temporary Business: _____

Owner Mailing Address: P.O. Box 1150, West Memphis, AR. 72303

Contact Person: Kevin Bailey

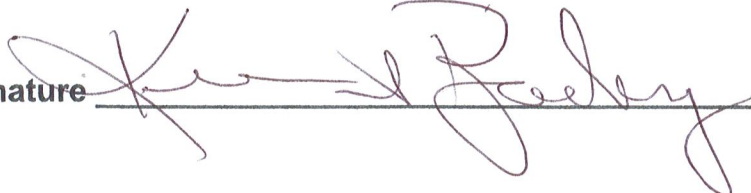
Daytime Phone Number: (810) 735-1753 Evening Phone Number: (901) 409-1884

Please check the category you are applying for. Permits cannot exceed the following time limits:

<input checked="" type="checkbox"/>	Carnivals	30 Days
<input type="checkbox"/>	Fireworks stands or tents	30 Days
<input type="checkbox"/>	Christmas tree stands, tents or lots	60 Days
<input type="checkbox"/>	General commercial sales stands, tents or lots	90 Days
<input type="checkbox"/>	Concession/Refreshment stands/Food Service	180 Days

Beginning Date Requested 6-10-2025 Ending Date Requested 7-10-2025

I hereby certify the above to be true and correct, and state that I am operating a business in accordance with the city's zoning regulations and/or any other city, state, or federal laws which may be applicable. I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation. No temporary business may operate for more than 180 days during any consecutive 12-month period.

Owners Signature 

6139 HWY 5 N. Bryant, AR 72022

Tent Location and Distances

Legend

 Hornet Ice

Dumpster

Porto Potry

Trailer

Tent

90'

30'

Hornet Ice

52'

Google Earth

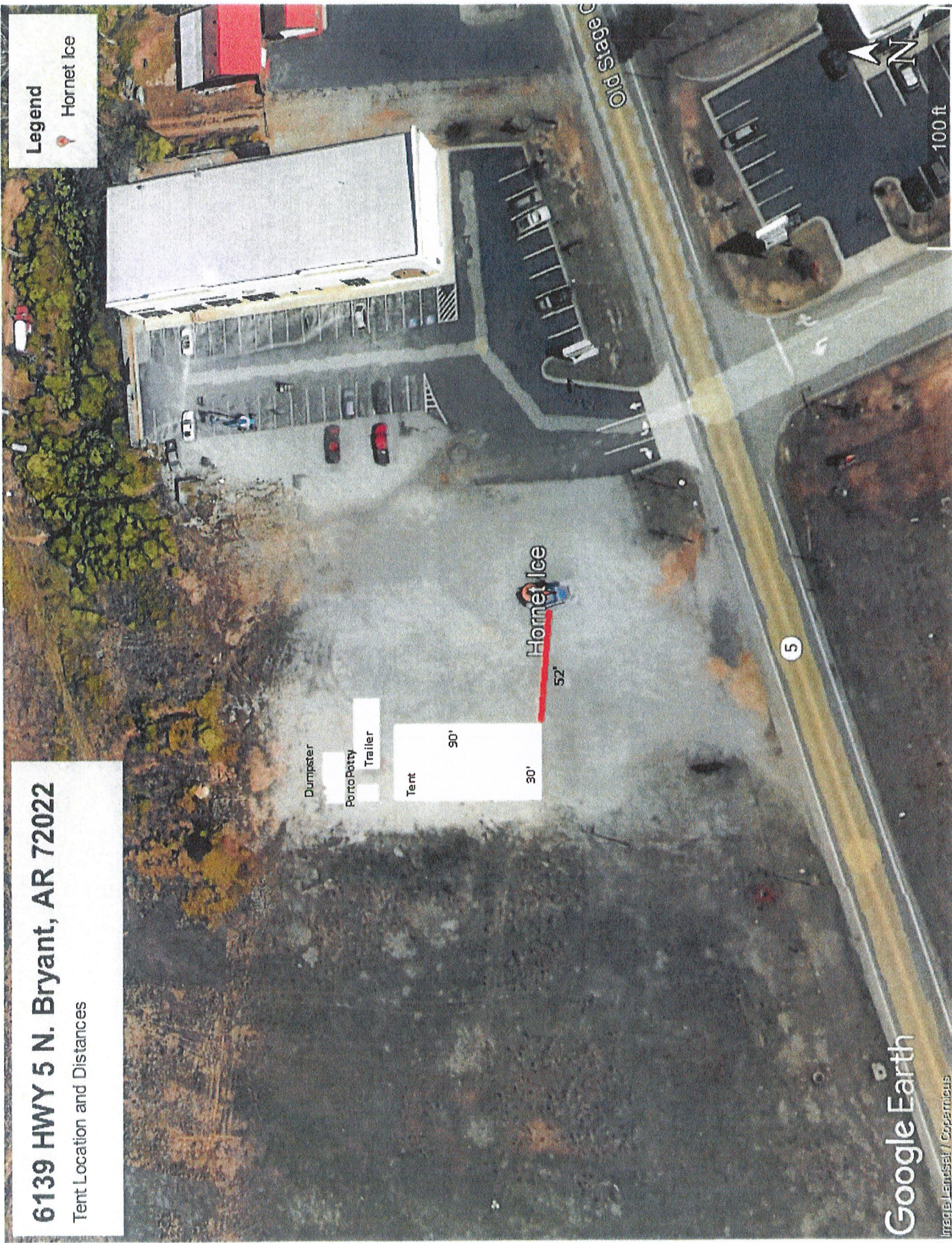
Image Landsat / Copernicus

100 ft



5

Old Stage C



6905 Hwy. S N



© 2012 Google

Google earth

Google earth

feet
meters

400

100



May 8 , 2025

Bryant Planning Commission
Bryant City Hall
210 SW 3rd Street
Bryant, AR 72022

RE: Fireworks application for 6905 Highway 5 in Bryant, AR

Bryant Planning and Building Department:

The purpose of this letter is to notify the Bryant Planning Commission that Meramec Specialty Company has permission to sell fireworks at 6905/61139 Highway 5 North in Bryant, AR during the period of June 10, 2025 through July 10, 2025. This is the same location that Meramec Specialty Company has operated at during previous years. I have attached the following items that are required in order to receive a fireworks permit in Bryant, AR.

1. A temporary business license application.
2. \$25.00 application fee.
3. A copy of our site plan.
4. A letter of permission from the property owner.
5. A copy of our Surety Bond
6. A copy of a State of Arkansas fireworks permit.

If you have any questions or comments, please email me at kbaileyar@aol.com or call me at 901.409.1884.

Best regards,

MERAMEC SPECIALTY COMPANY



Kevin A. Bailey

MR. RICK JONES
PINNACLE IMPROVEMENTS, LLC
10601 INTERSTATE 30
LITTLE ROCK, AR 72209

August 7, 2024

City of Bryant Planning Commission:

The purpose of this letter is to notify you that Meramec Specialty Company has permission to sell fireworks on my property during the period of June 15, 2025 through July 10, 2025. The physical address of the property is 6905 Highway 5 in Bryant, Arkansas.

Sincerely,

PINNACLE IMPROVEMENTS, LLC

A handwritten signature in black ink, appearing to read "Rick Jones", written over the printed name.

Rick Jones

1a7



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF
BUSINESS

Office of Fire Services

Permit Number
RPJ.0000518

State Fire Marshal

FIREWORKS RETAIL PERMIT

Date of Issue
04/29/2025

This is to certify that

Atomic Fireworks of Arkansas

Is duly licensed to transact business in the State of Arkansas as a Retailer

Address: 6139 Hwy 5 North Bryant, AR 72022

Issued By: Atomic Fireworks of Arkansas

License Number: FWJ.0001201

LICENSE EXPIRES: 04/30/2026

AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 15146913 briefly described as TEMPORARY BUSINESS PERMIT CITY OF BRYANT, ARKANSAS,
for MERAMEC SPECIALTY COMPANY, as Principal,
in the sum of \$ ONE THOUSAND AND NO/100 Dollars, for the term beginning May 20, 2025, and ending May 20, 2026, subject to all the covenants and conditions of the original bond referred to above.

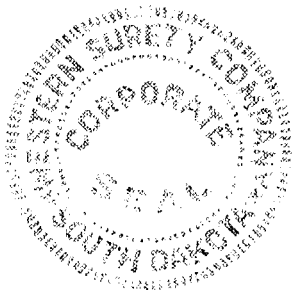
This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 7th day of April, 2025.

WESTERN SURETY COMPANY

By

Larry Kasten, Vice President



THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

DRAYTON INSURANCE BROKERS, INC.

2500 CENTER POINT ROAD, SUITE 301
BIRMINGHAM, ALABAMA 35215
PHONE: (205) 854-5806
FAX: (205) 854-5899

POST OFFICE BOX 94067
BIRMINGHAM, ALABAMA 35220
EMAIL: dib@draytonins.com

CERTIFICATE OF INSURANCE

NO. 430303

We certify that insurance is afforded as stated below. This Certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the insurance policy and the insurance afforded is subject to all the terms, exclusions and conditions of the policy.

INSURER Admiral Insurance Company **POLICY NO.** CA000018967-11

NAMED INSURED Atomic Fireworks Inc. of Arkansas
Atomic Fireworks Inc. of Missouri
Meramec Specialty Company
P.O. Box 305
Arnold, Missouri 63010
T.E.A. Enterprises, Inc.
Pacific Specialty Company
West Alton Properties, Inc
ATLG, LLC

POLICY TERM March 1, 2024 to March 1, 2025; Both Days 12:01 A.M. Standard Time

COVERAGE Premises-Operations Liability: ☒ Occurrence Basis ☐ Claims Made Basis

LIMIT OF LIABILITY \$1,000,000 each occurrence, \$10,000,000 general aggregate
The limit of liability shall not be increased by the inclusion of more than one insured or additional insured.

INSURED OPERATIONS The sale of consumer fireworks (1.4G) and related products at the **Insured location**, during the **period of operation**.

It is certified that, for the period of operation stated below and when named below as such, this policy includes as Additional Insureds 1) the operator(s), sponsor(s), promoter(s), organizer(s), of the **Insured Premises** used principally for the retail sale of consumer fireworks supplied by the Named Insureds and/or 2) the owner(s), manager(s), tenant(s), mortgagee(s) (including other entities having similar interests), of the property on which the **Insured Premises** is located and/or 3) the licensing authority issuing a permit or license for the operation of the **Insured Premises** and/or 4) any entity for which the Named Insured is required, by written contract, to provide insurance such as is afforded by the terms of this policy.

NAME(S) OF ADDITIONAL INSURED(S)

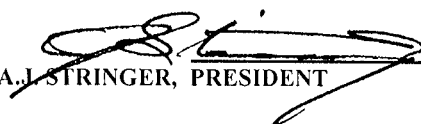
Pinnacle Improvements, LLC- Property Owner
Meramec Specialty Company-Stand Owner and Operator
Stand Manager and Sub-Operator
Licensing Authorities-State of Ar., City of Bryant

**ADDRESS OF
INSURED PREMISES** An area measuring approximately 150' x 150' whose physical address is 6139 Hwy 5 N. in
Bryant, Arkansas. #127

PERIOD OF OPERATION March 1, 2024 through February 28, 2025

It is certified that this policy requires a 30 day mutual notice of cancellation between the Insurer and the Named Insured. In the event of such cancellation we will endeavor to mail 10 days written notice to the Additional Insured(s), whose name and address is shown hereon, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer and/or the undersigned.

DRAYTON INSURANCE BROKERS, INC.


A.J. STRINGER, PRESIDENT

March 1, 2024
DATE OF ISSUE

State of Arkansas
ARKANSAS SALES AND USE TAX PERMIT

MERAMEC SPECIALITY CO

DATE ISSUED:

P.O. BOX 1150

PERMIT NUMBER: 035048-18-001

WEST MEMPHIS AR 72301

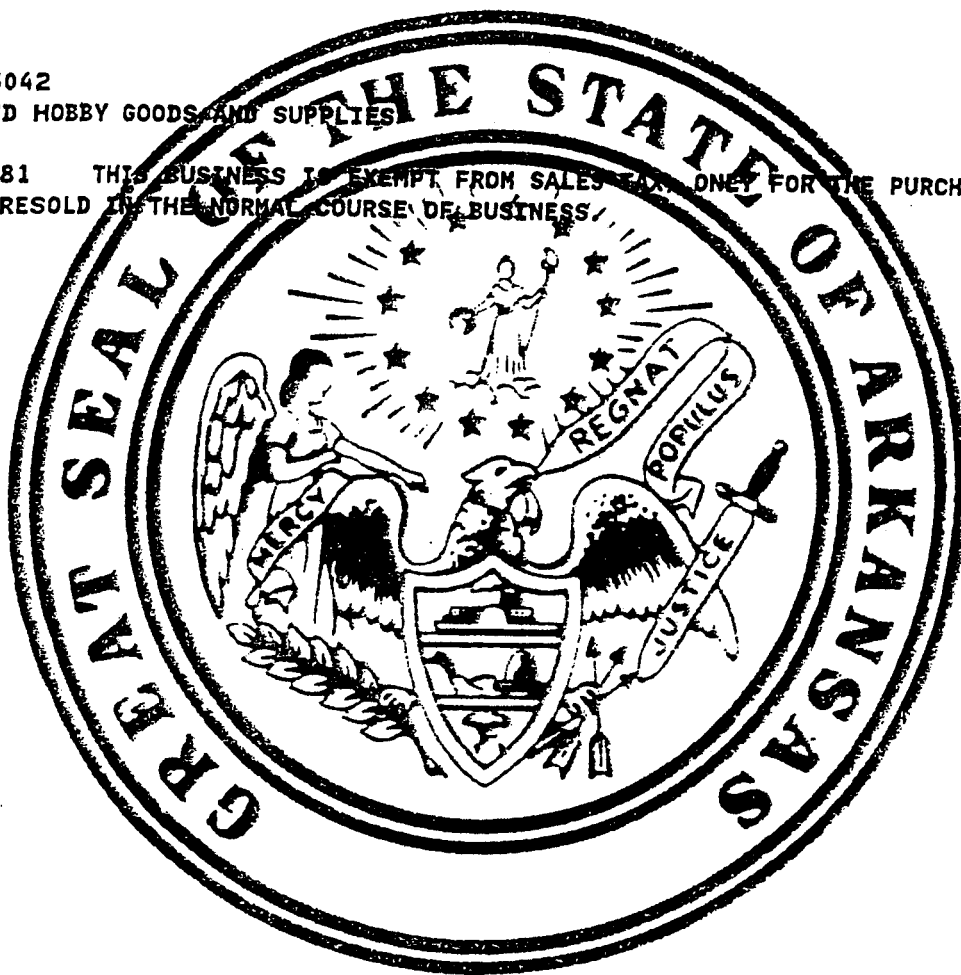
DLN:

DATE OPENED: 01/01/1965

SIC: 5042

TOYS AND HOBBY GOODS AND SUPPLIES

EXEMPTION: 81 THIS BUSINESS IS EXEMPT FROM SALES TAX ONLY FOR THE PURCHASES OF
GOODS TO BE RESOLD IN THE NORMAL COURSE OF BUSINESS.



THIS PERMIT IS VALID UNTIL IT IS CANCELED AND SURRENDERED BY THE PERMIT HOLDER OR REVOKED BY THE COMMISSIONER OF REVENUES.

THIS PERMIT MUST BE SURRENDERED IF BUSINESS IS SOLD, DISCONTINUED OR LOCATION CHANGED.

WHEN THIS PERMIT IS SURRENDERED FOR ANY OF THE ABOVE REASONS, YOU MUST REPORT AND PAY ANY SALES OR USE TAX PLUS ANY PENALTIES OR INTEREST THAT IS OWED BY THIS BUSINESS. FAILURE TO PAY THESE TAXES WILL RESULT IN A LIEN BEING PLACED AGAINST THE STOCK AND FIXTURES OF THIS BUSINESS AND THE SAME IS ENFORCEABLE AGAINST PURCHASERS AND THIRD PARTIES.



Certificate of Flame Resistance

REGISTERED FABRIC NUMBER

ISSUED BY

SNYDER MANUFACTURING, INC.
3001 PROGRESS STREET
DOVER, OHIO 44622

Date manufactured

06/02/10

140.01

This is to certify that the materials described below are flame-retardant and inherently nonflammable.

FOR RIVER CITY TENTS AND AWNING INC

CITY PINE BLUFF

ADDRESS 3008 EVA DRIVE

STATE AR 71602



The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

The Flame Retardant Process Used WILL NOT Be Removed By Washing

* FABRIC MEETS THE REQUIREMENTS OF THE SPECIFICATIONS LISTED BELOW INDICATED BY ☒

☐ NFPA-701 (Large Scale)

☐ CAN/ULC-S109

☐ MIL-C-43006

☐ CPAI-84

☐ FMVSS-302

☐ A-A-55308

SNYDER MANUFACTURING INC.

By

STYLE PRV 1310Q WHITE 61" HI GLOSS

Title Supervisor, Quality Control

CONTROL NO. 18629

SNYDER S-ORDER NO. 216670

CUSTOMER ORDER NO. RAY

YARDS OR QUANTITY 375

DATE PROCESSED 06/02/10

DATE CERTIFIED 06/04/10

4.10-4-98F-R2



Certificate of Flame Resistance

REGISTERED FABRIC NUMBER

ISSUED BY

SNYDER MANUFACTURING, INC.
3001 PROGRESS STREET
DOVER, OHIO 44622

Date manufactured

06/02/10

140.01

This is to certify that the materials described below are flame-retardant and inherently nonflammable.

FOR RIVER CITY TENTS AND AWNING INC

CITY PINE BLUFF

ADDRESS 3008 EVA DRIVE

STATE AR 71602



The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

The Flame Retardant Process Used WILL NOT Be Removed By Washing

* FABRIC MEETS THE REQUIREMENTS OF THE SPECIFICATIONS LISTED BELOW INDICATED BY ☒

☐ NFPA-701 (Large Scale)

☐ CAN/ULC-S109

☐ MIL-C-43006

☐ CPAI-84

☐ FMVSS-302

☐ A-A-55308

SNYDER MANUFACTURING INC.

By

STYLE PRV 1310Q RED 61" HI GLOSS

Title Supervisor, Quality Control

CONTROL NO. 18564

SNYDER S-ORDER NO. 216670

CUSTOMER ORDER NO. RAY

YARDS OR QUANTITY 375

DATE PROCESSED 06/02/10

DATE CERTIFIED 06/04/10



Certificate of Flame Resistance

REGISTERED FABRIC NUMBER

140.01

ISSUED BY

SNYDER MANUFACTURING, INC.
3001 PROGRESS STREET
DOVER, OHIO 44622

Date manufactured

02/07/11

This is to certify that the materials described below are flame-retardant and inherently nonflammable.

FOR RIVER CITY TENTS AND AWNING INC

CITY PINE BLUFF

ADDRESS 3008 EVA DRIVE

STATE AR 71602



The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

The Flame Retardant Process Used WILL NOT Be Removed By Washing

* FABRIC MEETS THE REQUIREMENTS OF THE SPECIFICATIONS LISTED BELOW INDICATED BY ☒

☐ NFPA-701 (Large Scale)

☐ CAN/ULC-S109

☐ MIL-C-43006

☐ CPAI-84

☐ FMVSS-302

☐ A-A-55308

SNYDER MANUFACTURING INC. By

PRV 13100 DARK BLUE 61" HI-GLOSS

STYLE

18347

CONTROL NO.

215565

SNYDER S-ORDER NO.

75

YARDS OR QUANTITY

CUSTOMER ORDER NO. VBL RAY

DATE PROCESSED 02/07/11

DATE CERTIFIED 02/22/11

4-10-4-SMF-R2



Certificate of Flame Resistance

REGISTERED FABRIC NUMBER

140.01

ISSUED BY

SNYDER MANUFACTURING, INC.
3001 PROGRESS STREET
DOVER, OHIO 44622

Date manufactured

01/06/11

This is to certify that the materials described below are flame-retardant and inherently nonflammable.

FOR RIVER CITY TENTS AND AWNING INC

CITY PINE BLUFF

ADDRESS 3008 EVA DRIVE

STATE AR 71602



The articles described below are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

The Flame Retardant Process Used WILL NOT Be Removed By Washing

* FABRIC MEETS THE REQUIREMENTS OF THE SPECIFICATIONS LISTED BELOW INDICATED BY ☒

☐ NFPA-701 (Large Scale)

☐ CAN/ULC-S109

☐ MIL-C-43006

☐ CPAI-84

☐ FMVSS-302

☐ A-A-55308

SNYDER MANUFACTURING INC. By

STYLE PRV 13100 WHITE 61" HI GLOSS

CONTROL NO. 19254

SNYDER S-ORDER NO. 220003

YARDS OR QUANTITY 300

CUSTOMER ORDER NO. RAY

DATE PROCESSED 01/06/11

DATE CERTIFIED 01/21/11

4-10-4-SMF-R2

#963



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943



Temporary Business Application For the Sale of Fireworks

- Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting.
- Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab.

Date: 05.01.2025

Business Information:

Name TNT FIREWORKS

Federal Tax Employer ID Number 63-0813092

Arkansas State Sales Tax Number 00286128

Location of Proposed Temporary Business 400 BRYANT AVE, BRYANT, AR 72022

Business Owner:

Name TERRY ANDERSON

Address 4511 HELTON DRIVE
FLORENCE, AL 35630

Phone 256.764.6131

Email _____

Contact Person:

Name HEATHER WHALEY

Address 4003 HELTON DRIVE
FLORENCE, AL 35630

Phone 256.246.0121

Email WHALEYH@TNTFIREWORKS.COM

Checklist for Submission

- ☐ Completed Application and Checklist
- ☐ Twenty-Five Dollar (\$25.00) Application fee
- ☐ Provide proof of 1,000,000 Liability Insurance or Surety Bond worth the same amount.
(Further information on the details of liability insurance can be found in Section 2-4 of the Temporary Business Section of the Bryant Business Ordinance.)

(Continued on Page 2)

- ☐ Eight (8) copies of a **Site Plan**:
 - Site Plan shall be to scale, all structures shall be identified. Clear identification of any open display areas
 - Fireworks tent / canopy shall have a minimum 50ft. setback from all other structures
 - Show parking spaces dedicated by the owner of the property for use by the temporary business.
- ☐ Exits shall be provided every 100 ft. with a minimum of 2 remotely located exits
Minimum exit width shall be 72 in. All exits shall be identified with proper signage
- ☐ No smoking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs shall be posted at all entrance / exits
- ☐ 2 ABC fire extinguishers, with a 2A rating or greater, shall be provided. The maximum travel distance to an extinguisher shall not exceed 75 ft. Additional extinguishers may be required. Extinguishers shall be clearly visible, marked with appropriate signage, and mounted height of not less than 36 in. from the ground
- ☐ Generators or other combustion power sources, including fuel, shall be separated from tents / canopies by a minimum of 25 ft.
- ☐ Applicant shall contact the Bryant Fire Dept. Fire Marshal's office and schedule an inspection once the business is ready for operation. The inspection shall be conducted prior to any sales to the public are allowed. Contact: 501-943-0964

READ CAREFULLY BEFORE SIGNING

I HEATHER WHALEY, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional applicable ordinances of the City as well as the requirements of all state and federal laws. Furthermore, I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation.

~~Owners Signature~~ _____

AGENT FOR TNT FIREWORKS



2608 SE J Street, Suite 8
Bentonville, AR 72716
Jimmy.Buchanan@walmart.com

August 2nd, 2024

To Whom It May Concern,

American Promotional Events, Inc. dba TNT Fireworks is an approved National Supplier to conduct fireworks promotions on our Walmart parking lots where this type of promotion is legal. All stores have been researched and approved by the Walmart Realty Department. Approximate time frame for the select stores approved for additional selling date promotions are:

- New Year's December 26th, 2024 to January 12th, 2025
- May 20th, 2025 to July 12th, 2025 with the exception of Utah which has an additional selling period through the end of July for Pioneer Days.

American Promotional Events, Inc. dba TNT Fireworks is authorized to sign for and obtain all necessary permits and/or licenses for the promotion and must display such permits and/or licenses at each stand/tent. Walmart grants permission for all patrons of the sale to utilize the restroom facilities at each participating store.

An American Promotional Events, Inc. dba TNT Fireworks representative will call you to introduce the company and discuss your participation in the event. Participation is encouraged and does add additional income to your other income account. Store Management must approve the store's participation and placement on the parking lot.

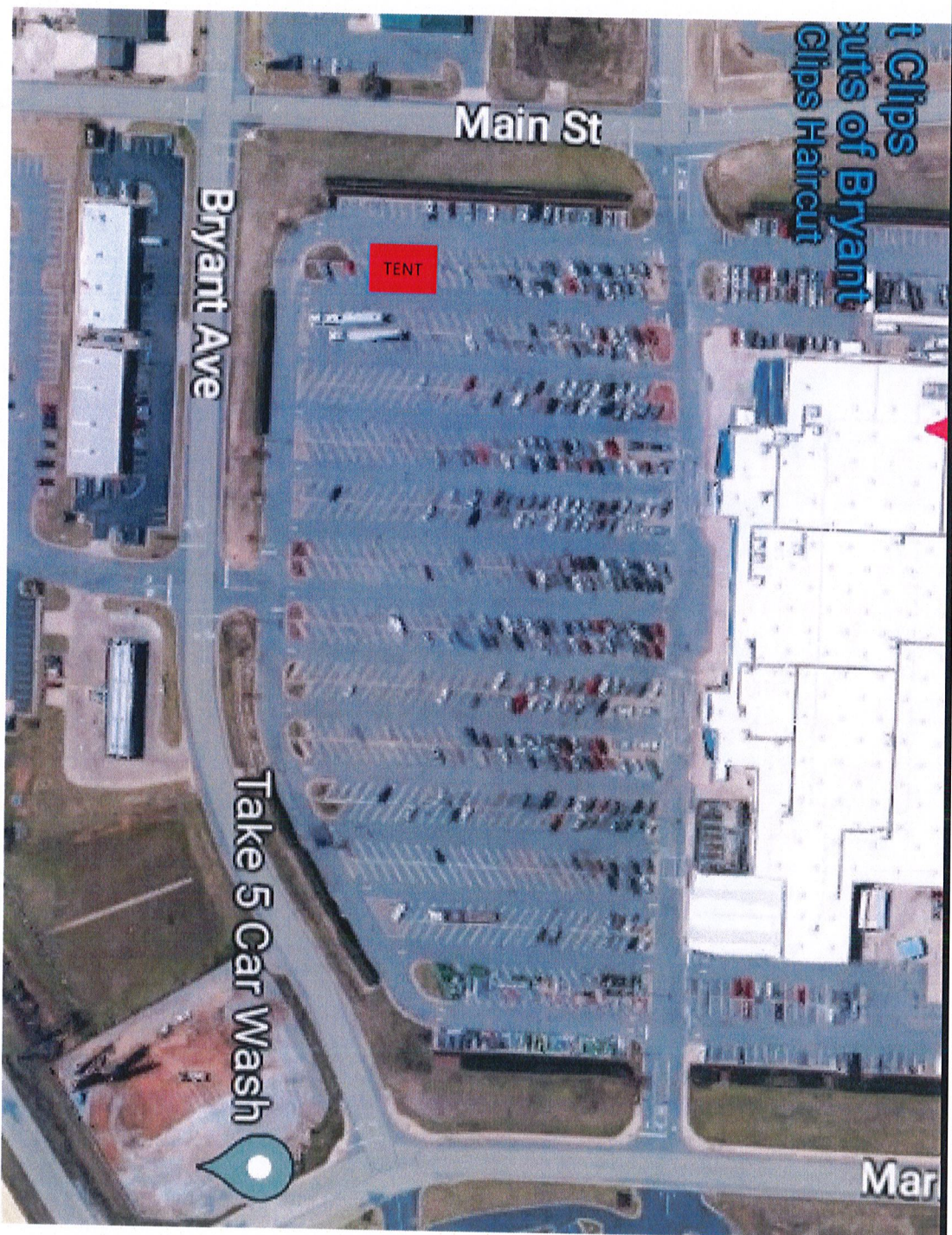
Thank you in advance for your cooperation in this matter and if you have any questions, please contact TNT Fireworks at 256-767-7142.

Best Regards,

A handwritten signature in blue ink, appearing to read "Jimmy Buchanan", with a long horizontal line extending to the right.

Jimmy Buchanan
Senior Manager
Walmart Retail Services

Store: Walmart # 3230 Address: 400 Bryant Ave, Bryant, AR 72022 Location#: FAR0153



TNT Fireworks Contact:

Name: Mike Adams _____

Email Address: adamsm@tntfireworks.com

Phone Number: __479-212-4675__

Date: _____

Store Manager spoke with:

Name: _____

Site Map reviewed: Yes / No (Circle)

Notes: _____

25'



CONTAINER



Barrier





STATEMENT OF PURPOSE

American Promotional Events dba TNT Fireworks is submitting for approval for the attached application.

Location address: 400 Bryant Avenue, Bryant, AR 72022

The purpose is to sell Arkansas approved fireworks in a temporary tent from June 20th 2025 - July 6th 2025. The tent will be erected three days prior to the sale and removed within two days of completion of the sale. The hours of operation will be from 9am-10pm, as permitted by local location ordinances.

There will be two fire extinguishers readily accessible. "No Smoking" and age limit signs will be posted and enforced. Arkansas State Fireworks Sales Permits will be obtained prior to the sale date and will be posted on-site along with our insurance and Certificate of Authority. There will be a minimum of two people onsite at all times and the product will be secured 24/7 to ensure safety.

Please forward any processed permits to:

4003 Helton Dr.
Florence, AL 35630
Attn: Heather Whaley

whaleyh@tntfireworks.com
(for emailing permits)

If you have any questions, please do not hesitate to call me at 256.246.0121.

Sincerely,
Heather Whaley

Stand & Tent East - Regional Administrative & Permitting Coordinator
whaleyh@tntfireworks.com

AMERICAN PROMOTIONAL EVENTS, INC.
P.O. BOX 1318 · 4511 HELTON DRIVE · FLORENCE, AL 35630
PHONE (256) 764-6131 · FAX (205) 533-6043
www.tntfireworks.com



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF
BUSINESS



Office of Fire Services

Permit Number
RPJ.0000500

State Fire Marshal

Date of Issue
04/25/2025

FIREWORKS RETAIL PERMIT

This is to certify that

American Promotional Events dba TNT Fireworks

Is duly licensed to transact business in the State of Arkansas as a Retailer

Address: 400 BRYANT AVE, BRYANT, AR 72022

Issued By: AMERICAN PROMOTIONAL EVENTS DBA
TNT FIREWORKS

License Number: FWDL.0001216

LICENSE EXPIRES: 04/30/2026

AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL

VERIFICATION OF SURETY BOND RENEWAL

April 1st, 2025

RE: BOND # **106725029**

BOND AMOUNT: **\$1,000.00**

PRINCIPAL: **American Promotional Events, Inc. dba TNT
Fireworks**

OBLIGEE: **City of Bryant, AR**

DESCRIPTION: **Fireworks Stand at 400 Bryant Avenue, Bryant, AR
72022 - FAR0153**

EFFECTIVE DATE: **April 24, 2017**

PREMIUM TERM: **4/24/2025 – 4/24/2026**

THE ABOVE REFERENCED BOND CONTINUES TO BE IN FULL FORCE AND EFFECT. THE BOND IS CONTINUOUS IN NATURE AND WILL REMAIN IN FORCE UNTIL CANCELED BY THE SURETY ACCORDING TO THE TERMS AND CONDITIONS OF THE BOND.

Travelers Casualty and Surety Company of America



Oana Dimulescu
Attorney-in-Fact





**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **OANA R DIMULESCU** of **ATLANTA Georgia**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, 2021.



State of Connecticut

City of Hartford ss.

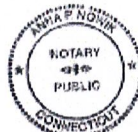
By: _____

Robert L. Raney
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2026



Anna P. Nowik
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **1st** day of **April**, 2025



Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.**



CERTIFICATE OF LIABILITY INSURANCE

11/1/2025

DATE (MM/DD/YYYY)

5/8/2025

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 have ADDITIONAL INSURED provisions or 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 Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 3280 Peachtree Rd. NE, Ste. 1000 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:
	PHONE (A/C, No. Ext): FAX (A/C, No):
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Century Surety Company 36951
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES FAR0153

CERTIFICATE NUMBER: 19086138

REVISION NUMBER: XXXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	Y	N	CCP1219465	12/1/2024	11/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded 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"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	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	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

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

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

ADDITIONAL INSURED: FAR0153; PROPERTY LOCATED AT - WAL-MART #3230 - 400 BRYANT AVE, BRYANT, AR 72022, SALINE COUNTY Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

CANCELLATION

19086138
CITY OF BRYANT
210 SW 3RD STREET
BRYANT AR 72022

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



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943



Temporary Business Application For the Sale of Fireworks

- Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting.
- Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab.

Date: 5-20-25

Business Information:

Name ~~MARK~~ FIVE STAR FIREWORKS
Federal Tax Employer ID Number 453216207
Arkansas State Sales Tax Number 55025123-5LS
Location of Proposed Temporary Business 5409 Hwy 75 BRYANT, ARK

Business Owner:

Name MARK BRADFORD
Address 17 ASHLEE BLVD
NASH, TEXAS 75569
Phone 903-826-4453
Email imafreely76
@gmail.com

Contact Person:

Name SAME
Address _____
Phone _____
Email _____

Checklist for Submission

- ☐ Completed Application and Checklist
- ☐ Twenty-Five Dollar (\$25.00) Application fee
- ☐ Provide proof of 1,000,000 Liability Insurance or Surety Bond worth the same amount.
(Further information on the details of liability insurance can be found in Section 2-4 of the Temporary Business Section of the Bryant Business Ordinance.)

(Continued on Page 2)

Eight (8) copies of a Site Plan:

- 1. Site Plan shall be to scale, all structures shall be identified. Clear identification of any open display areas
 - 2. Fireworks tent / canopy shall have a minimum 50ft. setback from all other structures
 - 3. Show parking spaces dedicated by the owner of the property for use by the temporary business.
 - 4. Exits shall be provided every 100 ft. with a minimum of 2 remotely located exits. Minimum exit width shall be 72 in. All exits shall be identified with proper signage
 - 5. No smoking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs shall be posted at all entrance / exits
 - 6. 2 ABC fire extinguishers, with a 2A rating or greater, shall be provided. The maximum travel distance to an extinguisher shall not exceed 75 ft. Additional extinguishers may be required. Extinguishers shall be clearly visible, marked with appropriate signage, and mounted height of not less than 36 in. from the ground
- Generators or other combustion power sources, including fuel, shall be separated from tents / canopies by a minimum of 25 ft.
- Applicant shall contact the Bryant Fire Dept. Fire Marshal's office and schedule an inspection once the business is ready for operation. The inspection shall be conducted prior to any sales to the public are allowed. Contact: 501-943-0964

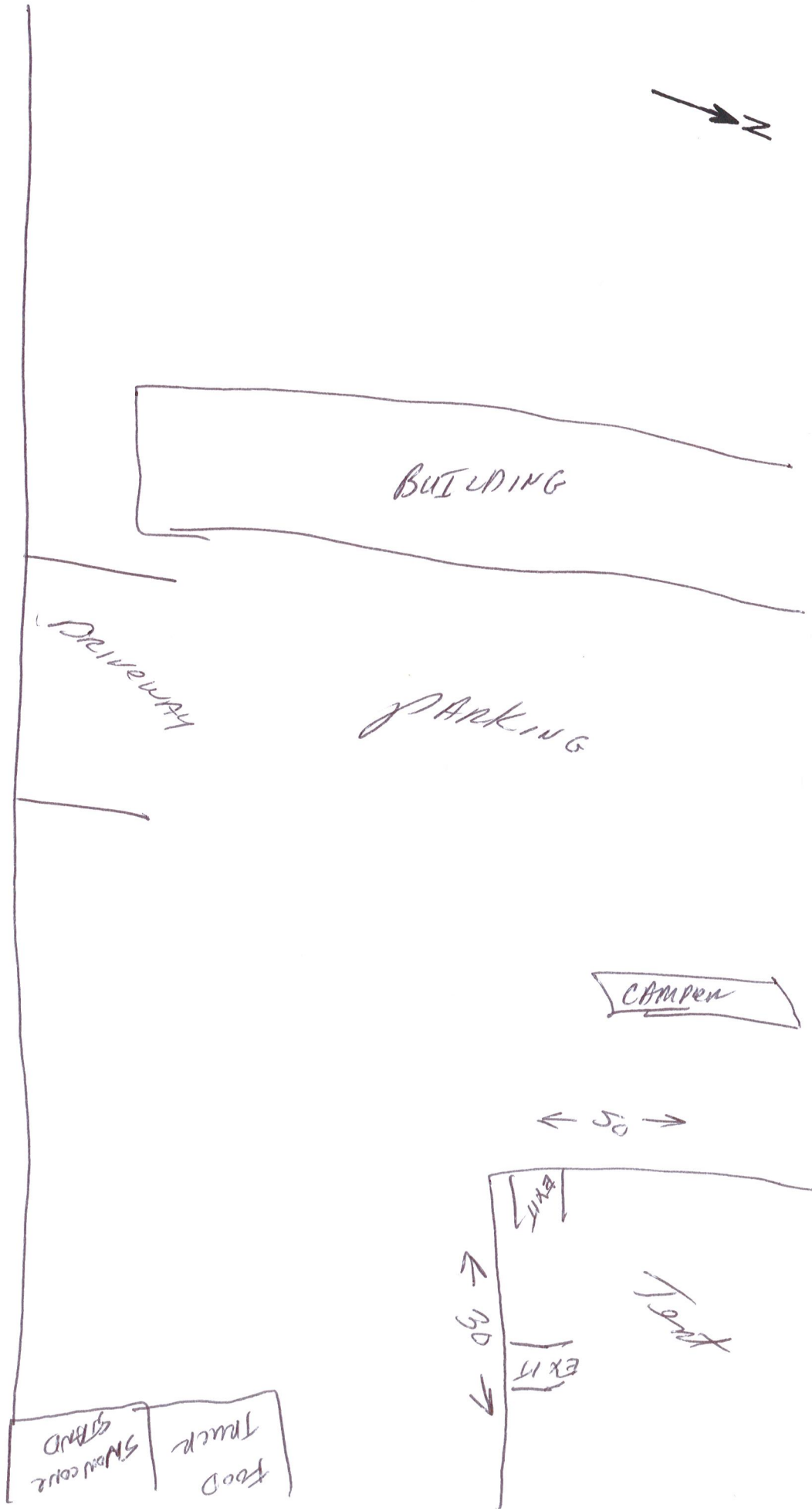
READ CAREFULLY BEFORE SIGNING

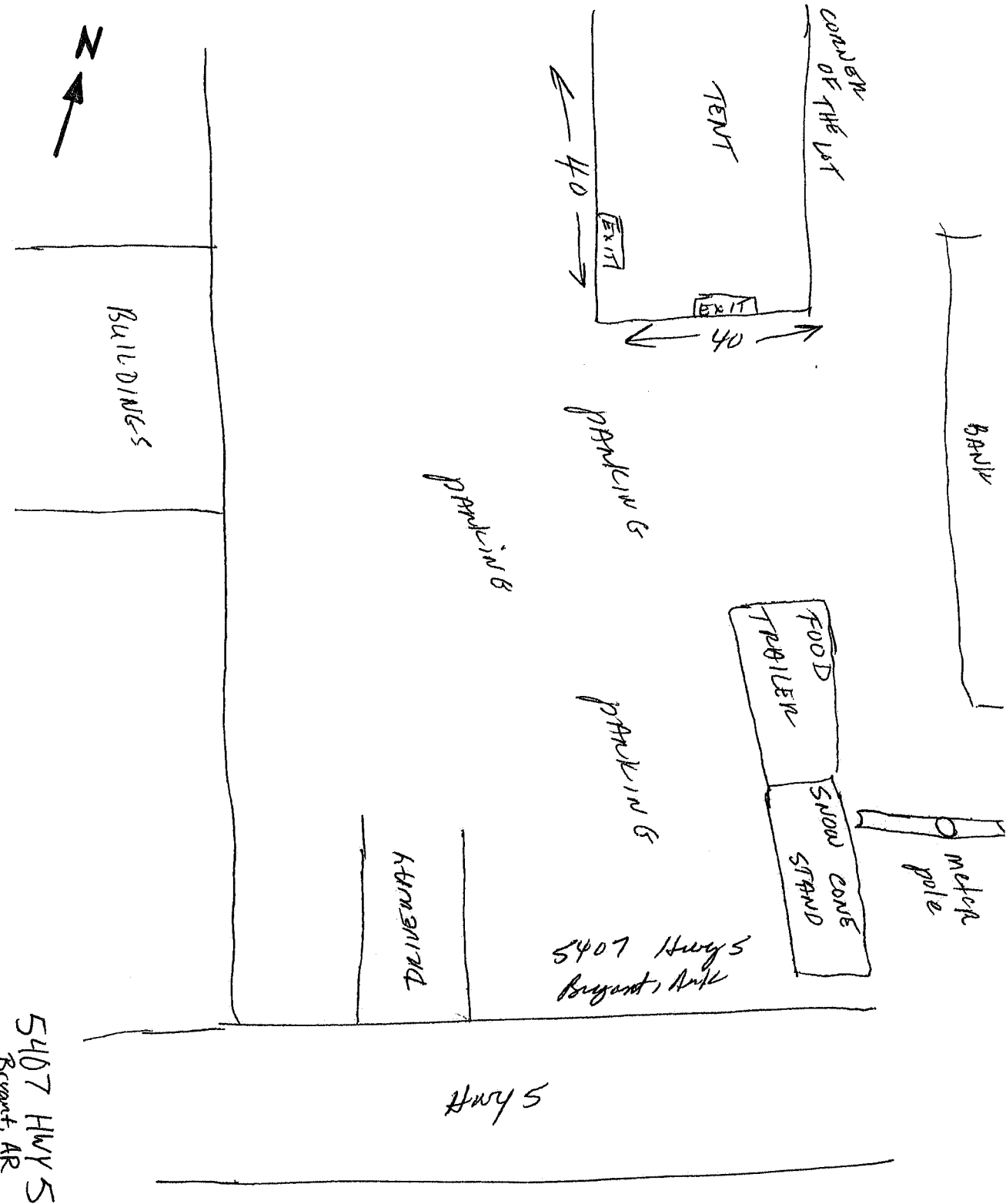
I, MARK BRADFORD, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional applicable ordinances of the City as well as the requirements of all state and federal laws. Furthermore, I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation.

Owners Signature

Mark C. Bradford

5467 Hwy 5 Bug out, Ark





5407 HWY 5
Bryant, AR



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF
BUSINESS

Office of Fire Services

Permit Number

RPT:0000227

State Fire Marshal

FIREWORKS RETAIL PERMIT

This is to certify that

Five Star Fireworks

Is duly licensed to transact business in the State of Arkansas as a Retailer

Address: 5407 Hwy 5 Bryant Ar, 72002

LICENSE EXPIRES: 05/01/2026

AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Date of Issue

06/05/2025

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL



509 W Koenig St, Grand Island NE 68801

RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

Office 800-658-4200 or 308-382-2330

Business Insurance Summary

For

Mark Bradford

06/12/2025 to 06/12/2026

Presented by Tami Towne or Kristy Wolfe

This is an illustration and provides only guideline information. Coverage will be determined solely by the provisions of the policy.



RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

Schedule of Names Listed on Policy

1. Mark Bradford
2. DbA Five Star Fireworks

Please initial below to confirm.

MCB Confirm the above-named insureds are correct. First Named Insured is noted as 1. And Other named Insureds follow. This also confirms the first named insured does not own any other subsidiary, joint venture, partnership or discontinued entity. If need to add any named insureds or discuss further, please contact us.

MAIN LOCATION

Schedule of Locations

change

3211

ALBERT

PIKE ROAD

HOT SPRINGS

71913

Mailing address – 17 Ashlee Blvd, Nash TX 75569

Location 1 – ~~1527 Airport Rd~~, Hot Springs National Park, AR 71903

All Related premises and operations of the Named Insured as it pertains to Liability Only

No Property Coverage Included

- Property coverage can be included for replacement of a building or inventory in the event of a storm, fire or other covered Perils.

Reminder – Social Media can be used against you in litigation cases. You should not promote, like, share or repost any dangerous activities and unsafe handling of fireworks products. It is in your best interest to maintain a professional presence.

This is an illustration and provides only guideline information. Coverage will be determined solely by the provisions of the policy.



RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

General Liability

Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Products & Completed Operations	\$2,000,000
Damages to Premises Rented to You	\$ 100,000
Medical Payments	\$ 5,000

Premium Basis –Annual Gross Retail Fireworks Sales per application on file

Any & All Operations other than those listed above are Excluded

- No Deductible
- Blanket Additional Insureds with written agreement
- Waiver of Subrogation Included when required by written agreement
- Policy will not be audited
- Occurrence Form Coverage
- 25% Minimum Earned Premium
- Defense Costs are outside the limit of liability
- Total Pollution Liability Excluded
- Fireworks Manufacturing, Direct Importing, Demos, Display Shows & Illegal Products Excluded
- Professional Liability – Any & All Professional Operations – Including Training Other Pyrotechnicians – Excluded
- Fireworks Handler Exclusion applies for any person shooting, igniting, setup, handling, moving, transporting, assembling, storing, clean up or displaying of fireworks for the Named Insured or Additional Insured, includes ship show shooters & their employees and volunteers
- Aircraft Exclusion including Drones
- Punitive Damages Exclusion
- PFC/PFAS Exclusion
- Non-Stacking of Limits for any named insured or additional insured
- Designated Operations Exclusion - Any and All operations other than the sales & storage of retail fireworks
- Prior Fireworks Operations & Product-Completed Operations is Excluded prior to 06/12/2024
- Subject to Inspection and Compliance with recommendations
- See your policy for a complete list of exclusions

This is an illustration and provides only guideline information. Coverage will be determined solely by the provisions of the policy.



RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

Annual Premium

	<u>2024</u>	<u>2025</u>
Commercial Liability	\$2,610.40	\$1,898.00
Taxes and Fees (Inspection & Policy Fee)	<u>Included</u>	<u>Included</u>
Annual Premium	\$2,610.40	\$1,898.00

Carriers

Scottsdale Insurance Company "A" Rated by A.M. Best

General Liability

Subjectives

1. All signed documents and payment returned prior to 06/12/25.
2. **BLANKET ADDITIONAL INSURED** — This is included in your General Liability policy for both products and premises liability. The purpose of this endorsement is to automatically provide additional insured status to those entities/individuals with whom you have a written contract requiring you to add them as additional insured to your policy. The key component is the **written contract**. If you desire an entity/individual to be added as an additional insured to your policy, then you need to have a written contract in place requiring this. Please confirm that you have a written contract for all such transactions by signing below.

SIGNATURE: X

MARK BRADFORD
Mark Bradford

DATE:

5/29/25

Considerations

Additional Premium

1. Terrorism Coverage — Commercial Liability, if Elected \$82.16

This is an illustration and provides only guideline information. Coverage will be determined solely by the provisions of the policy.



**RYDER ROSACKER
MCCUE & HUSTON**
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

**INSURANCE COVERAGE CHECKLIST
for the Fireworks Industry**

Insured: MLB Mark Bradford

Does your current insurance program with our agency include the following coverages?

Yes No

- | | | <u>General Liability</u> |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employee Benefits |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employment Practices Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excess Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ship Show Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Barge Show Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Non-Owned retail stand liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Product Demo & Testing Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Display Show Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Manufacturing |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Terrorism Coverage |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Blanket Additional Insureds with written agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waiver of Subrogation |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cyber Liability |

Excluded – Fungi or Bacteria, Errors & Omissions; Professional Liability; Punitive Damages, Pollution, Liquor, Violation of Statutes that govern emails, fax, phone calls or other methods of sending material; Employer's Liability; Silica, asbestos, occupational disease, lead based paint; cross suits; abuse & molestation, marijuana & cannabis.

NO AUTO LIABILITY

NO PROPERTY

NO WORK COMP

Disclosure: Subject to Policy Term and Conditions, Additional Limits Available,
Sample Forms and Policy Terms Available upon request

Signature Insured: Mark Bradford Date: 5/28/25

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RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

CONTACT INFORMATION

Our carriers will occasionally request inspections on new and renewal policies as well as audits on expiring policies to ensure that all exposures are included and properly covered. This policy is subject to one, or possibly both of these requirements.

To facilitate the ease of completing this requirement, we would appreciate the information requested below.

Thank you for your cooperation.

CONTACT NAME: MARK BRADFORD

PRIMARY E-MAIL ADDRESS: imadirely76@gmail.com

SECONDARY E-MAIL ADDRESS: Same

PRIMARY TELEPHONE NUMBER: () 903-826-4453 BUS HOME CELL
(please circle one)

SECONDARY TELEPHONE NUMBER: () 903-826-4453 BUS HOME CELL
(please circle one)

This is an illustration and provides only guideline information. Coverage will be determined solely by the provisions of the policy.

DISCLOSURE TO SURPLUS LINE INSURED

FORM SL-3

THE UNDERSIGNED ACKNOWLEDGES THAT HS/SHE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE/SHE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE/SHE UNDERSTANDS THAT THE INSURANCE COMPANY'S RATES AND FORMS ARE NOT SUBJECT TO REVIEW BY THE ARKANSAS INSURANCE DEPARTMENT; THAT THE PROTECTION OF THE ARKANSAS PROPERTY AND CASUALTY GUARANTY ACT DOES NOT APPLY TO THE POLICY WRITTEN PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT A TAX OF 4% IS REQUIRED BY LAW TO BE COLLECTED ON ALL SURPLUS LINE INSURANCE PREMIUMS.

5/28/25 Mark Brufford
Date SIGNATURE OF INSURED

Five Star Fireworks
FIRM REPRESENTED, IF APPLICABLE

17 ASHLEY BLVD
ADDRESS
NASH, TX 75564

903-826-4453
TELEPHONE

imafreely76@gmail.com
EMAIL ADDRESS

(REV. 4/06)

Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ _____. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Mark Bradford
Policyholder/Applicant's Signature

FIVE STAR FIREWORKS
Named Insured/ Business Name

MARK BRADFORD
Print Name

Policy Number, if available

5/28/25
Date



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943



Temporary Business Application For the Sale of Fireworks

- Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting.
- Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab.

Date: 5-20-25

Business Information:

Name FIVE STAR FIREWORKS
Federal Tax Employer ID Number 453216207
Arkansas State Sales Tax Number 55025123-SLS
Location of Proposed Temporary Business 23395 E-30 BRYANT, ARK

Business Owner:

Name MARK BRADFORD
Address 17 ASHLEE BLVD
NASH, TX 75569
Phone 903-826-4453
Email ima freely 76
@gmail.com

Contact Person:

Name SANE
Address _____
Phone _____
Email _____

Checklist for Submission

- Completed Application and Checklist
- Twenty-Five Dollar (\$25.00) Application fee
- Provides proof of 1,000,000 Liability Insurance or Surety Bond worth the same amount (Further information on the details of liability Insurance can be found in Section 2-4 of the Temporary Business Section of the Bryant Business Ordinance.)

(Continued on Page 2)

Temporary Business Site Plan

1. The applicant shall provide a site plan showing the location of the temporary business, the location of the temporary structure, and the location of the temporary parking area.

2. The applicant shall provide a site plan showing the location of the temporary business, the location of the temporary structure, and the location of the temporary parking area.

3. The applicant shall provide a site plan showing the location of the temporary business, the location of the temporary structure, and the location of the temporary parking area.

Exits shall be provided every 100 ft. with a minimum of 2 remotely located exits.

Minimum exit width shall be 72 in. All exits shall be identified with proper signage.

No smoking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs shall be posted at all entrance / exits.

2 ABC fire extinguishers with a 2A rating or greater, shall be provided. The maximum travel distance to an extinguisher shall not exceed 75 ft. Additional extinguishers may be required. Extinguishers shall be clearly visible, marked with appropriate signage, and mounted height of not less than 20 in. from the ground.

Generators or other combustion engines, gas or propane powered, shall be located from the structure at least 25 feet from the structure.

4. The applicant shall provide a site plan showing the location of the temporary business, the location of the temporary structure, and the location of the temporary parking area.

5. The applicant shall provide a site plan showing the location of the temporary business, the location of the temporary structure, and the location of the temporary parking area.

READ CAREFULLY BEFORE SIGNING:

I, MARK BRADFORD, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional applicable ordinances of the City as well as the requirements of all state and federal laws. Furthermore, I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation.

Owners Signature

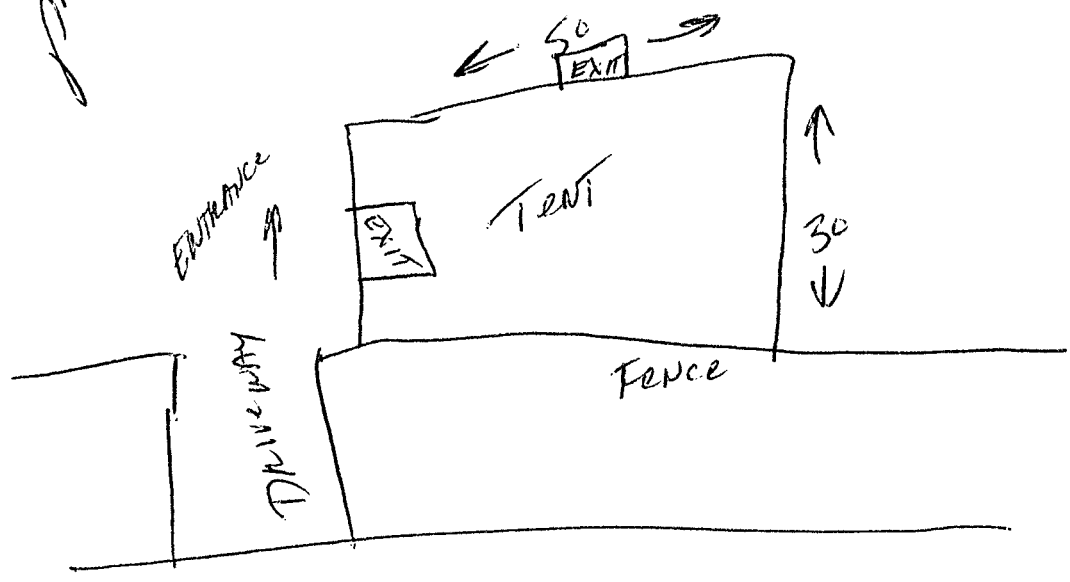
Mark Bradford

Parking

electronic pole

Parking

CAMPDEN

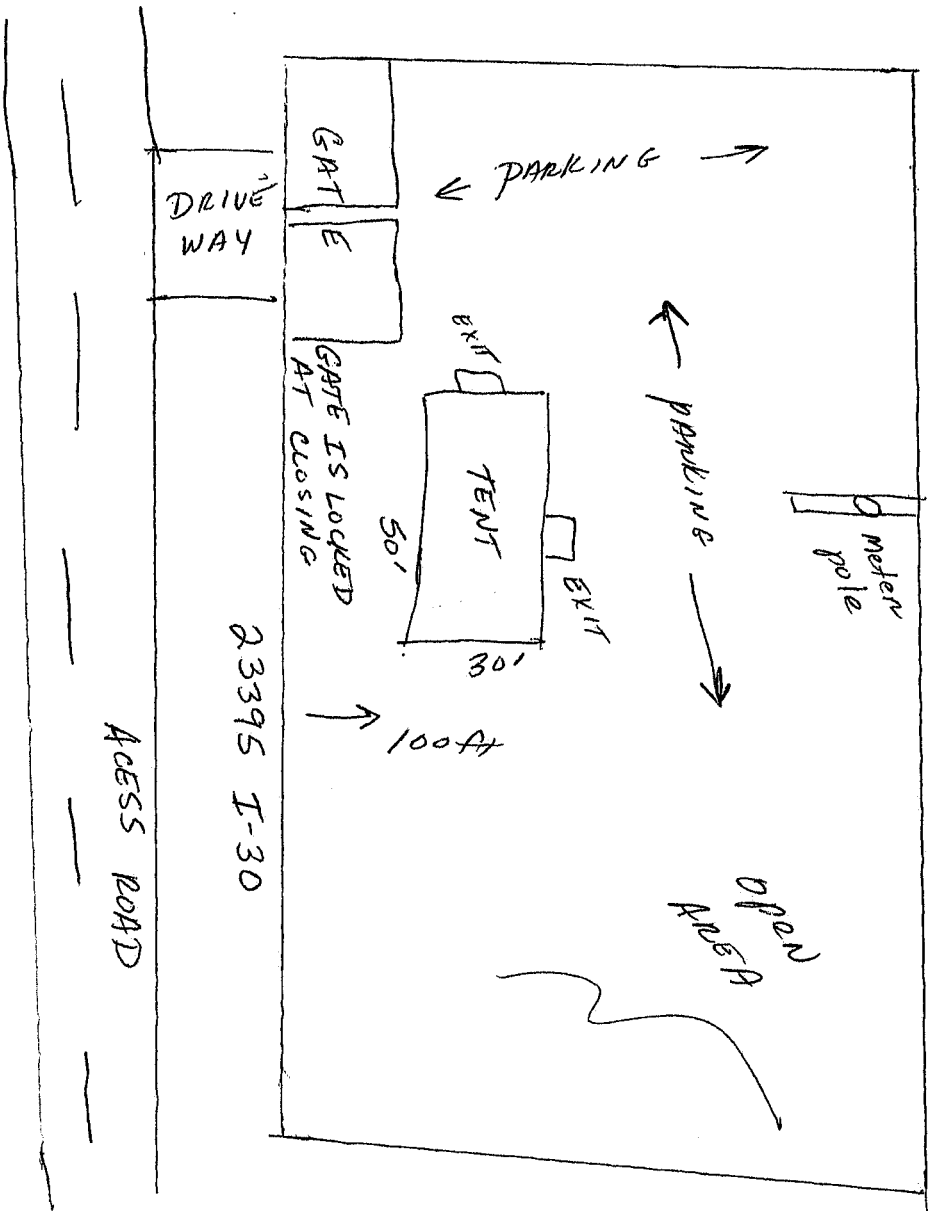
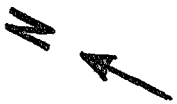


Access Road

23395 I-30 BRYANT, ARK

I-30





23395 I-30
Bryant, AR



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN THE PLACE OF
BUSINESS

Office of Fire Services

Permit Number
RPP.0000226

Date of Issue
06/05/2025

State Fire Marshal

FIREWORKS RETAIL PERMIT

This is to certify that
Five Star Fireworks

Is duly licensed to transact business in the State of Arkansas as a Retailer

Address: 23395 I-30 Bryant Ar72002

LICENSE EXPIRES: 05/01/2026

AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL



509 W Koenig St, Grand Island NE 68801

RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

Office 800-658-4200 or 308-382-2330

Business Insurance Summary

For

Mark Bradford

06/12/2025 to 06/12/2026

Presented by Tami Towne or Kristy Wolfe

This is an illustration and provides only guideline information. Coverage will be determined solely by the provisions of the policy.



RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

Schedule of Names Listed on Policy

1. Mark Bradford
2. Dba Five Star Fireworks

Please initial below to confirm.

MCB Confirm the above-named insureds are correct. First Named Insured is noted as 1. And Other named Insureds follow. This also confirms the first named insured does not own any other subsidiary, joint venture, partnership or discontinued entity. If need to add any named insureds or discuss further, please contact us.

MAIN LOCATION

Schedule of Locations

change

*3211
ALBERT
PIKE ROAD
HOT SPRINGS
71913*

Mailing address – 17 Ashlee Blvd, Nash TX 75569

Location 1 – ~~1527 Airport Rd~~, Hot Springs National Park, AR 71903

All Related premises and operations of the Named Insured as it pertains to Liability Only

No Property Coverage Included

- Property coverage can be included for replacement of a building or inventory in the event of a storm, fire or other covered Perils.

Reminder – Social Media can be used against you in litigation cases. You should not promote, like, share or repost any dangerous activities and unsafe handling of fireworks products. It is in your best interest to maintain a professional presence.

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MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

General Liability

Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Products & Completed Operations	\$2,000,000
Damages to Premises Rented to You	\$ 100,000
Medical Payments	\$ 5,000

Premium Basis - Annual Gross Retail Fireworks Sales per application on file

Any & All Operations other than those listed above are Excluded

- No Deductible
- Blanket Additional Insureds with written agreement
- Waiver of Subrogation Included when required by written agreement
- Policy will not be audited
- Occurrence Form Coverage
- 25% Minimum Earned Premium
- Defense Costs are outside the limit of liability
- Total Pollution Liability Excluded
- Fireworks Manufacturing, Direct Importing, Demos, Display Shows & Illegal Products Excluded
- Professional Liability - Any & All Professional Operations - Including Training Other Pyrotechnicians - Excluded
- Fireworks Handler Exclusion applies for any person shooting, igniting, setup, handling, moving, transporting, assembling, storing, clean up or displaying of fireworks for the Named Insured or Additional Insured, includes ship show shooters & their employees and volunteers
- Aircraft Exclusion including Drones
- Punitive Damages Exclusion
- PFC/PFAS Exclusion
- Non-Stacking of Limits for any named insured or additional insured
- Designated Operations Exclusion - Any and All operations other than the sales & storage of retail fireworks
- Prior Fireworks Operations & Product-Completed Operations is Excluded prior to 06/12/2024
- Subject to Inspection and Compliance with recommendations
- See your policy for a complete list of exclusions

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RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

Annual Premium

	<u>2024</u>	<u>2025</u>
Commercial Liability	\$2,610.40	\$1,898.00
Taxes and Fees (Inspection & Policy Fee)	<u>Included</u>	<u>Included</u>
Annual Premium	\$2,610.40	\$1,898.00

Carriers

Scottsdale Insurance Company "A" Rated by A.M. Best

General Liability

Subjectives

1. All signed documents and payment returned prior to 06/12/25.
2. **BLANKET ADDITIONAL INSURED** — This is included in your General Liability policy for both products and premises liability. The purpose of this endorsement is to automatically provide additional insured status to those entities/individuals with whom you have a written contract requiring you to add them as additional insured to your policy. The key component is the **written contract**. If you desire an entity/individual to be added as an additional insured to your policy, then you need to have a written contract in place requiring this. Please confirm that you have a written contract for all such transactions by signing below.

SIGNATURE: X

MARK BRAD FORD
Mark Bradford

DATE:

3/28/25

Considerations

Additional Premium

1. Terrorism Coverage — Commercial Liability, if Elected \$82.16

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RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

**INSURANCE COVERAGE CHECKLIST
for the Fireworks Industry**

Insured: MLB Mark Bradford

Does your current insurance program with our agency include the following coverages?

Yes No

- | | | <u>General Liability</u> |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employee Benefits |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employment Practices Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Excess Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ship Show Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Barge Show Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Non-Owned retail stand liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Product Demo & Testing Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Display Show Liability |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Manufacturing |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Terrorism Coverage |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Blanket Additional Insureds with written agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Waiver of Subrogation |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cyber Liability |

Excluded – Fungi or Bacteria, Errors & Omissions; Professional Liability; Punitive Damages, Pollution, Liquor, Violation of Statutes that govern emails, fax, phone calls or other methods of sending material; Employer's Liability; Silica, asbestos, occupational disease, lead based paint; cross suits; abuse & molestation, marijuana & cannabis.

NO AUTO LIABILITY

NO PROPERTY

NO WORK COMP

Disclosure: Subject to Policy Term and Conditions, Additional Limits Available,
Sample Forms and Policy Terms Available upon request

Signature Insured: Mark Bradford Date: 5/28/25

This is an illustration and provides only guideline information. Coverage will be determined solely by the provisions of the policy.



RYDER ROSACKER
MCCUE & HUSTON
INSURANCE SERVICES

509 W Koenig St, Grand Island NE 68801

Office 800-658-4200 or 308-382-2330

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To facilitate the ease of completing this requirement, we would appreciate the information requested below.

Thank you for your cooperation.

CONTACT NAME: MARK BRADFORD

PRIMARY E-MAIL ADDRESS: ima.freely.76@gmail.com

SECONDARY E-MAIL ADDRESS: Same

PRIMARY TELEPHONE NUMBER: () 903-826-4453 BUS HOME CELL
(please circle one)

SECONDARY TELEPHONE NUMBER: () 903-826-4453 BUS HOME CELL
(please circle one)

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DISCLOSURE TO SURPLUS LINE INSURED

FORM SL-3

THE UNDERSIGNED ACKNOWLEDGES THAT HS/SHE HAS BEEN INFORMED THAT THE INSURANCE RISK FOR WHICH HE/SHE DESIRES COVERAGE HAS BEEN PLACED PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT HE/SHE UNDERSTANDS THAT THE INSURANCE COMPANY'S RATES AND FORMS ARE NOT SUBJECT TO REVIEW BY THE ARKANSAS INSURANCE DEPARTMENT; THAT THE PROTECTION OF THE ARKANSAS PROPERTY AND CASUALTY GUARANTY ACT DOES NOT APPLY TO THE POLICY WRITTEN PURSUANT TO THE SURPLUS LINE INSURANCE LAW; AND THAT A TAX OF 4% IS REQUIRED BY LAW TO BE COLLECTED ON ALL SURPLUS LINE INSURANCE PREMIUMS.

5/28/25 Mark Brufford

Date

SIGNATURE OF INSURED

Five Star Fireworks

FIRM REPRESENTED, IF APPLICABLE

17 ASHLEB BLVD

ADDRESS

NASH, TX 75569

903-826-4453

TELEPHONE

imafreely74@gmail.com

EMAIL ADDRESS

(REV. 4/06)

Freedom Specialty Insurance Company
National Casualty Company
Scottsdale Indemnity Company
Scottsdale Insurance Company
Scottsdale Surplus Lines Insurance Company

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy. Please select one of the checkboxes below.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$ _____. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2019 may terminate on December 31, 2027. Should that occur my coverage for terrorism, as defined by the Act, will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Mark Bradford
Policyholder/Applicant's Signature

FIVE STAR FIREWORKS
Named Insured/ Business Name

MARK BRADFORD
Print Name

Policy Number, if available

5/28/25
Date



City of Bryant, Arkansas
Community Development
210 SW 3rd Street Bryant, AR 72022
501-943-0943



Temporary Business Application For the Sale of Fireworks

- Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting.
- Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab.

Date: 6-4-25

Business Information:

Name Jake's Fireworks
Federal Tax Employer ID Number 48-0980804
Arkansas State Sales Tax Number FW.0000796
Location of Proposed Temporary Business 4910 AR-5 n, Bryant, AR. 72022

Business Owner:

Name Michael Marietta
Address 1500 E. 27th Terrace
Pittsburg, KS 66762
Phone 620-231-2264
Email Courtney.rakestraw@jakesfireworks.com

Contact Person:

Name Courtney Rakestraw
Address 1500 E. 27th Terrace
Pittsburg, KS 66762
Phone 620-231-2264 ext. 11155
Email Courtney.rakestraw@jakesfireworks.com

Checklist for Submission

- ☒ Completed Application and Checklist
- ☒ Twenty-Five Dollar (\$25.00) Application fee
- ☒ Provide proof of 1,000,000 Liability Insurance or Surety Bond worth the same amount.
(Further information on the details of liability insurance can be found in Section 2-4 of the Temporary Business Section of the Bryant Business Ordinance.)

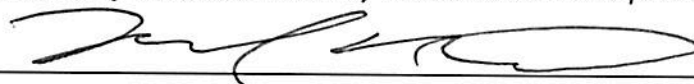
(Continued on Page 2)

- ☒ Eight (8) copies of a **Site Plan**:
 - Site Plan shall be to scale, all structures shall be identified. Clear identification of any open display areas
 - Fireworks tent / canopy shall have a minimum 50ft. setback from all other structures
 - Show parking spaces dedicated by the owner of the property for use by the temporary business.
- ☒ Exits shall be provided every 100 ft. with a minimum of 2 remotely located exits
Minimum exit width shall be 72 in. All exits shall be identified with proper signage
- ☒ No smoking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs shall be posted at all entrance / exits
- ☒ 2 ABC fire extinguishers, with a 2A rating or greater, shall be provided. The maximum travel distance to an extinguisher shall not exceed 75 ft. Additional extinguishers may be required. Extinguishers shall be clearly visible, marked with appropriate signage, and mounted height of not less than 36 in. from the ground
- ☒ Generators or other combustion power sources, including fuel, shall be separated from tents / canopies by a minimum of 25 ft.
- ☒ Applicant shall contact the Bryant Fire Dept. Fire Marshal's office and schedule an inspection once the business is ready for operation. The inspection shall be conducted prior to any sales to the public are allowed. Contact: 501-943-0964

READ CAREFULLY BEFORE SIGNING

I, Michael Marietta, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional applicable ordinances of the City as well as the requirements of all state and federal laws. Furthermore, I understand violation of Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up to \$500.00 per occurrence of violation. Each day's occurrence is a separate violation.

Owners Signature



**STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION**

Sales and Use Tax Permit

**JAKE'S FIREWORKS, INC.
JAKE'S FIREWORKS, INC.
1500 E 27TH TER
PITTSBURG, KS 66762-2757**

Account ID:	00271929-SLS
Site Permit ID:	00271929-002
Date Issued:	August 4, 2014
Date Opened:	August 4, 2014
Business Type:	Corporation

NAICS: 45399 All Other Miscellaneous Store Retailers

Legal Name/Owner(s): JAKE'S FIREWORKS, INC.

This business is exempt from sales tax only for the purchases of goods to be sold in the normal course of business.

This permit is valid until it is cancelled and surrendered by the permit holder or revoked by the Director of the Department of Finance and Administration.

This permit must be surrendered to the Director if this business is sold, discontinued or location is changed.

When this permit is surrendered for any of the above reasons, the business must report and pay any sales or use tax plus any penalties or interest that is owed. Failure to pay these taxes may result in a lien being placed against the stock and fixtures of this business and is enforceable against purchasers and third parties.

**** Permit must be displayed in a prominent place in your business ****

PERMIT IS NONTRANSFERABLE

Jake's Fireworks

4910 AR-5 N Bryant, AR



Orange represents a 30x60 tent

Blue represents a 26' storage trailer

Yellow lines represent over 50' to nearest structure

Red square represents designated parking area

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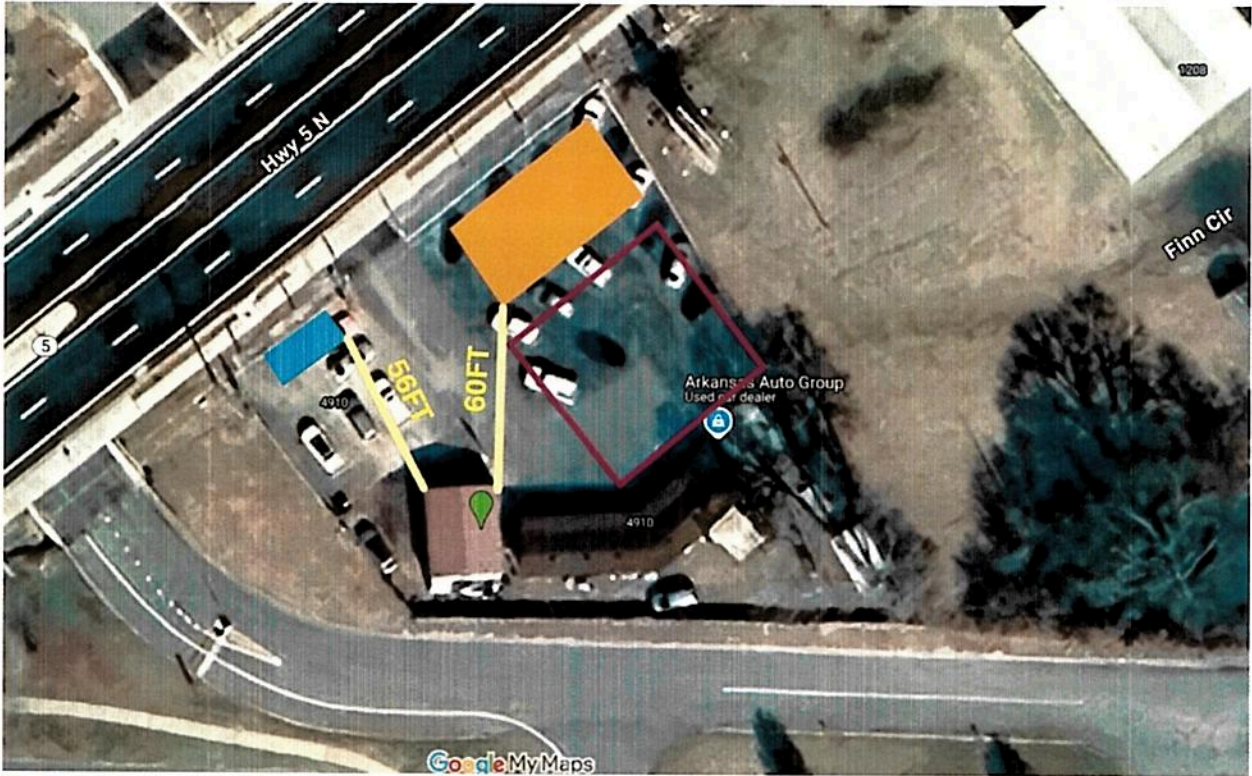
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Two- Season Lease Agreement

THIS AGREEMENT, made and entered into by and between Brandon Jenkins hereinafter referred to as LESSOR, and Jake's Fireworks, Inc., hereinafter referred to as LESSEE.

LESSOR, in consideration of the covenants and agreements hereafter made by LESSEE, hereby leases exclusively unto LESSEE on the following described real estate:

4910 AR-5 N.

Brvant, AR. 72022

for the purpose of selling and distributing fireworks for the period of June 20, 2025, through July 10th, 2025, and June 20, 2026, through July 10th, 2026; provided however, LESSEE shall be allowed to erect and remove his equipment on and from the premises within a reasonable period prior to and following the lease period.

LESSEE AGREES:

1. To pay LESSOR, as rent on the above-described premises, will be submitted to our accounting department for Lessor on the 4th June, by direct deposit in the sum of **\$5,000.00**.
2. To operate his business on the leased premises in a lawful manner and in full compliance with applicable laws and regulations.
3. To remove all trash, debris, and rubbish that shall have been caused to be placed thereon by LESSEE'S operations.

In the event the leased premises are annexed to a city where the sale of fireworks is not permitted, or it is in any other way deemed unlawful to sell fireworks on the leased premises this lease will be terminated and rental money returned to the LESSEE.

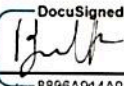
LESSEE is hereby granted the right of first refusal at this location for the same purpose and period for the year following expiration of this lease.

The agreement and covenants shall extend to the heirs and assigns of each of the parties.

Jake's Fireworks will provide a certificate of insurance on or before June 10th.

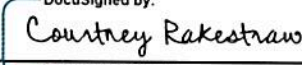
IN WITNESS WHEREOF, the parties have executed this lease the day and year first above written.

DocuSigned by:

X 

Brandon Jenkins R998APK1A9A74B4...

DocuSigned by:

X 

Jake's Fireworks R998APK1A9A74B4...



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/3/2025

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 Acisire Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843		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		NAIC #
		INSURER A: Arch Specialty Insurance Company		21199
		INSURER B: Lexington Insurance Company		19437
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 1770423107

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	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"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	N	052115105	2/15/2025	2/15/2026	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	N	UXP1037038-05	2/15/2025	2/15/2026	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"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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 \$

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: 4910 AR-5 N., Bryant, AR. 72022

Landowner: Brandon Jenkins

City of Bryant, AR

The Certificate Holder and the above listed are Additional Insureds with respect to General Liability Policy as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Jakes Fireworks
1500 E. 27th Terrace
Pittsburg KS 66762
United States

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



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAY IN PLACE OF BUSINESS

Office of Fire Services

Permit Number
FW1.0001204

State Fire Marshal

Date of Issue
05/01/2025

FIREWORKS LICENSE

This is to certify that
Jakes Fireworks

is duly license to transact business in the State of Arkansas as a Fireworks:
IMPORTER LICENSE

LICENSE EXPIRES

05/01/2026



AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL

NON TRANSFERABLE



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAY IN PLACE OF BUSINESS

Office of Fire Services

Permit Number
FWJ.0001202



Date of Issue
05/01/2025

State Fire Marshal

FIREWORKS LICENSE

This is to certify that
Jakes Fireworks

is duly license to transact business in the State of Arkansas as a Fireworks:
JOBBER-WHOLESALE LICENSE

LICENSE EXPIRES

05/01/2026

AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAY IN PLACE OF BUSINESS

Office of Fire Services

Permit Number
FWDL-0001202

State Fire Marshal

Date of Issue
05/01/2025

FIREWORKS LICENSE

This is to certify that
Jakes Fireworks

is duly license to transact business in the State of Arkansas as a Fireworks:
DISTRIBUTOR LICENSE

LICENSE EXPIRES

05/01/2026

AJ GARY

DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL

JAKE'S FIREWORKS, INC.
1500 E. 27TH TERRACE
PITTSBURG, KS 66762

INTRUST BANK, NA
WICHITA, KANSAS
40-2/1011

118108

6/4/2025

PAY TO THE
ORDER OF City Of Bryant, Arkansas

TWENTY FIVE US DOLLARS AND 00/100

\$ *****25.00

City Of Bryant, Arkansas
210 SW 3rd St
Bryant, AR 72022

DOLLARS

MEMO

⑈ 118108 ⑈ ⑆ 1011000291 ⑆

4,204,866 4,11

Michael D. Davis
AUTHORIZED SIGNATURE



JAKE'S FIREWORKS, INC.

118108

06/04/2025
Supplier Inv #
25BLIC-1464

511085
Document
PIN272601

City Of Bryant, Arkansas
Description
25' Temp Business License @ Bryant AR

Date
06/04/2025

Check Total :

Amount Paid
25.00
25.00