



# 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

*Billy Dickey - Requesting Approval for Temporary Business License for Firework Stand*

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

### 6. REQUEST TO ADD: Arnold Fireworks - Temporary Business License

*Terry Harper - Requesting Approval for Temporary Business License for Firework Stands at: 604 S Reynolds Rd and 2703 Springhill Rd*

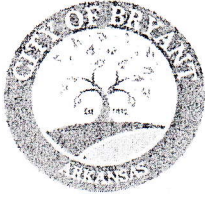
- [0972-APP-01.pdf](#)
- [0973-APP-01.pdf](#)

## Staff Approved

**Permit Report**

**Adjournments**





City of Bryant, Arkansas  
Community Development  
210 SW 3<sup>rd</sup> 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](http://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 Gonzalez  
Address 24341 State Hwy 10E  
01A, AR. 72853  
Phone 479-489-3298  
Email mike.gonzalez65@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		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)  
\*\*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 
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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 20<sup>th</sup> to July 5<sup>th</sup> 2025 or sooner and/or  
For a term of 31 days per year commencing December 15<sup>th</sup>  
2025 and terminating January 15<sup>th</sup> 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 3<sup>rd</sup> 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

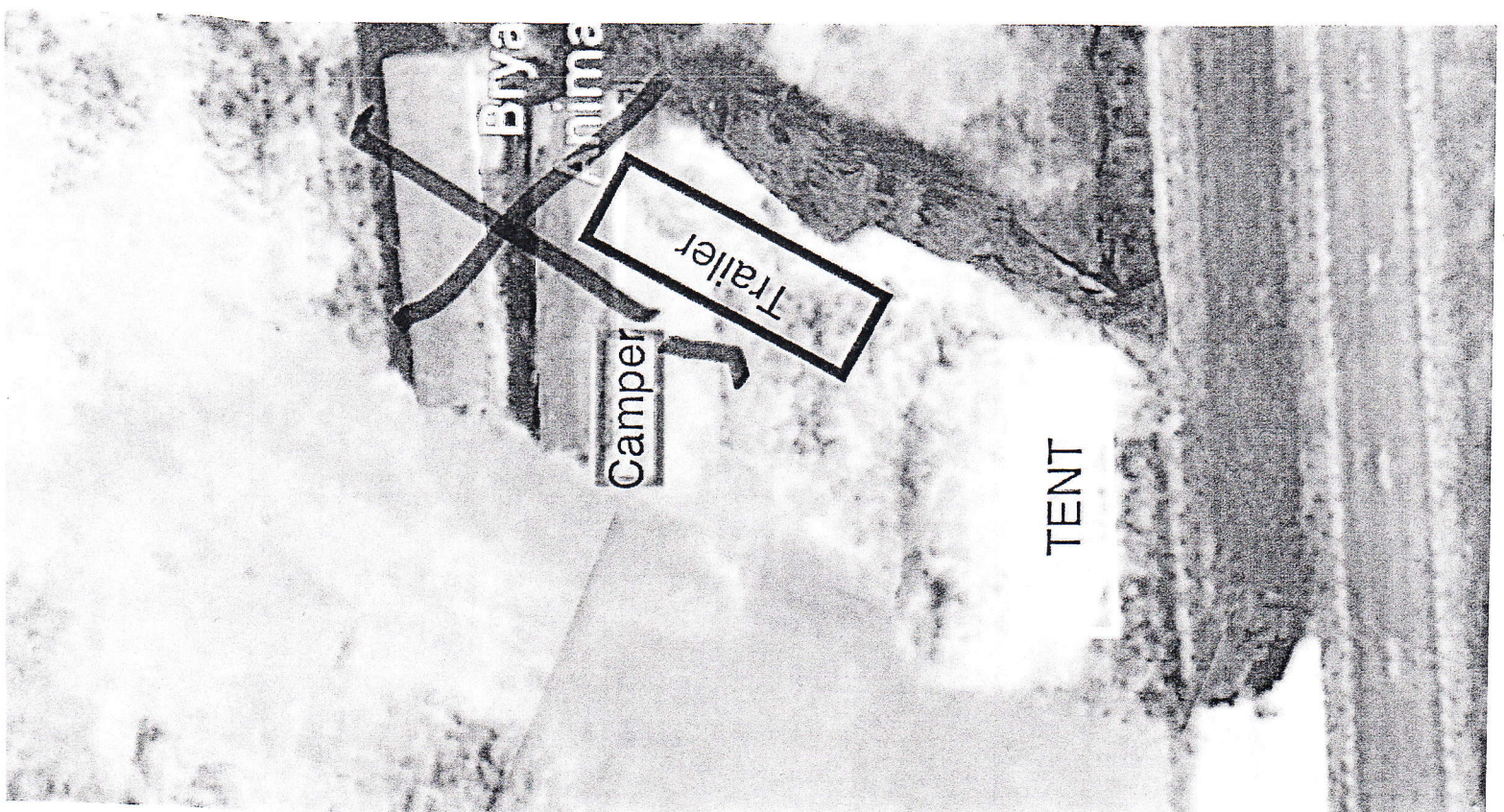
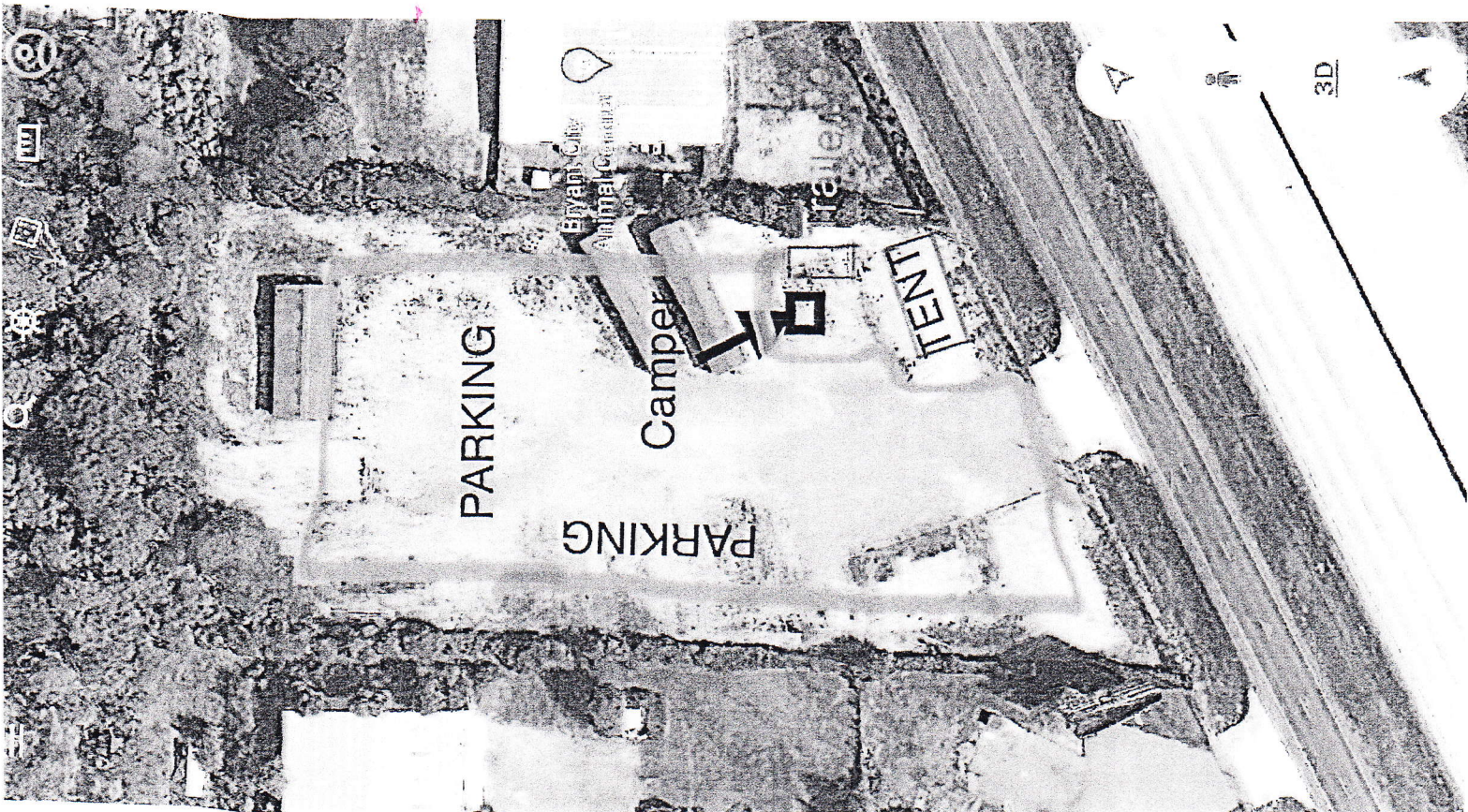
Camp

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](http://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 Wisti.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)

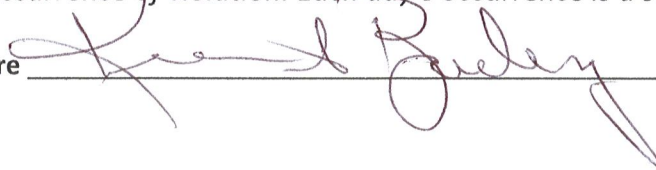
☒ Eight (8) copies of a **Site Plan**:

- 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: <sup>6905</sup>  
~~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

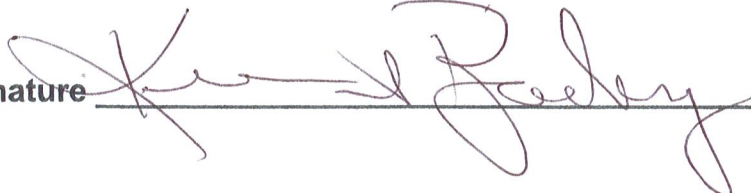
Daytime Phone Number: (810) 735-1753 Evening Phone Number: (901) 409-1884

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

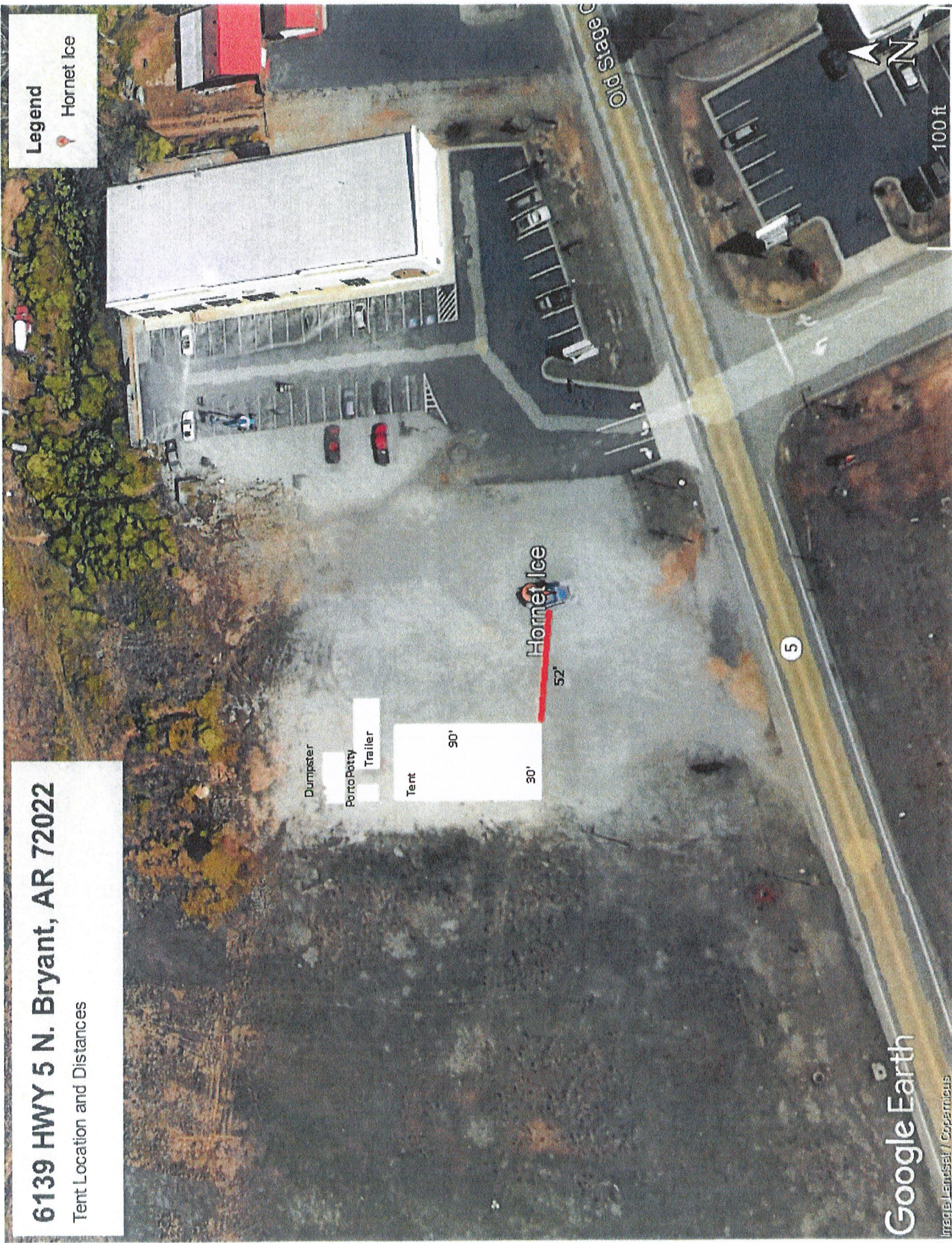
Image Landsat / Copernicus

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 3<sup>rd</sup> 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](mailto: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

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.

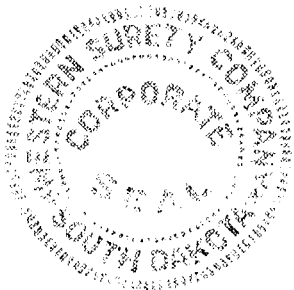
This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

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)**

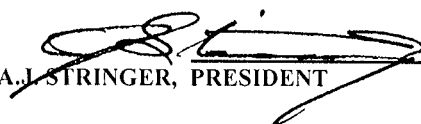
Pinnacle Improvements, LLC- Property Owner  
Meramec Specialty Company-Stand Owner and Operator  
Stand Manager and Sub-Operator  
Licensing Authorities-State of Ar., City of Bryant

**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

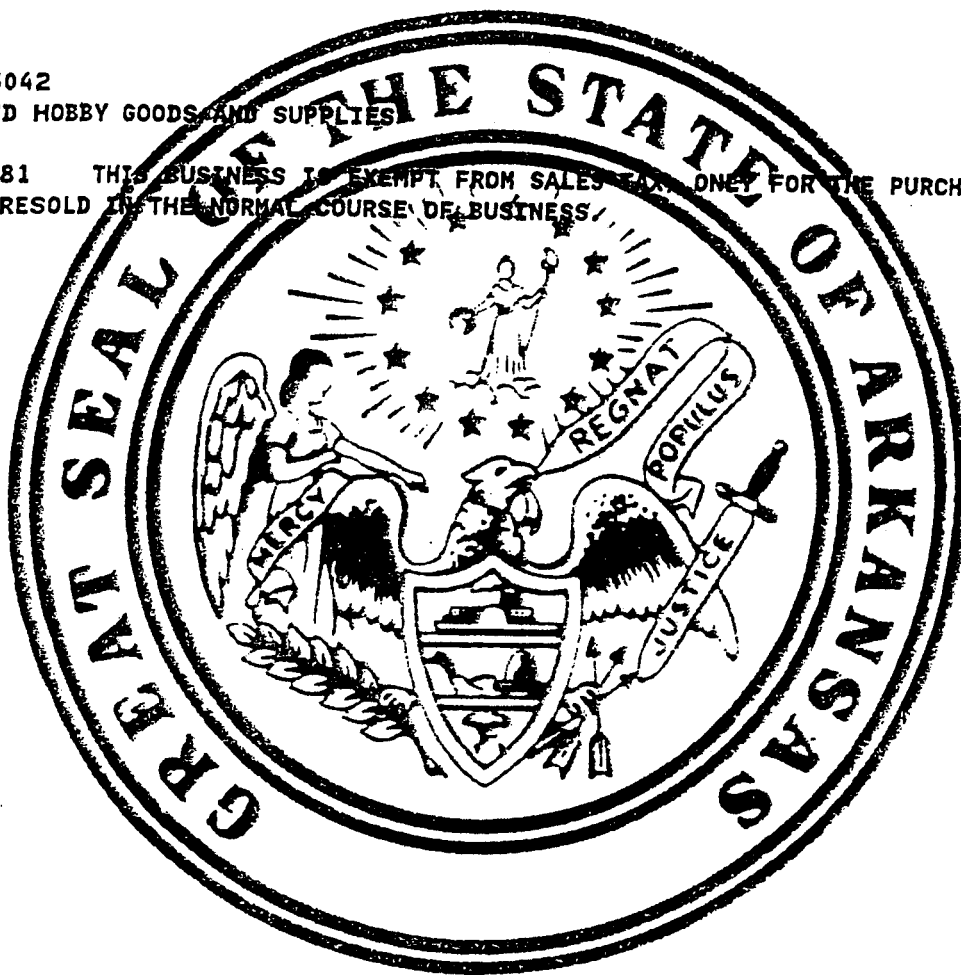
DLN:

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

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CITY PINE BLUFF

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☐ 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



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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 3<sup>rd</sup> 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](http://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 2<sup>nd</sup>, 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 26<sup>th</sup>, 2024 to January 12<sup>th</sup>, 2025
- May 20<sup>th</sup>, 2025 to July 12<sup>th</sup>, 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.

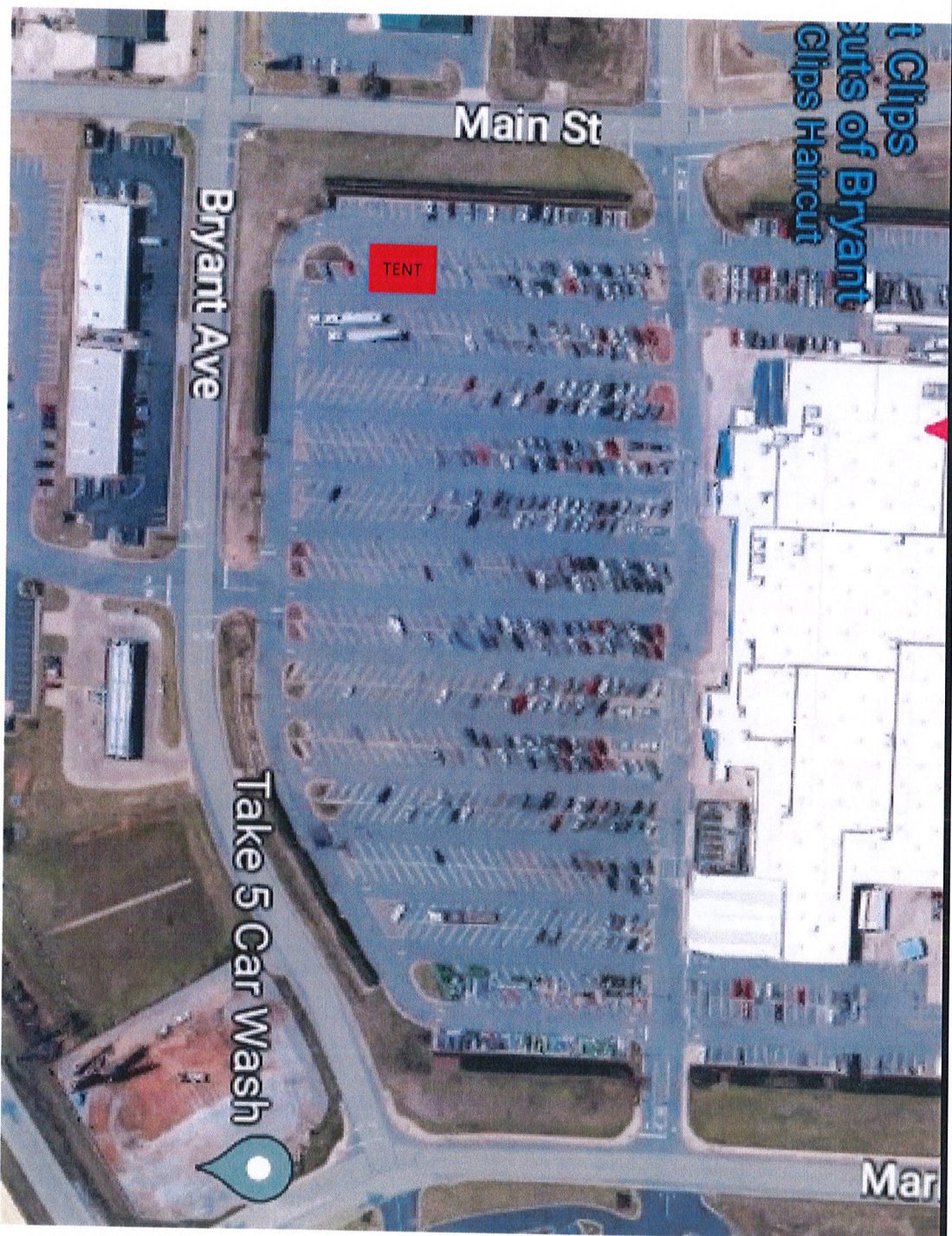
Best Regards,

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 20<sup>th</sup> 2025 - July 6<sup>th</sup> 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

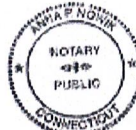
City of Hartford ss.

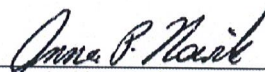
By:   
Robert L. Raney, Senior Vice President

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, 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

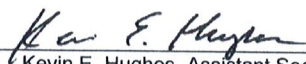
**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice 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, 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).

<b>PRODUCER</b> 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	<b>CONTACT NAME:</b>
	<b>PHONE (A/C, No. Ext):</b> <b>FAX (A/C, No):</b>
<b>INSURED</b> 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	<b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>
	<b>INSURER A:</b> Century Surety Company <b>36951</b>
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

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 \$
	<b>AUTOMOBILE LIABILITY</b> <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
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 3<sup>rd</sup> 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](http://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
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  - 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

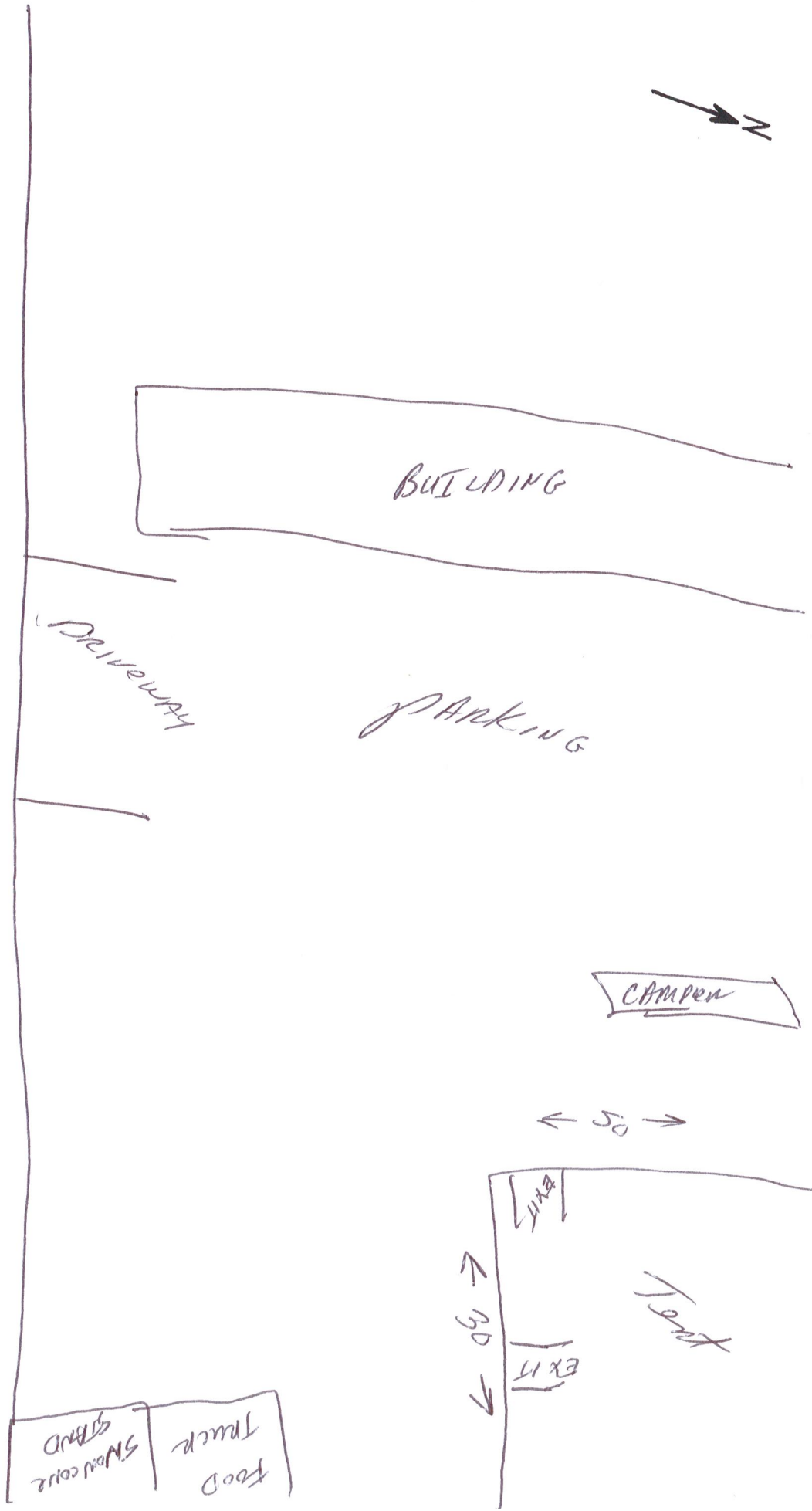
READ CAREFULLY BEFORE SIGNING

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.

418-111



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

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

### 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: imadunely76@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 3<sup>rd</sup> 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](http://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 shall be soundproofed and shall be set back from the property line by a minimum of 25 ft.

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

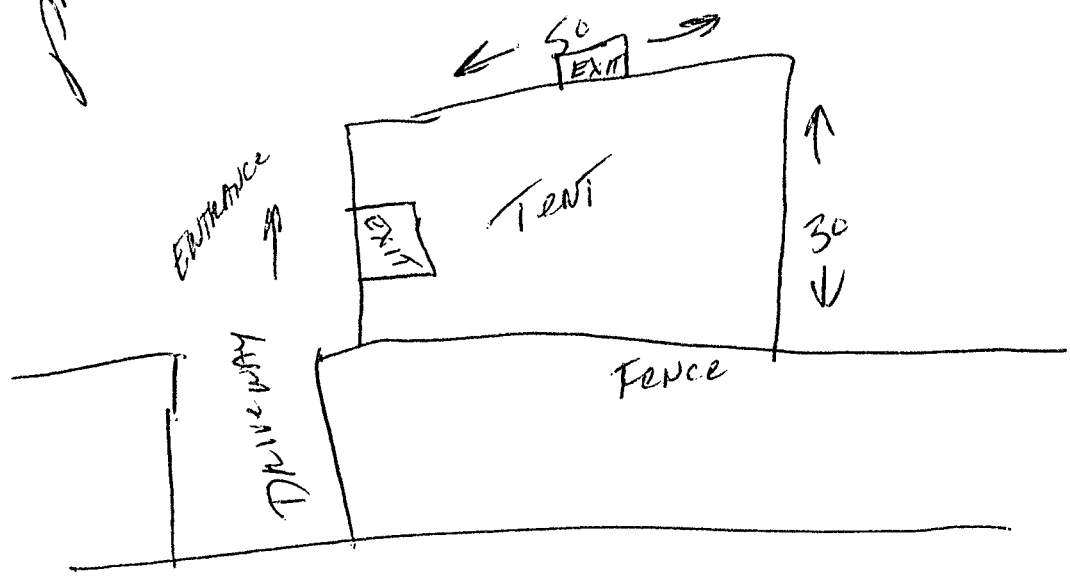
Mark Bradford

Parking

electronic pole

Parking

CAMPDEN

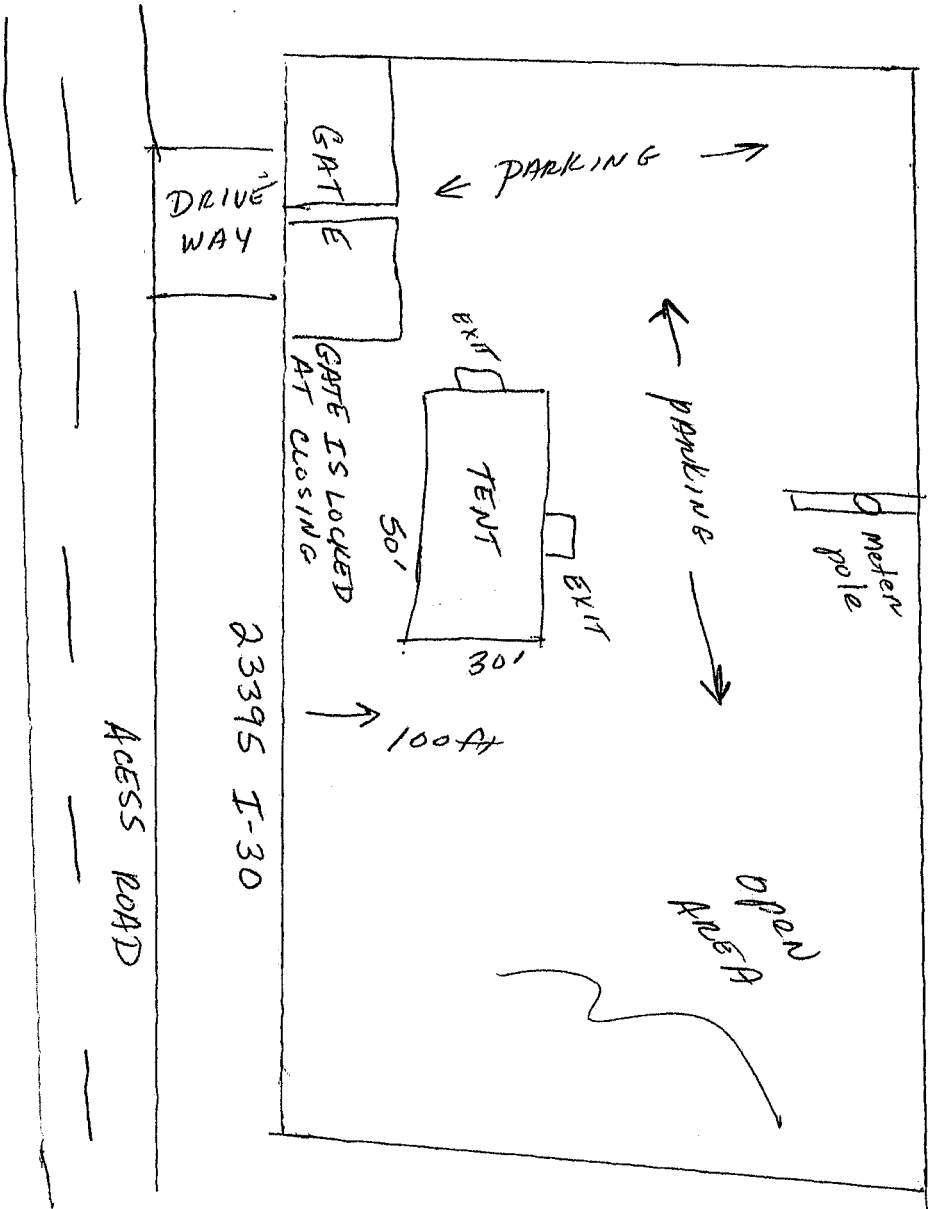
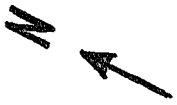


23345 I-30 BRYANT, ARK

Access Road

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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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

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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 BRADFORD*  
*Mark Bradford*

DATE:

*3/28/25*

### 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

**General Liability**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <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 3<sup>rd</sup> 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](http://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. 27<sup>th</sup> Terrace  
Pittsburg, KS 66762  
Phone 620-231-2264  
Email Courtney.rakestraw@jakesfireworks.com

### Contact Person:

Name Courtney Rakestraw  
Address 1500 E. 27<sup>th</sup> 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)

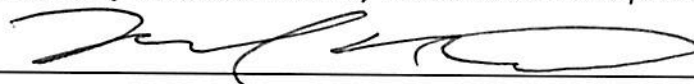


- ☒ Eight (8) copies of a **Site Plan**:
  - Site Plan shall be to scale, all structures shall be identified. Clear identification of any open display areas
  - Fireworks tent / canopy shall have a minimum 50ft. setback from all other structures
  - Show parking spaces dedicated by the owner of the property 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**

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

**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



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

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## 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

***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 10<sup>th</sup>, 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 4<sup>th</sup> 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.

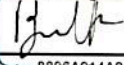
LESSEE is hereby granted the right of first refusal at this location for the same purpose and period for the year following expiration of this lease.

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 10<sup>th</sup>.***

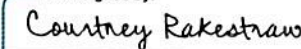
IN WITNESS WHEREOF, the parties have executed this lease the day and year first above written.

DocuSigned by:

X 

Brandon R99BAPK1A9A74B4...

DocuSigned by:

X 

Jake's F1C8B5B1E1C518E14...





# 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).

<b>PRODUCER</b> Acisire Great Lakes Partners Insurance Services 223 West Grand River Ave #1 Howell MI 48843		<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): 216-658-7100 <b>FAX</b> (A/C, No): 216-658-7101 <b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Jake's Fireworks Inc. 1500 E 27th Terr. Pittsburg KS 66762		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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
	<b>AUTOMOBILE LIABILITY</b> <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	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <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
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 ⑈ ⑆ 101000291 ⑆

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



City of Bryant, Arkansas  
Community Development  
210 SW 3<sup>rd</sup> 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](http://www.cityofbryant.com) under the Community Development tab.

Date: 6/10/25

### Business Information:

Name ARNOLD FIREWORKS  
Federal Tax Employer ID Number 710311720  
Arkansas State Sales Tax Number 034327-60-001  
Location of Proposed Temporary Business 604 South Reynolds Rd.

### Business Owner:

Name Tom Arnold  
Address P.O. 873  
NLR. 72115  
Phone 501-758-2624  
Email ARKANSASTENT@yahoo.com

### Contact Person:

Name TERRY HARPER  
Address 3208 South Shore Rd  
BRYANT  
Phone 501-590-8007  
Email THARPER1777@gmail.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 \_\_\_\_\_, 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.*

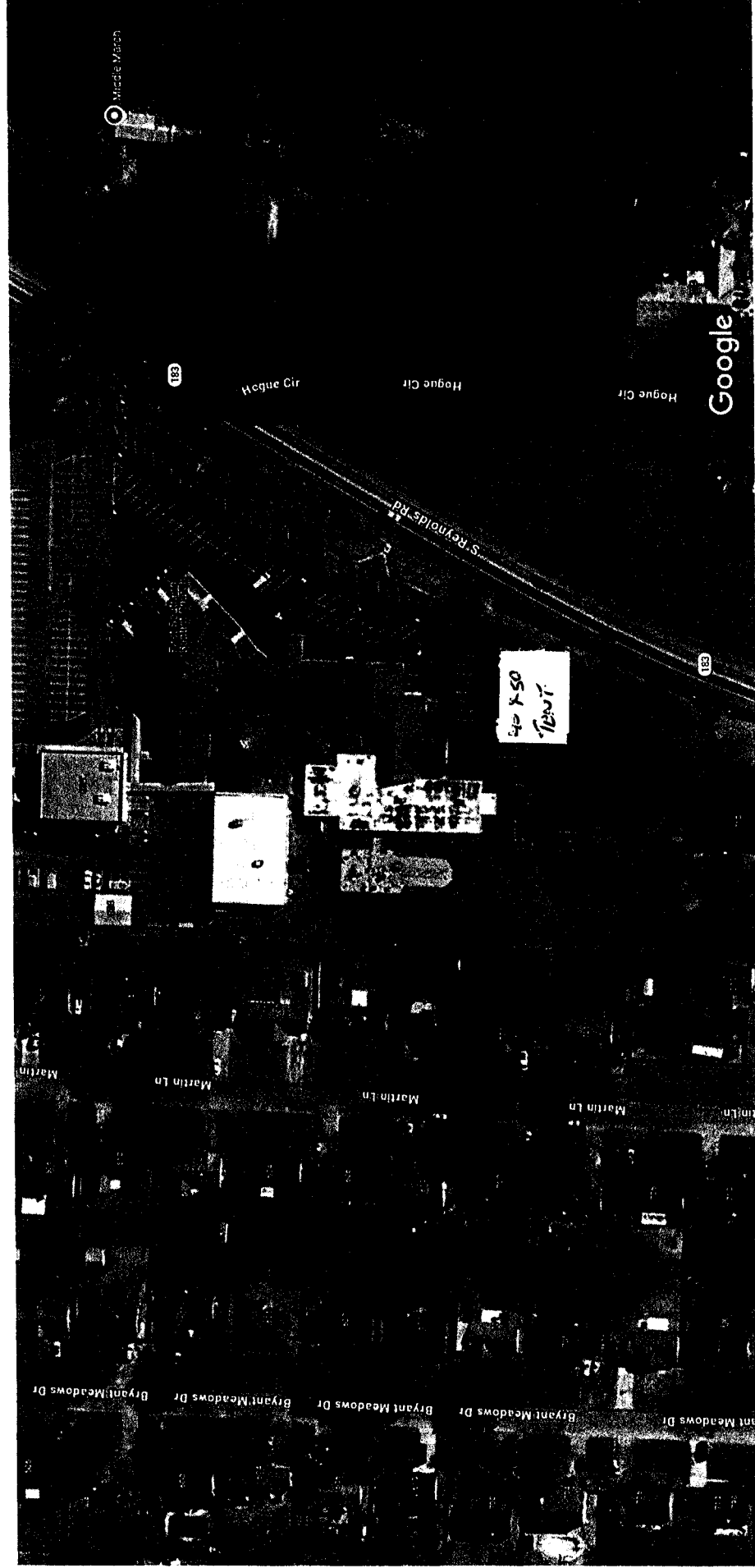
**Owners Signature** \_\_\_\_\_



## First Southern Baptist Church

Same Location as the last 4 years  
604 south reynolds rd

Google Maps



Imagery ©2025 Airbus, Maxar Technologies, Map data ©2025 Google 50 ft



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/07/2025

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).

<b>PRODUCER</b> PROFESSIONAL PROGRAM INSURANCE BROKERAGE DIVISION OF SPG INSURANCE SOLUTIONS, LLC 1304 SOUTHPOINT BLVD., #101 PETALUMA CA 94954	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 415-475-4300 <b>FAX (A/C, No):</b> 415-475-4303 <b>E-MAIL ADDRESS:</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Certain Underwriters at Lloyd's, London <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b> <b>NAIC #</b> AA-1128623
<b>INSURED</b> Arnold Fireworks, Inc.; Spa Fireworks, Co.  PO Box 873 N. Little Rock AR 72115	

**COVERAGES****CERTIFICATE NUMBER:** BL-004784**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	PY/25-0082	04/30/2025	04/30/2026	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$50,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ \$1,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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					PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Peter Cunningham are Additional Insured as respects the retail fireworks stand, located at 604 Reynolds Rd, Bryant, AR 72022 operating from 06/25/2025 through 07/07/2025.

**CERTIFICATE HOLDER****CANCELLATION**

First Southern Baptist Church

604 Reynolds Rd  
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

*Susan Etter*

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Permit Number  
FWL0001220

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAY IN PLACE OF BUSINESS

# Office of Fire Services

State Fire Marshal



Date of Issue  
05/01/2025

## FIREWORKS LICENSE

This is to certify that

Arnold Fireworks, Inc.

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

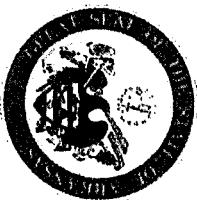
IMPORTER LICENSE

LICENSE EXPIRES

04/30/2026

AJ GARY

DIRECTOR and STATE  
HOMELAND SECURITY ADVISOR

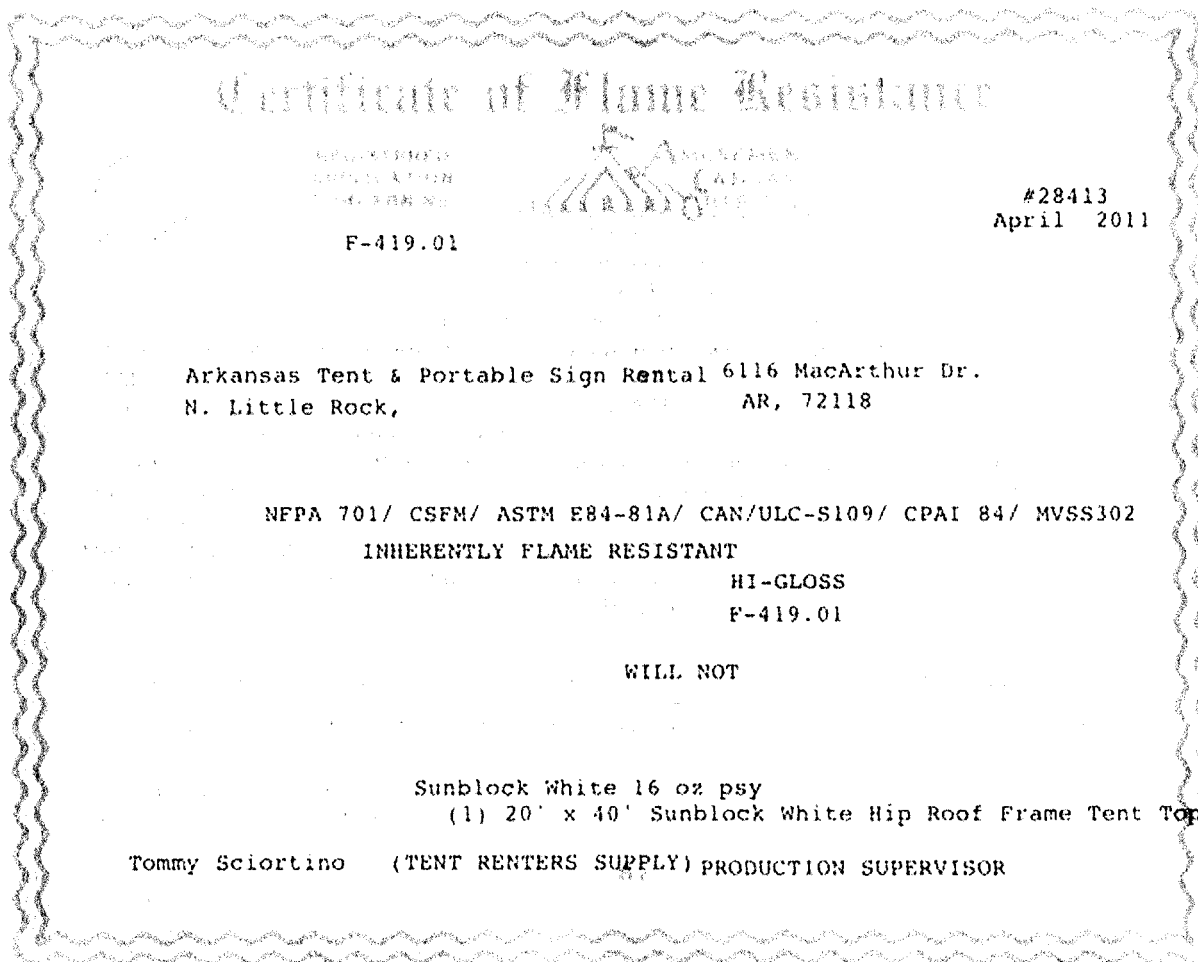


NON TRANSFERABLE

*Jake Dennis Free*

Jake Dennis Free  
STATE FIRE MARSHAL





We hereby certify that the above described material is inherently flame resistant as tested in accordance with the requirements of the National Fire Protection Association.

Signature: Waleska Rodriguez

**State of Arkansas**  
**ARKANSAS SALES AND USE TAX PERMIT**

**APPROVED FORGIVENESS INC**

**DATE ISSUED:**

**P O BOX 875**

**PERMIT NUMBER: 63427-05-001**

**26 LITTLE ROCK AR 72206**

**SLP:**

**DATE EXPIRES: 12-31-1971**

**NOT VALID**

**THIS AND OTHER TAXES ARE COLLECTED BY THE STATE OF ARKANSAS**

**EXEMPTION: ALL TAXES COLLECTED BY THE STATE OF ARKANSAS FOR THE PURCHASE OF GOODS TO BE USED IN THE OPERATION OF BUSINESS.**



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

**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 FURNITURE OF THIS BUSINESS AND THE SAME IS ENFORCEABLE AGAINST PURCHASERS AND THIRD PARTIES.**

**THE PERMIT MUST BE DISPLAYED IN A PROMINENT PLACE IN YOUR BUSINESS AND**



PO Box 5077 Sioux Falls, SD 57117  
800-331-6053  
Fax: 605-335-0357  
Email: [uwservices@cnaSurety.com](mailto:uwservices@cnaSurety.com)  
[www.cnaSurety.com](http://www.cnaSurety.com)

Date: 06/07/2025

**PAYMENT RECEIPT**

**Bond/Policy Information**

Customer Name:	Arnold Fireworks
Confirmation Number:	472951624
Bond/Policy Number:	15158150
Payment Date:	06/07/2025
Payment Account Type:	Checking *5042

**Payment Transaction**

Payment Amount:	\$100.00
Total Amount Charged:	\$100.00

**ADDITIONAL INFORMATION**

Thank you for your payment to CNA Surety.  
If you have any questions related to this bond/policy or transaction, please call 1-800-331-6053.





City of Bryant, Arkansas  
Community Development  
210 SW 3<sup>rd</sup> 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](http://www.cityofbryant.com) under the Community Development tab.

Date: 6/10/25

### Business Information:

Name ARNOLD FIREWORKS  
Federal Tax Employer ID Number 710311720  
Arkansas State Sales Tax Number 034327-60-001  
Location of Proposed Temporary Business 2703 Springhill Ad

### Business Owner:

Name Tom Daniel  
Address P.O. 873  
NLR. 72115  
Phone 501-758-2624  
Email ARKANSASTENT@yahoo.com

### Contact Person:

Name TERRY HARPER  
Address 3208 South Shore Rd  
BRYANT  
Phone 501-590-8007  
Email THARPER1777@gmail.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**

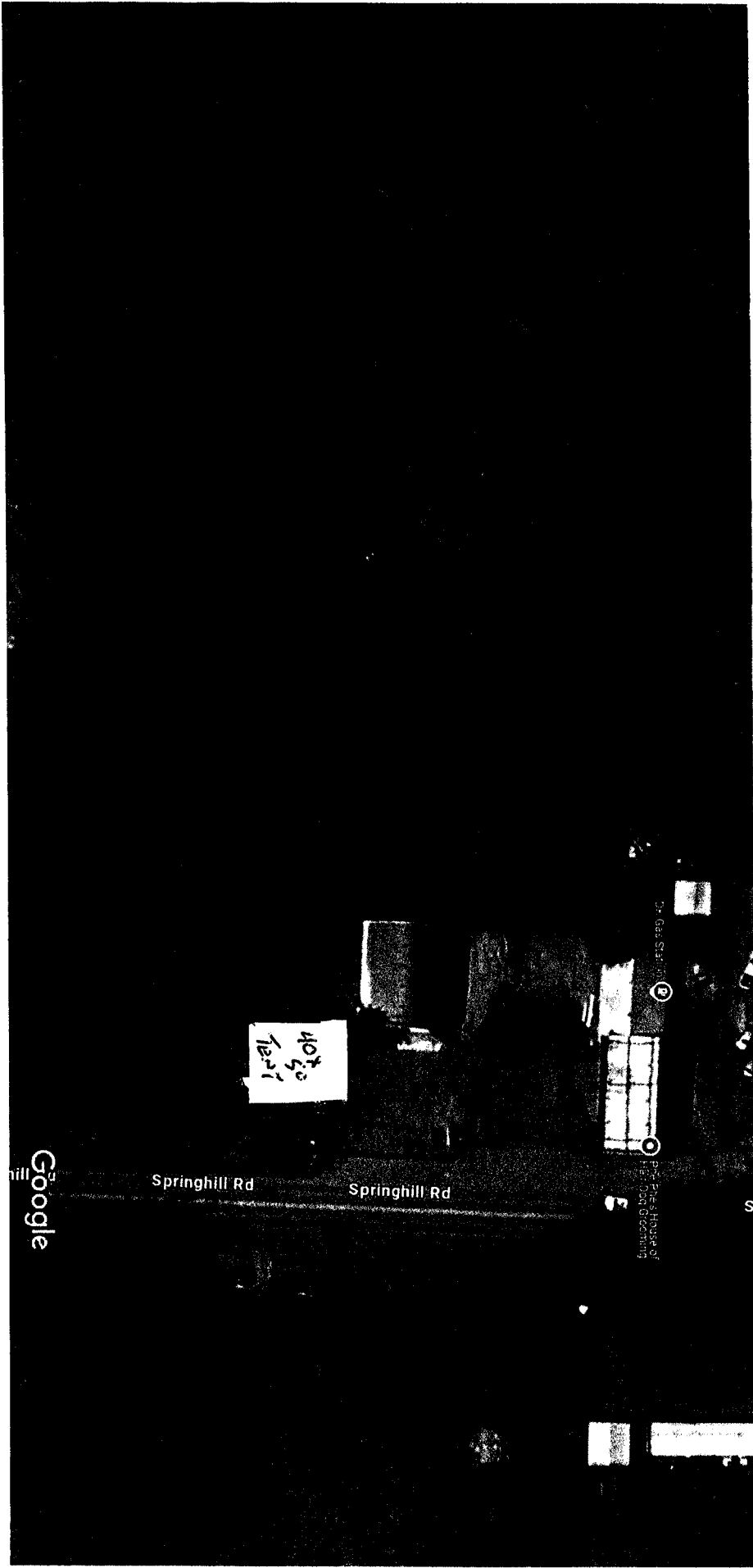
I Tom Dawick, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional 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 Tom Dawick

Google Maps

2703 Springhill Rd

Same Location as the last 4 years



Imagery ©2025 Airbus, Map data ©2025 Google 20 ft





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/07/2025

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	CONTACT NAME:
PROFESSIONAL PROGRAM INSURANCE BROKERAGE	PHONE (A/C, No, Ext): 415-475-4300
DIVISION OF SPG INSURANCE SOLUTIONS, LLC	FAX (A/C, No): 415-475-4303
1304 SOUTHPOINT BLVD., #101	E-MAIL:
PETALUMA CA 94954	ADDRESS:
INSURED	INSURER(S) AFFORDING COVERAGE
Arnold Fireworks, Inc.; Spa Fireworks, Co.	INSURER A: Certain Underwriters at Lloyd's, London
PO Box 873	INSURER B:
N. Little Rock AR 72115	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: BL-004785

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X	PY/25-0082	04/30/2025	04/30/2026	EACH OCCURRENCE
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)
						MED EXP (Any one person)
						PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG
	OTHER:					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO					BODILY INJURY (Per person)
	OWNED AUTOS ONLY					BODILY INJURY (Per accident)
	HIRED AUTOS ONLY					PROPERTY DAMAGE (Per accident)
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY					
	UMBRELLA LIAB					EACH OCCURRENCE
	EXCESS LIAB					AGGREGATE
	DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A			E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT

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

Albert Arey are Additional Insured as respects the retail fireworks stand, located at 2625 Springhill Rd, Bryant, AR 72019 operating from 06/25/2025 through 07/07/2025.

## CERTIFICATE HOLDER

## CANCELLATION

Albert Arey	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2625 Springhill Rd Bryant AR 72019	AUTHORIZED REPRESENTATIVE <i>Susan Etter</i>

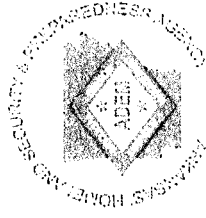
© 1988-2015 ACORD CORPORATION. All rights reserved.



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAY IN PLACE OF BUSINESS

# Office of Fire Services

Permit Number  
FWL0001220



Date of Issue  
05/01/2025

State Fire Marshal

## FIREWORKS LICENSE

This is to certify that  
Arnold Fireworks, Inc.

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

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840.

#28413  
April 2011



**State of Arkansas**  
**AMERICAN SALES AND USE TAX PERMIT**

**AMERICAN FURNITURE INC**

**DATE ISSUED:**

**P O BOX 872**

**PERMIT NUMBER: 074227-00-001**

**IN LITTLE ROCK AR 72115**

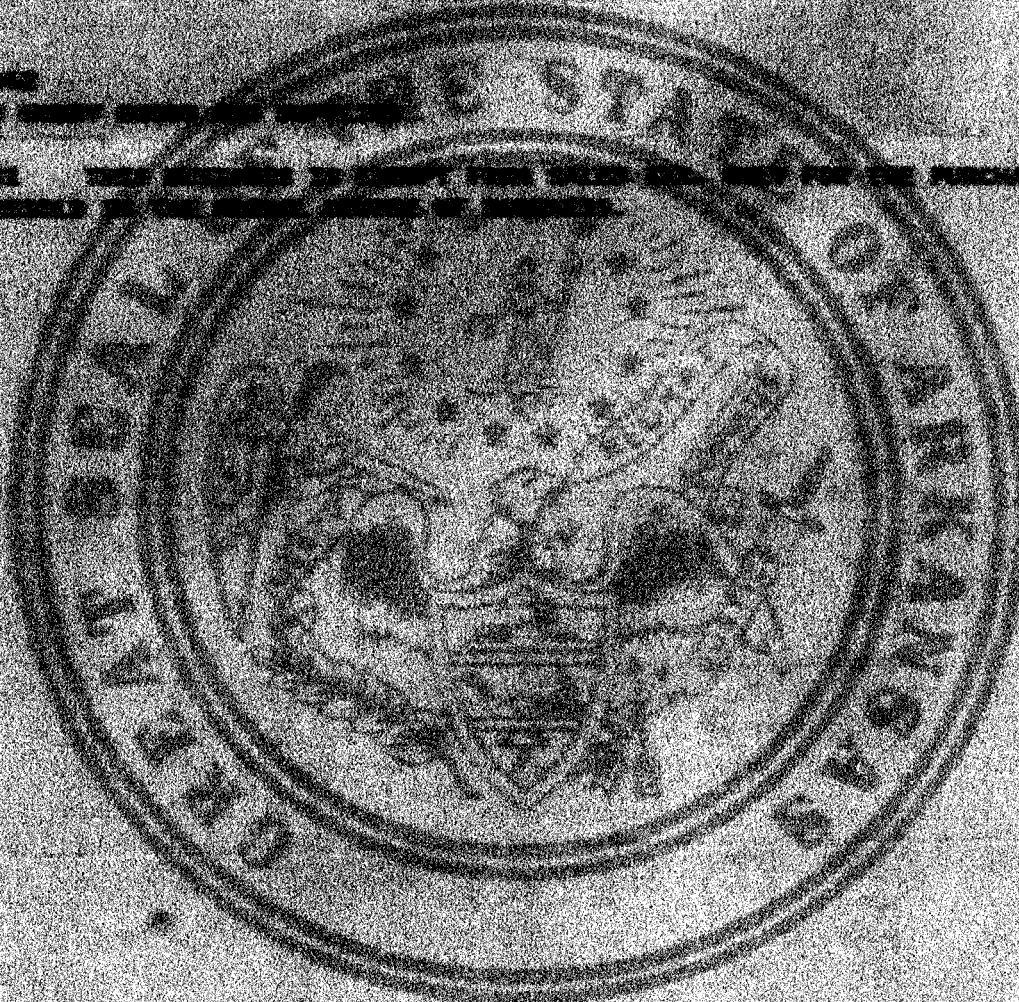
**SLR:**

**DATE OPENED: 02-01/1971**

**EXCISE TAX**

**THIS PERMIT IS VALID UNTIL IT IS CANCELED AND SURRENDERED BY THE PERMIT HOLDER OR**

**REMOVED BY THE COMMISSIONER OF REVENUE.**



**THIS PERMIT IS VALID UNTIL IT IS CANCELED AND SURRENDERED BY THE PERMIT HOLDER OR**  
**REMOVED BY THE COMMISSIONER OF REVENUE.**

**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.**

**THE PERMIT MUST BE DISPLAYED IN A PROMINENT PLACE IN YOUR BUSINESS**



PO Box 5077 Sioux Falls, SD 57117  
800-331-6053  
Fax: 605-335-0357  
Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)  
[www.cnasurety.com](http://www.cnasurety.com)

Date: 06/07/2025

**PAYMENT RECEIPT**

**Bond/Policy Information**

|                       |                  |
|-----------------------|------------------|
| Customer Name:        | Arnold Fireworks |
| Confirmation Number:  | 472951624        |
| Bond/Policy Number:   | 15158150         |
| Payment Date:         | 06/07/2025       |
| Payment Account Type: | Checking *5042   |

**Payment Transaction**

|                       |          |
|-----------------------|----------|
| Payment Amount:       | \$100.00 |
| Total Amount Charged: | \$100.00 |

**ADDITIONAL INFORMATION**

Thank you for your payment to CNA Surety.  
If you have any questions related to this bond/policy or transaction, please call 1-800-331-6053.