



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



Temporary Business Application For the Sale of Fireworks

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

Date: 6/6/23

Business Information:

Name MARK BRADFORD Fireworks
 Federal Tax Employer ID Number 453216207
 Arkansas State Sales Tax Number CAN PROVIDE
 Location of Proposed Temporary Business 5407 Hwy 5

Business Owner:

Name MARK BRADFORD
 Address 17 ASHLEE BLVD
NASH, TX 75569
 Phone 935-826-4453
 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)



ARKANSAS STATE POLICE
 REGULATORY and BUILDING OPERATIONS DIVISION
FIRE MARSHAL'S OFFICE

0450

RETAIL FIREWORKS LICENSE - FEE \$25.00

LICENSE EXPIRES January 6, 2024

This is to certify that the person named below is licensed to act as a RETAILER of FIREWORKS under the provision of Act 224 of 1961, as amended, State of Arkansas.

Name of Person Applying Mark Bradford Telephone #: (903) 826-4453

Address of Person Applying PO Box 1328 Nash TX 75369
Street City Zip

Name of Organization Five Star Fireworks

Address of the Stand Location 5407 Hwy 5 Bryant 72002
Street City Zip

This license is issued to the person named above for use in making retail sales of PERMISSIBLE FIREWORKS from June 20 through July 10 and December 10 through January 5.

This license is not transferable and must be DISPLAYED AT ALL TIMES.

Vendor: Crazy Debbie's

Date Issued: 5/25/23

License #: FW 843

Major Michael Moyer #148

Major Michael Moyer
 State Fire Marshal
 Telephone (501) 618-8624

Telephone #: (417) 782-2977

NOTICE: This license may be revoked by the State Fire Marshal or his deputies for violation of any of the provisions of the above referred to law.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/23/2023

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 Ryder Rosacker McCue & Huston (MGD by Hull & Company) 509 W Koenig St Grand Island NE 68801	CONTACT NAME: Kristy Wolfe	
	PHONE (A/C, No, Ext): 308-382-2330	FAX (A/C, No): 308-382-7109
E-MAIL ADDRESS: Kwolfe@ryderinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : SCOTTSDALE INS CO		41297
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
 CDF Holding Company, Inc; Crazy Debbies Fireworks LLC
 Red Rhino Fireworks
 PO Box 2281
 Joplin MO 64803

COVERAGES **CERTIFICATE NUMBER:** 1716471465 **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			CPS4042546	2/15/2023	2/15/2024	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
								PRODUCTS - COMP/OP AGG	\$ 2,000,000
									\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> OCCUR						AGGREGATE	\$	
	EXCESS LIAB							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Non-Owned Stand Coverage provided per attached form GLS-326s. Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.

For premise liability - this certificate reflects coverage for the dates and location noted below. For product liability - this certificate reflects coverage for products purchased from the above Named Insured only.

Dates of Operation: June 20 - July 5, 2023.

Location Address: 5407 Hwy 5 Bryant AR 72002.

Addl Insureds: Landowner - BJ Grant; City of Bryant, Arkansas; Five Star Fireworks/Mark Bradford- Proprietor

CERTIFICATE HOLDER

CANCELLATION

Mark Bradford / Five Star Fireworks
 17 Ashlee Blvd
 Nash TX 75569

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

Signature

5407 Hwy 5

Bryant, Ark

FIVE STAR FIREWORKS

