



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: 6/10/25

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

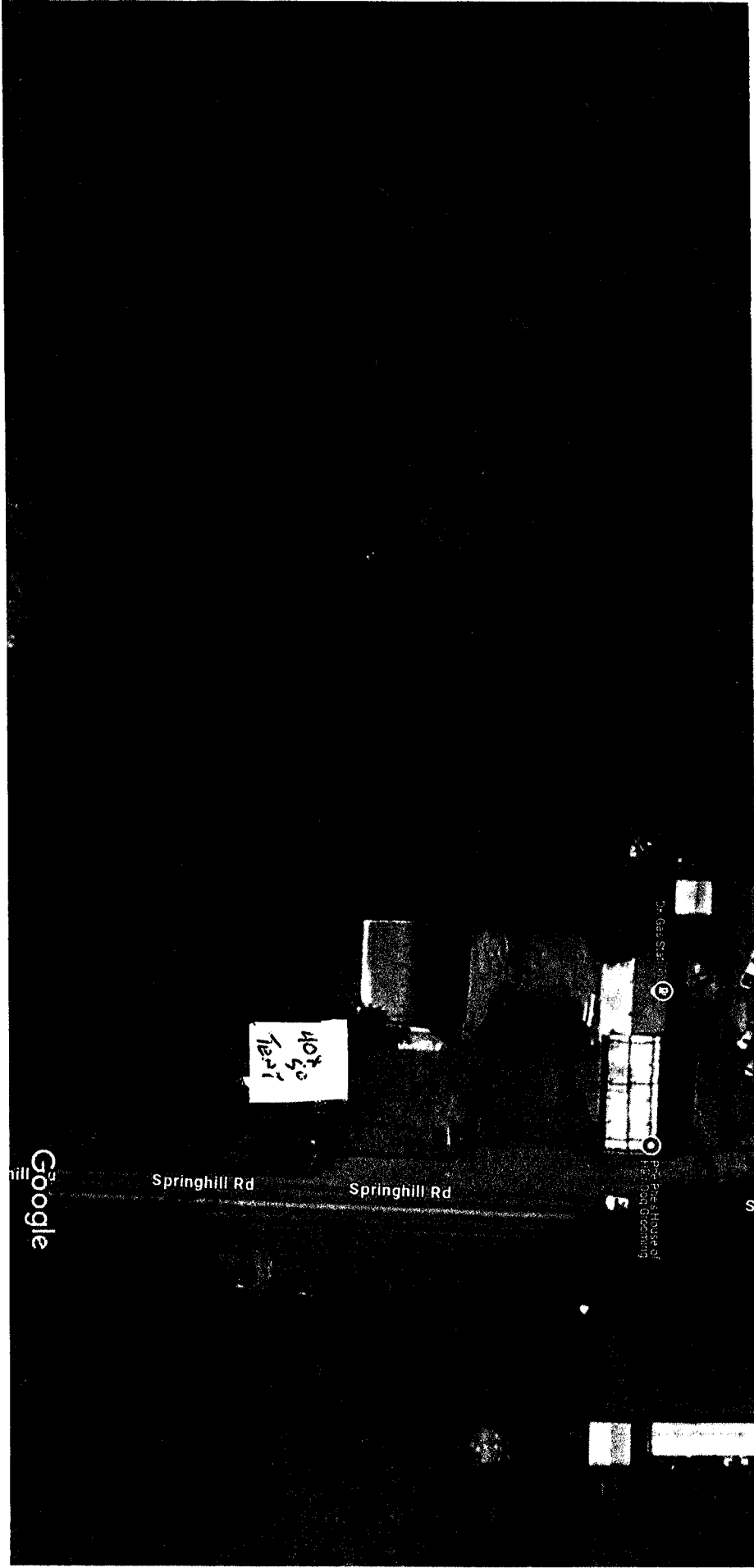
I Tom Dawick, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional 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 PROFESSIONAL PROGRAM INSURANCE BROKERAGE DIVISION OF SPG INSURANCE SOLUTIONS, LLC 1304 SOUTHPOINT BLVD., #101 PETALUMA CA 94954	CONTACT NAME: PHONE (A/C, No, Ext): 415-475-4300 FAX (A/C, No): 415-475-4303 E-MAIL: ADDRESS:
INSURED Arnold Fireworks, Inc.; Spa Fireworks, Co. PO Box 873 N. Little Rock AR 72115	INSURER(S) AFFORDING COVERAGE INSURER A: Certain Underwriters at Lloyd's, London INSURER B: 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 <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 \$
	AUTOMOBILE LIABILITY <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) \$ \$
	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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

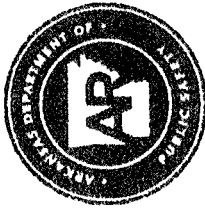
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 2625 Springhill Rd Bryant AR 72019	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 <i>Susan Etter</i>
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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

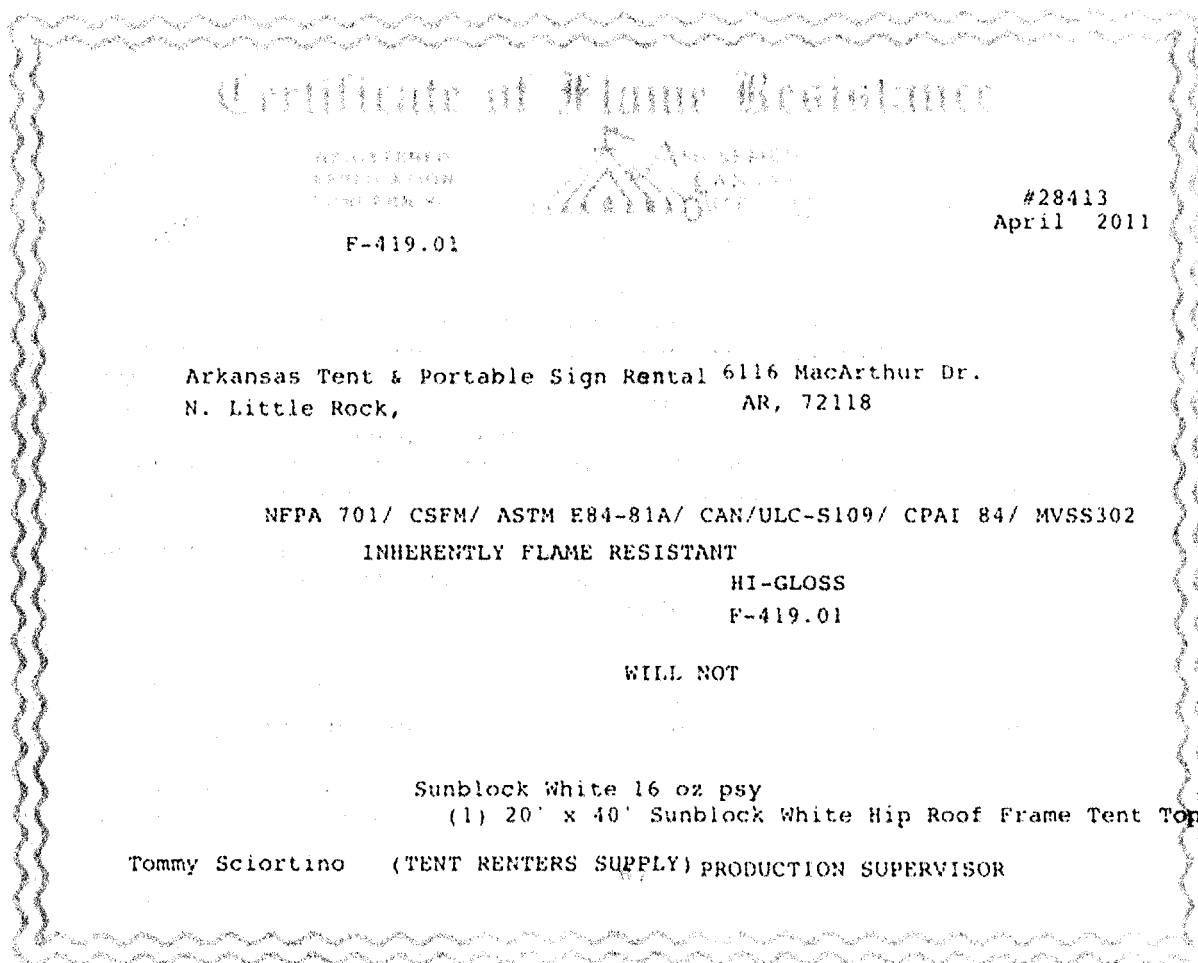
DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL



As a condition of this certificate, the product must be used in accordance with the instructions on the label. The product must be used in accordance with the instructions on the label. The product must be used in accordance with the instructions on the label.

Signed by: Waleska Rodriguez

State of Arkansas
AMERICAN SALES AND USE TAX PERMIT

AMERICAN FURNITURE INC

DATE ISSUED:

P O BOX 872

PERMIT NUMBER: 070227-00-001

IN LITTLE ROCK AR 72115

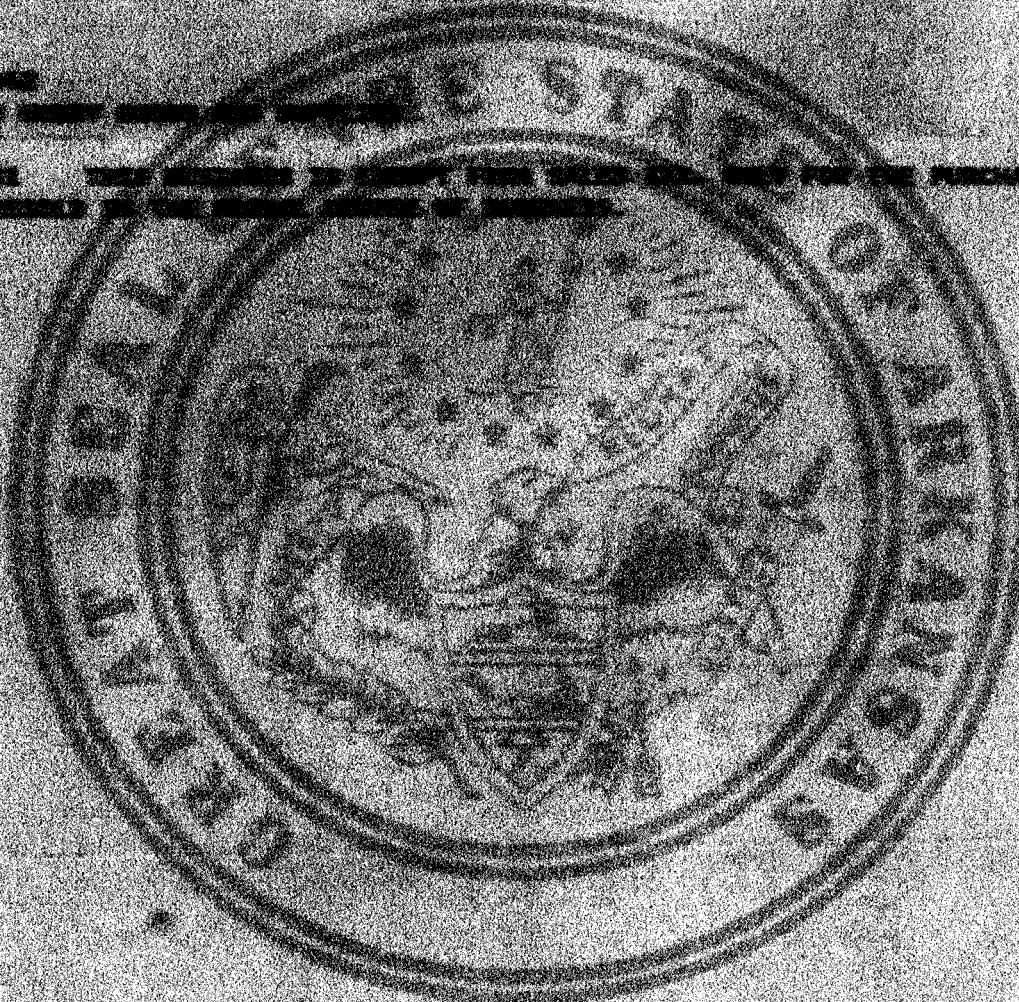
SLR:

DATE OPENED: 02-01/1971

EXCISE TAX

THIS PERMIT IS VALID FOR THE STATE OF ARKANSAS

EXEMPTION: ALL TAXES COLLECTED BY SALES TAX EXEMPT FROM SALES TAX. THIS PERMIT IS VALID FOR THE PURCHASE OF GOODS TO BE USED IN THE STATE OF ARKANSAS.



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 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
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.