



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: 12-10-24

Business Information:

Name Fire Star Fireworks
Federal Tax Employer ID Number 453216207
Arkansas State Sales Tax Number 55025123-SLS
Location of Proposed Temporary Business 23395 I 30

Business Owner:

Name Mark Bradford
Address 17 Ashlee Blvd
Nash, Tx 75569
Phone 903-826-4453
Email imafreely76@gmail.com

Contact Person:

Name _____
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.)

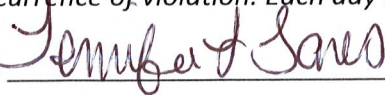
(Continued on Page 2)

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





City of Bryant Community Development
210 SW 3rd Street
Bryant, AR 72022
PHONE: 501-943-0857
FAX: 501-943-0992
EMAIL: tsmith@cityofbryant.com

Temporary Business Application and Information

- Applications are due by 5:00 Pm Wednesday the week prior to the scheduled Development Review Committee meeting.
- Application deadlines and meeting dates can be found on the City of Bryant's website under the Planning and Community Development page or by clicking [HERE](#).

Requirements for Submission

- ☒ Letter stating your request
- ☒ Complete and submit a Temporary Business Application
- ☒ Submit \$25.00 application fee
- ☒ Submit 8 copies of **site plan** showing:
 - ☒ Exact location of proposed temporary business including setbacks from streets or highway right-of-way.
 - ☒ Clearly identifying any open display areas.
 - ☒ The parking spaces to be dedicated by the owner of the property for use by this temporary business.
- ☒ Submit a letter from the property owner stating that they are in agreement with the site plan. *On File*
- ☐ If food establishment – show approval from **Arkansas Department of Health**.
- ☒ Provide \$1,000 surety bond made payable to City of Bryant conditioned for faithful performance of the payment of all applicable fees and penalties.

On File

Temporary Business Application

City of Bryant

Date: 12/8/24
Name of Business: FIVE Star Fireworks
Federal Tax Employer Identification Number: 453216207
Arkansas State Sales Tax Number: 55025123-SLS
Type of Business: Retail Sales
Location of proposed Temporary Business: 23395 I-30
Parcel Number of Location of proposed Temporary Business: N/A
Owner Mailing Address: 17 Ashlee Blvd Nash, Tx 75569
Contact Person: Mark Bradford
Daytime Phone Number: 903-826-4453 Evening Phone Number: SAME

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 December 15TH 2024 Ending Date Requested JANUARY 4, 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 Mark Bradford



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/19/2024

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
INSURED Mark Bradford Five Star Fireworks 17 Ashlee Blvd Nash TX 75569	E-MAIL: kwolfe@ryderinsurance.com	
	ADDRESS: kwolfe@ryderinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: SCOTTSDALE INS CO	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 800092181

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			CPS4077941	6/12/2024	6/12/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Regarding the General Liability coverage, Waiver of Subrogation applies to the entities listed below per attached form CG 24 04 when required by written agreement.
Regarding the General Liability coverage, Blanket Additional Insured applies to the entities listed below per attached form GLS-150s when required by written agreement.
Fireworks Retail Stand Locations:
1527 Airport Road, Hot Springs, AR 71913
5601 Central Avenue, Hot Springs, AR 71913
1880 1/2 Airport Road, Hot Springs, AR 71913
See Attached...

CERTIFICATE HOLDER

City of Bryant AR
210 SW 3rd St
Bryant AR 72022

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Ryder Rosacker McCue & Huston (MGD by Hull & Company)		NAMED INSURED Mark Bradford Five Star Fireworks 17 Ashlee Blvd Nash TX 75569
POLICY NUMBER		
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

271 1/2 Airport Road, Hot Springs, AR 71913
4761 Malvern Road, Hot Springs, AR 71913
3697 Malvern Road, Hot Springs, AR 71913
3211 Albert Pike Road, Hot Springs, AR 71913
2511 Albert Pikes Road, Hot Springs, AR 71913
107 Mt. Pine Road, Hot Springs, AR 71913
3822 AR-7, Hot Springs, AR 71919
3970 Park Park Ave, Fountain Lake, AR 71901
1656 1/2 Industrial Road, Rockport, AR 72104
#5 Caddo Crossing Drive, Glenwood, AR 71943
823 Central Avenue Stamps, AR 71860
23395 I-30 Bryant, AR 72022
5407 Hwy 5, Bryant, AR 72022
12 Evans Road, Cabot, AR 72023
16925 I-30, Benton, AR 72015

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Any person or organization with whom the insured has agreed to waive rights of recovery, provided such agreement is made in writing and prior to the loss.

Additional Premium is Included

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV - Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.



ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to this endorsement, **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract, written agreement or written permit which must be:

- a. Currently in effect or becoming effective during the term of the policy; and
- b. Executed prior to the "bodily injury," "property damage," or "personal and advertising injury."

The insurance provided to these additional insureds is limited as follows:

1. That person or organization is an additional insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - a. Your acts or omissions; or
 - b. The acts or omissions of those acting on your behalf.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

2. With respect to the insurance afforded to these additional insureds, the following exclusions are added to item **2. Exclusions** of **SECTION I—COVERAGES**:

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" occurring after:

- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
3. The limits of insurance applicable to the additional insured are those specified in the written contract, written agreement or written permit or in the Declarations for this policy, whichever is less. These limits of insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations for this policy.
 4. Coverage is not provided for "bodily injury," "property damage," or "personal and advertising injury" arising out of the sole negligence of the additional insured.
 5. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of an architect's, engineer's or surveyor's rendering of or failure to render any professional services including:

- a. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
6. Any coverage provided hereunder will be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis unless a

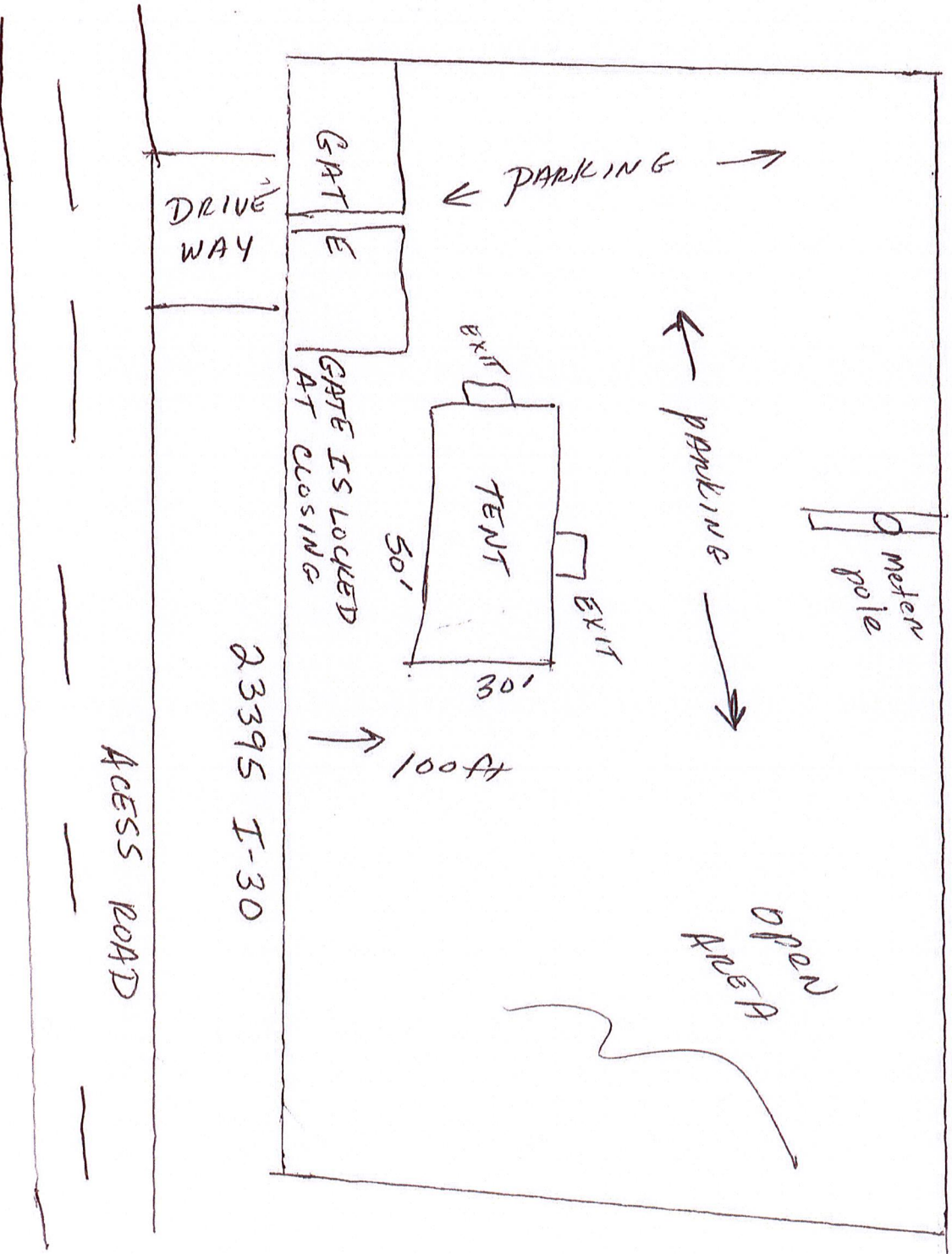
written contract specifically requires that this insurance be primary.

When this insurance is excess, we will have no duty under **SECTION I—COVERAGES** to defend the additional insured against any “suit” if any other insurer has a duty to defend the additional insured against that “suit.” If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured’s rights against all those other insurers.

AUTHORIZED REPRESENTATIVE

DATE

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23395 I-30
Bryant, AR

