



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 604 South Reynolds Rd.

Business Owner:

Name Tom Arnold
Address P.O. 873
NLR. 72115
Phone 501-758-2624
Email ARKANSAS TENT & YARD CO. LLC

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

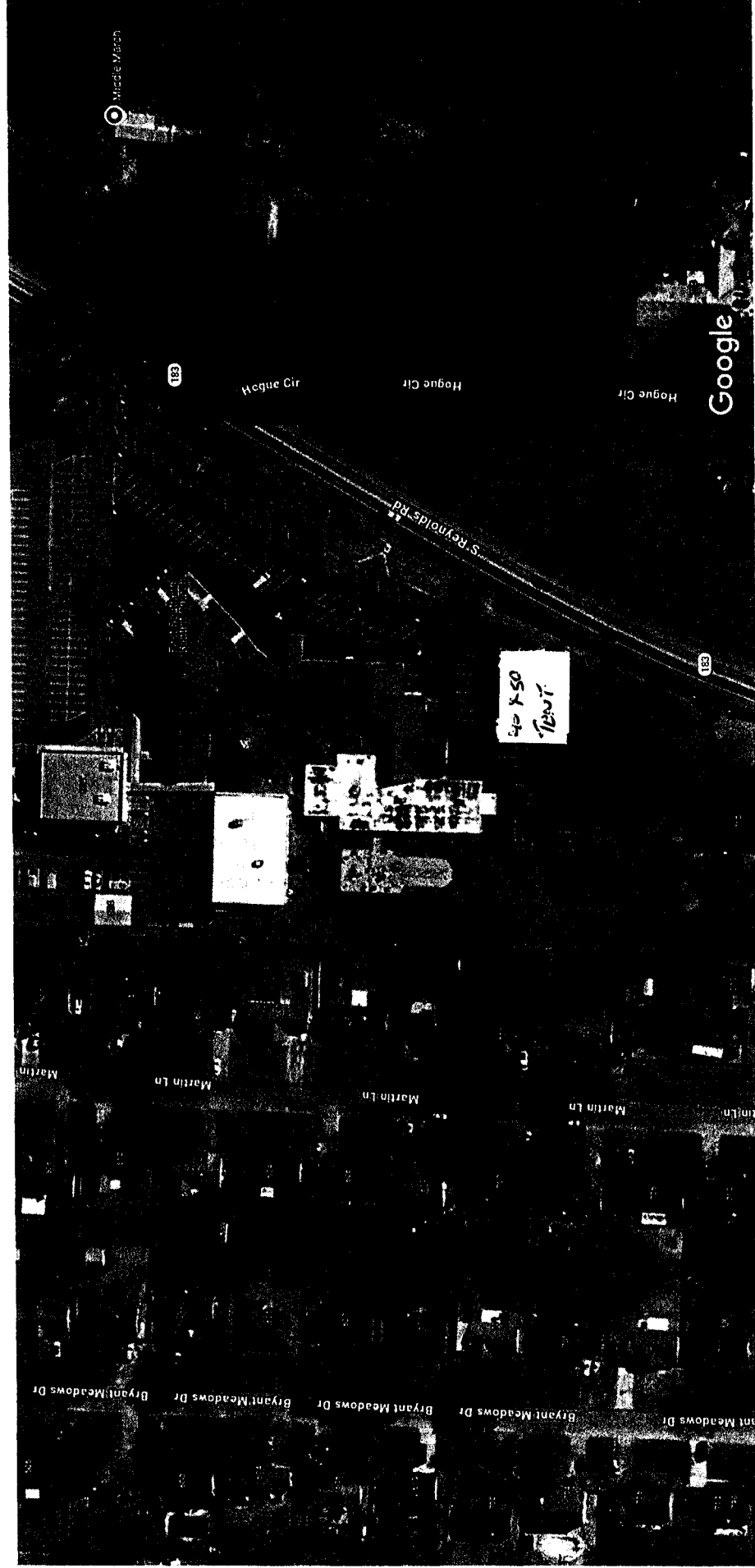
I _____, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all additional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

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 E-MAIL ADDRESS: FAX (A/C, No): 415-475-4303																					
INSURED Arnold Fireworks, Inc.; Spa Fireworks, Co. PO Box 873 N. Little Rock AR 72115	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Certain Underwriters at Lloyd's, London</td><td>AA-1128623</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Certain Underwriters at Lloyd's, London	AA-1128623	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
INSURER E:																						
INSURER F:																						

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"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	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) \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					PERSONAL & ADV INJURY \$
	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					GENERAL AGGREGATE \$ \$1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					PRODUCTS - COMP/OP AGG \$ INCLUDED
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						EACH OCCURRENCE \$
						AGGREGATE \$
						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)

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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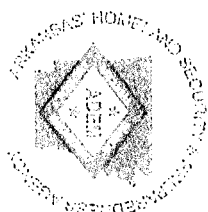
THIS LICENSE MUST BE CONSPICUOUSLY DISPLAY IN PLACE OF BUSINESS

Office of Fire Services

State Fire Marshal

Permit Number
FWL0001220

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:

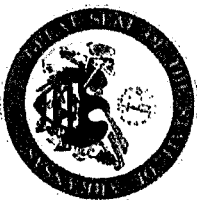
IMPORTER LICENSE

LICENSE EXPIRES

04/30/2026

AJ GARY

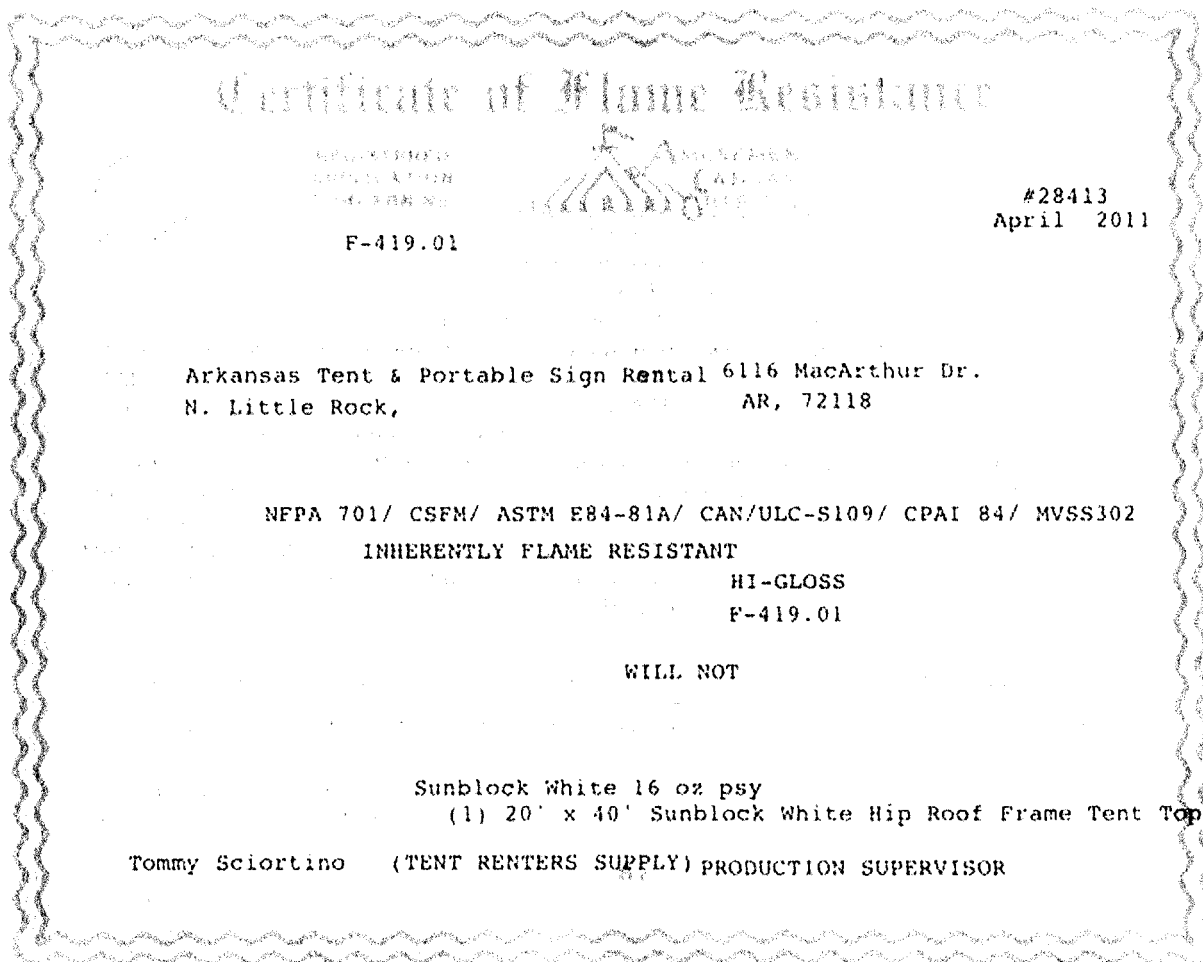
DIRECTOR and STATE
HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free
STATE FIRE MARSHAL



We hereby certify that the above described material has been tested in accordance with the requirements of the National Fire Protection Association (NFPA) 701, Standard for Tests of Resistance to Flame and Smoke Penetration of Aqueous Film-Forming Foam (AFFF) Applied to Various Surfaces, and has been found to meet the requirements of the Standard.

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

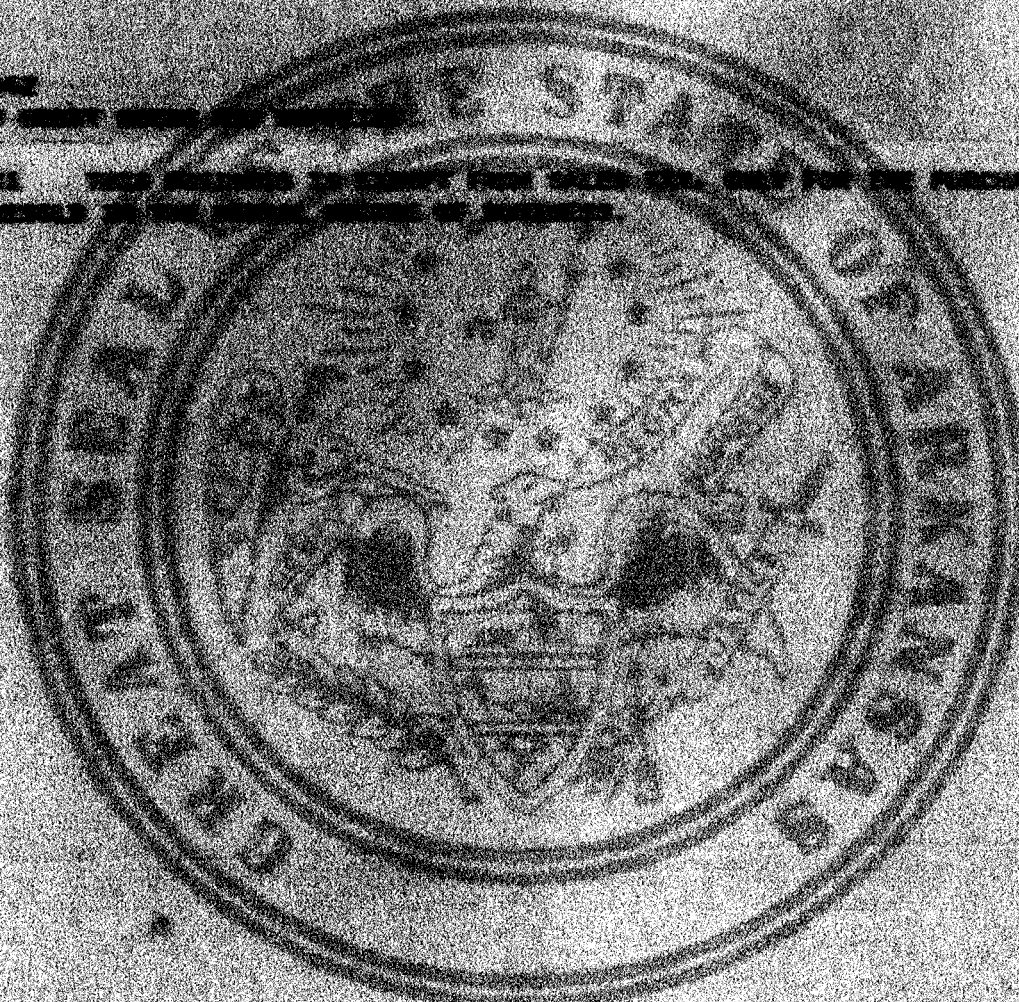
SLP:

DATE EXPIRES: 12-31-1971

ISSUED BY:

THE ARKANSAS DEPARTMENT OF REVENUE

EXEMPTION: ALL TAXES PAID ON PURCHASES OF GOODS AND SERVICES 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
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.