



Temporary Business Application For the Sale of Fireworks

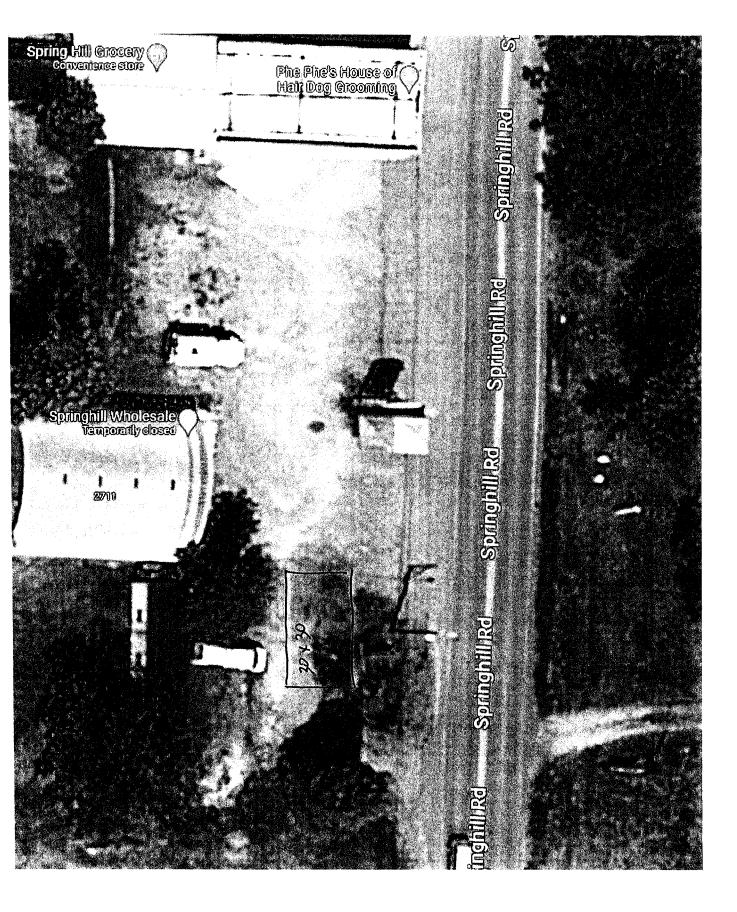
| Applications are due by 5:00PM Wednesday the week prior to the Scheduled Development and Review Committee Meeting. Application Deadlines and dates can be found at www.cityofbryant.com under the Community Development tab. Date: // # / 23 Business Information: Name Africa Wack Federal Tax Employer ID Number 7103 720 Arkansas State Sales Tax Number 03 4 32 7 - 10 - 00 Location of Proposed Temporary Business 270 3 Stateshick Ad Bernot Business Owner: Contact Person: Name Towney Aniel Name Teas / Jahren Address f. v. Boy 873 Address 3208 5. Shore NULLAN 72 15 Bernot An 72022 Phone Sol - 758-64 758-2624 Phone Sol - 590-8007 Email An KNSAS TENT & YAHOW. COM Email That Fire 1777 & Committee Completed Application and Checklist Twenty-Five Dollar (\$25.00) Application fee | | | | | | |
|--|--|--|--|--|--|--|
| Business Information: Name _Atvocd | | | | | | |
| Name Aprocal Firewark Federal Tax Employer ID Number 7103/1/720 Arkansas State Sales Tax Number 034327-10-001 Location of Proposed Temporary Business 2703 Shirghill and Brant Business Owner: Name Tommy Anniel Name Teas Haller Address 9.0. Box 873 Address 3208 S. Shoke NUL, AL 72115 Bring, AL 72022 Phone Sol-758-2624 Phone Sol-590-8007 Email Arkansas Tent of Malo. Com Checklist for Submission Completed Application and Checklist | | | | | | |
| Arkansas State Sales Tax Number 034327-100-001 Location of Proposed Temporary Business 2703 Shurchic Ad BAND Business Owner: Name Tomay Awiel Name Teasy HALTER Address P. O. Box 873 Address 3208 S. Shube Phone Sol- 758-2624 Phone Sol-590-8007 Email Arkansas Teat & Jahlon Com Checklist for Submission Completed Application and Checklist | | | | | | |
| Arkansas State Sales Tax Number 034327-100-001 Location of Proposed Temporary Business 2703 Sparahili ad BANT Business Owner: Name Tommy Aniel Name Text HAPPEN Address 9.0. Box 873 Address 3208 S. Shope NUL, AL 72115 Phone Sol-758-2624 Phone Sol-590-8007 Email ARKNISKS TENT & YAHW. COM Email Thapper 1717 & Com Checklist for Submission Completed Application and Checklist | | | | | | |
| Business Owner: Name Tommy Aniel Address P.O. Box 873 Address 3208 S. Shore Phone 501-758-2624 Email Ankwars TowTo Inflo. Com Checklist for Submission Contact Person: Name Teary Halfel Reflect Name Teary Halfel Reflect Baywor, An 72022 Phone 501-590-8007 Email Thance F Thance 1717 e Com Checklist for Submission Completed Application and Checklist | | | | | | |
| Business Owner: Name Tommy Mariel Address f. v. Box 873 Address 32v8 S. Shuze Nul, Al 72115 Phone Sul-758-2624 Email An KANSAS TENT & YAHOO. COM Checklist for Submission Contact Person: Name Text HALLEL Address 32v8 S. Shuze Buyant, Al 72v22 Phone Sul-590-80v7 Email Thanker 1717 & Completed Application and Checklist | | | | | | |
| Name Tommy Mariel Address P. O. Box 873 Address 3208 S. Shuse NUR, AR 72115 Phone 501-758-2624 Email ARKNISKS TENT & YAHOO. COM Checklist for Submission Completed Application and Checklist | | | | | | |
| Name Tommy Mariel Address P. O. Box 873 Address 3208 S. Shuse NUR, AR 72115 Phone 501-758-2624 Email ARKNISKS TENT & YAHOO. COM Checklist for Submission Completed Application and Checklist | | | | | | |
| Phone Sol- 758-2624 Phone Sol-590-8007 Email Ankwara Tente Anko. Com Email Thanger F THANGER 1717 & Completed Application and Checklist Baywa, an 72022 Phone Sol-590-8007 Email Thanger F THANGER 1717 & Completed Application and Checklist | | | | | | |
| Phone 501-758-2624 Phone 501-590-8007 Email ARKNSKS TENT & YAHOO. COM Email Thanger & THANGER 1717 & Comp.ic. Com Checklist for Submission Completed Application and Checklist | | | | | | |
| Email ARKWSKS TENT & YAHOO. COM Email Thapper F THAPPER 1777 & CMARIC. COM Checklist for Submission Completed Application and Checklist | | | | | | |
| Checklist for Submission ☐ Completed Application and Checklist | | | | | | |
| Completed Application and Checklist | | | | | | |
| 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: |
|-----|---|
| | O Site Plan shall be to scale, all structures shall be identified. Clear identification of |
| | any open display areas |
| | O 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 |
| | |
| EAD | CAREFULLY BEFORE SIGNING |
| | Jack that all |

RE

I Jeans Marker & low Savie , 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.







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06-07-2023

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).

| | e terms and conditions of the policy, ertificate holder in lieu of such endors | | | moles may require an en | uvi Seli | ieni. A Stati | aneni on ini | s cerunicate does not co | iiiei I | ignio to tile |
|---|--|--------------|-----------------|--|---|-----------------------------------|---------------------------------|--|------------|---------------|
| PRODUCER | | | | | CONTACT NAME: | | | | | |
| PROFESSIONAL PROGRAM INSURANCE BROKERAGE | | | | | NAME: PHONE (A/C, No, Ext): 415-475-4300 (A/C, No, Ext): 415-475-4304 | | | | | |
| DIVISION OF SPG INSURANCE SOLUTIONS, LLC | | | | | E-MAIL ADDRESS: info@ppibcorp.com | | | | | |
| | 304 SOUTHPOINT BLVD., #101 | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | |
| PI | ETALUMA CA, 94954 | | | | INSURER A: Certain Underwriters at Lloyd's, London | | | | AA-1128623 | |
| INSURED | | | | | INSURER B: | | | | | |
| | nold Fireworks, Inc.; Spa Fireworks | , Co | | | INSURER C: | | | | | |
| • | D Box 873 | | | | INSURE | RD: | | | | |
| N. | Little Rock, AR 72115 | | | | INSURER E : | | | | | |
| | | | | | INSURE | RF: | | | | |
| | | | | NUMBER: | | | | REVISION NUMBER: | | 101/ 555105 |
| 0 | HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | QUIF PERT | REMEN AIN, T | NT, TERM OR CONDITION (THE INSURANCE AFFORDE | OF ANY | CONTRACT THE POLICIES EDUCED BY 1 | OR OTHER DESCRIBED PAID CLAIMS. | OCUMENT WITH RESPEC | T TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | 3 | |
| | GENERAL LIABILITY | | | | | • | | | \$ | 1,000,000 |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 50,000 |
| | CLAIMS-MADE OCCUR | | | | | | | MED EXP (Any one person) | \$ | |
| Α | | X | | PY/23-0063 | | 04/30/2023 | 04/30/2024 | PERSONAL & ADV INJURY | \$ | |
| | | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| - | X POLICY PRO- JECT LOC | - | | | | | • | COMBINED SINGLE LIMIT | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | \$ | |
| | ANY AUTO ALL OWNED SCHEDULED | | | | | | | BODILY INJURY (Per person) BODILY INJURY (Per accident) | \$ | |
| | AUTOS AUTOS NON-OWNED | | | | | | | PROPERTY DAMAGE | \$ \$ | |
| | HIRED AUTOS AUTOS | | | | | | | (Per accident) | \$ | |
| - | UMBRELLA LIAB OCCUR | | | | | | | FACU OCCUPRENCE | \$ | |
| | EXCESS LIAB OCCUR CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION\$ | 1 | | | | | | AGGREGATE | \$ | |
| | WORKERS COMPENSATION | | | | | | | WC STATU- OTH- TORY LIMITS ER | | |
| AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | | • | E.L. EACH ACCIDENT | \$ | |
| OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | N/A | ` | | | | | E.L. DISEASE - EA EMPLOYEE | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | i | | | | | | E.L. DISEASE - POLICY LIMIT | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| L | | | | | | | | | | |
| DE | SCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | CLES | Attach . | ACORD 101, Additional Remarks | Schedule | , if more space i | s required) | | | |
| | oert Arey is Additional Insured as re | | | | perate | d by named | l insured, lo | cated at 2625 Springhil | l Rd l | Bryant, AR |
| 72 | 72019 operating from 6/25/2023 through 7/5/2023. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 | | | | | | | | | | |
| | | | | | | 0511455 | | | | |
| CERTIFICATE HOLDER | | | | | CAN | CELLATION | | | | |
| 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 | | | | | |



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED IN A PLACE OF BUSINESS

Arkansas State Police

State Fire Marshal's Office

SANA 34 PO SOLUTION OF THE POOL OF THE POO

Date of Issue 05/01/2023

Number FW.0000894

FIREWORKS LICENSE

This is to certify that

Arnold Fireworks Inc

is duly licensed to transact business in the State of Arkansas as a Fireworks: Distributor; Importer

LICENSE EXPIRES

04/30/2024



Major Hickory #14

MAJOR MICHAEL MOYER STATE FIRE MARSHAL

> COLONEL MIKE HAGAR DIRECTOR

NON-TRANSFERABLE



SURETY COMPANY , ONE OF AHERICA'S DEDEST BONDING COMPANIES

Western Surety Company

CONTINUATION CERTIFICATE

| Western Surety Company hereby continues in force | ce Bond No. 15158150 briefly | | | | | | |
|--|--|--|--|--|--|--|--|
| described as <u>VENDOR CITY OF BRYANT</u> | | | | | | | |
| for ARNOLD FIREWORKS, INC. | | | | | | | |
| | , as Principal, | | | | | | |
| in the sum of \$ ONE THOUSAND AND NO/100 | Dollars, for the term beginning | | | | | | |
| | June 13 , 2024 , subject to all | | | | | | |
| the covenants and conditions of the original bond refe | rred to above. | | | | | | |
| | No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | | |
| | ndition that the liability of Western Surety Company | | | | | | |
| under said Bond and this and all continuations thereo | f shall not be cumulative and shall in no event exceed | | | | | | |
| the total sum above written. | | | | | | | |
| Dated this <u>26th</u> day of <u>May</u> , | 2023 . | | | | | | |
| | By Paul T. Bruffat, Vice President | | | | | | |

THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

D WESTERN SURETY COMPANY . ONE OF AMERICA'S OLDEST SONDING COMPANIES .

Form 90-A-8-2012

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

| and authorize Connecticut, Louisiana, M Hampshire, I Rhode Island | ed and licensed to d Delaware, District c laine, Maryland, Mass New Jersey, New Mo d, South Carolina, S | do business in the State of Columbia, Florida, Ge sachusetts, Michigan, Mir exico, New York, North (| es of Alabama, eorgia, Hawaii, nnesota, Missisi Carolina, North ee, Texas, Utak | Alaska, Arizona, Aldaho, Illinois, Ind sippi, Missouri, Mo Dakota, Ohio, Okl n, Vermont, Virgini | vs of the State of South Dakota, Arkansas, California, Colorado, iana, Iowa, Kansas, Kentucky, ntana, Nebraska, Nevada, New ahoma, Oregon, Pennsylvania, ia, Washington, West Virginia, |
|--|--|--|---|---|---|
| · | | t | | | • |
| State of | South Dakota | , its regu | larly elected | Vice Presiden | |
| | n-Fact, with full power | | onferred upon l | | e, acknowledge and deliver for |
| One <u>VE</u> | NDOR CITY OF B | RYANT | , | | |
| bond with bo | nd number <u>1515</u> | 8150 | | | |
| for _ARNOL | D FIREWORKS, I | NC. | | | |
| as Principal i | n the penalty amount | not to exceed: \$1,000 | .00 | * | |
| Company duly Section 7. name of the C Board of Direc Attorneys-in-F seal is not necessity | adopted and now in for All bonds, policies, undo ompany by the Presider ctors may authorize. T act or agents who shall cessary for the validity | ce, to-wit: ertakings, Powers of Attorne it, Seoretary, any Assistant S he President, any Vice Pre have authority to issue bor | y, or other obligat Secretary, Treasur sident, Secretary, ids, policies, or u ortakings, Powers | ions of the corporatio er, or any Vice Presic any Assistant Secre | 7 of the by-laws of Western Surety in shall be executed in the corporate dent, or by such other officers as the stary, or the Treasurer may appoint me of the Company. The corporate obligations of the corporation. The |
| In Witnes Vice Preside | | WESTERN SURETY the corporate seal affixed | | | resents to be executed by its |
| ATTEST | Sande | ~ | W E | STERN SU | RETY COMPANY |
| | L. E | Bauder, Assistant Secretary | | | Paul T. Bruflat, Vice Presiden |
| STATE OF S | SOUTH DAKOTA |) | | | |
| COUNTY OF | F MINNEHAHA | ss | | | |

26th day of May 2023 , before me, a Notary Public, personally appeared Paul T. Bruflat ____ and ____ Vice President

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as ___ and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.

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My Commission Expires March 2, 2026

Notary Public

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.

State of Arkansas

ARKANSAS SALES AND USE TAX PERMIT

ARNOLD FIREWORKS INC

DATE ISSUED:

P 0 BOX 873

PERMIT NUMBER: 034327-60-001

N LITTLE ROCK AR 72115

DLN:

DATE OPENED: 05/01/1971

SIC: 5042

TOYS AND HOBBY GOODS AND SUPPLIES

THIS BUSINESS IS EXEMPT FROM SALES TAX, ONLY FOR THE PURCHASES OF EXEMPTION: 81 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.

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