

1/1/21



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 <u>www.cityofbryant.com</u> under the Community Development tab.

Date: <u>WIVIZI</u>
Business Information:
Name AMOCD'S Fineworks
Federal Tax Employer ID Number 710311720
Arkansas State Sales Tax Number <u>034327-60-001</u>
Location of Proposed Temporary Business ALBERT ARCY 2625 STRINGLIC AND, BRYANT SAME LOCATION RS LAST YEAR) 501-454-1252
Business Owner: Contact Person:
Name Ton DANIEL Name TERRY HAFFER
Address 4802 LexingTon Pray CA. Address 3208 3. Shope Ad
BRYANT, AR BRYANT, AR
Phone 501-758-2624 Phone 501-590-8009
Email ALKANGES TENT @ YAHOO. CON Email THARPER 1777 & GMAIL. CON
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:						
	0	Site Plan shall be to scale, all structures shall be identified. Clear identification of						
		any open display areas						
	0	Fireworks tent / canopy shall have a minimum 50ft. setback from all other						
		structures						
	0	Show parking spaces dedicated by the owner of the property for use by the						
		temporary business.						
	Exits s	hall 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 sm	noking permitted within 50 ft. of firework tent / canopy. "NO SMOKING" signs						
	shall b	pe 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 red	quired. Extinguishers shall be clearly visible, marked with appropriate signage, and						
	moun	ted height of not less than 36 in. from the ground						
	Gene	rators or other combustion power sources, including fuel, shall be separated from						
į.	tents	/ canopies by a minimum of 25 ft.						
	Appli	cant shall contact the Bryant Fire Dept. Fire Marshal's office and schedule an						
	inspe	ction 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	CARE	FULLY BEFORE SIGNING						
1/	Un	مرين و لا من من المناوية و المنا						
-		le by all Temporary Business rules and regulations as outlined in the Bryant Business						
		also understand that I shall comply with all additional applicable ordinances of the						
City a	s well d	as the requirements of all state and federal laws. Furthermore, I understand						
		Temporary Business Ordinance 2007-43 is a misdemeanor punishable by a fine of up						
to \$50	00.00 p	er occurrence of violation. Each day's occurrence is a separate violation.						
Own	ers Sigr	nature Jam Namel						
OWII	cı ə əigi	ideal C						



30' x 40' TENT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/31/2024

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 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

-	-	ertificate does not confer r	ights to	the	certi	ficate holder in lieu of su					**************	
PROD	UCE	R					CONTACT NAME:					
PROFESSIONAL PROGRAM INSURANCE BROKERAGE								PHONE (A/C, No, Ext): 415-475-4300 FAX (A/C, No): 415-475-4303				
DIVI	SIC	ON OF SPG INSURANCE SC	LUTION	VS, L	LC.		E-MAIL ADDRES	SS:				
1304 SOUTHPOINT BLVD., #101								INSURER(S) AFFORDING COVERAGE				NAIC#
PETALUMA CA 94954								INSURER A: Certain Underwriters at Lloyd's, London				AA-1128623
INSURED							INSURER B:					
Arnold Fireworks, Inc.; Spa Fireworks, Co.							INSURER C:					
PO Box 873							INSURER D:					
							INSURER E:					
		N. Little Rock	n sinos de males anches de la crease y destaclas de			AR 72115	INSURER F:					
-	-	RAGES	-	-	MINISTER OF STREET	NUMBER: BL-000909			-	REVISION NUMBER:		
INI CE	DIC/	IS TO CERTIFY THAT THE PO ATED. NOTWITHSTANDING A IFICATE MAY BE ISSUED OF USIONS AND CONDITIONS OF	ANY REC	QUIR ERT	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	OT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	F	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X	COMMERCIAL GENERAL LIABILIT							-	AACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED REMISES (Fa occurrence) \$ \$50,000		
		CLAIMS-MADE OCCU	Α							PREMISES (Ea occurrence)		7,000
Α				х		PY/24-0050		04/30/2024	04/30/2025	MED EXP (Any one person) PERSONAL & ADV INJURY	\$	
	GEI	J	D.			1 1121 0000		0 170012021	O WOO!ZOZO	GENERAL AGGREGATE	\$ \$1,000,000	
	X	PRO-	1			2.2				PRODUCTS - COMP/OP AGG	\$ \$1,000,000 \$ INCLUDED	
		0.01								PRODUCTS - COMPTOP AGG	\$	DEODED
	AU	OTHER:					***************************************	***************************************		COMBINED SINGLE LIMIT	\$	
		ANYAUTO								(Ea accident) BODILY INJURY (Per person)	\$	***************************************
		OWNED SCHEDUL	.ED							BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS NON-OWN								PROPERTY DAMAGE	\$	
		AUTOS ONLY AUTOS O	NLY							(Per accident)	\$	
		UMBRELLA LIAB OCCL	IR I							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIM	IS-MADE							AGGREGATE	\$	
		DED RETENTION\$								The Beautiful Control of the Control	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					***************************************			PER OTH- STATUTE ER			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$		
				N/A						E.L. DISEASE - EA EMPLOYEE	E \$	
	If ye	es, describe under SCRIPTION OF OPERATIONS below								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 S Reynolds Rd, Bryant, AR 72022 operating from 06/24/2024 through 07/07/2024.												
CE	Q TI	IFICATE HOLDER					CAN	CELLATION				
1st	Soi	uthern Baptist Church Reynolds Rd					SHO THE ACC	DULD ANY OF E EXPIRATIO CORDANCE W	THE ABOVE D N DATE TH ITH THE POLK	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
						AUTHORIZED REPRESENTATIVE						
Bry	/ant	t		***		AR 72022	1	© 1988-2015 ACORD CORPORATION, All rights reserved.				



THIS LICENSE MUST BE CONSPICUOUSLY DISPLAY IN PLACE OF BUSINESS

Office of Fire Services

Date of Issue 05/01/2023

Permit Number FWI.0001220



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

04/30/2025

AJ GARY

DIRECTOR and STATE HOMELAND SECURITY ADVISOR



NON TRANSFERABLE

Jake Dennis Free

Jake Dennis Free STATE FIRE MARSHAL

State of Arkansas ARKANSAS SALES AND USE TAX PERMIT

ARNOLD FIREWORKS INC

P 0 BOX 873

N LITTLE ROCK AR 72115

DATE ISSUED:

PERMIT NUMBER: 034327-60-001

DLNI

DATE OPENED: 05/01/1971

SIC: 5042

TOYS AND HORBY GOODS AND SUPPLIES

EXEMPTION: 81 THIS SUSINESS IS EXEMPT FROM SALES TAX, ONLY FOR THE PURCHASES OF GOODS TO BE RESOLD IN THE NORMAL BOURSE OF BUSINESS.

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