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 03432 7-60-001

Location of Proposed Temporary Business 2703 SPRINGHILL Rd

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

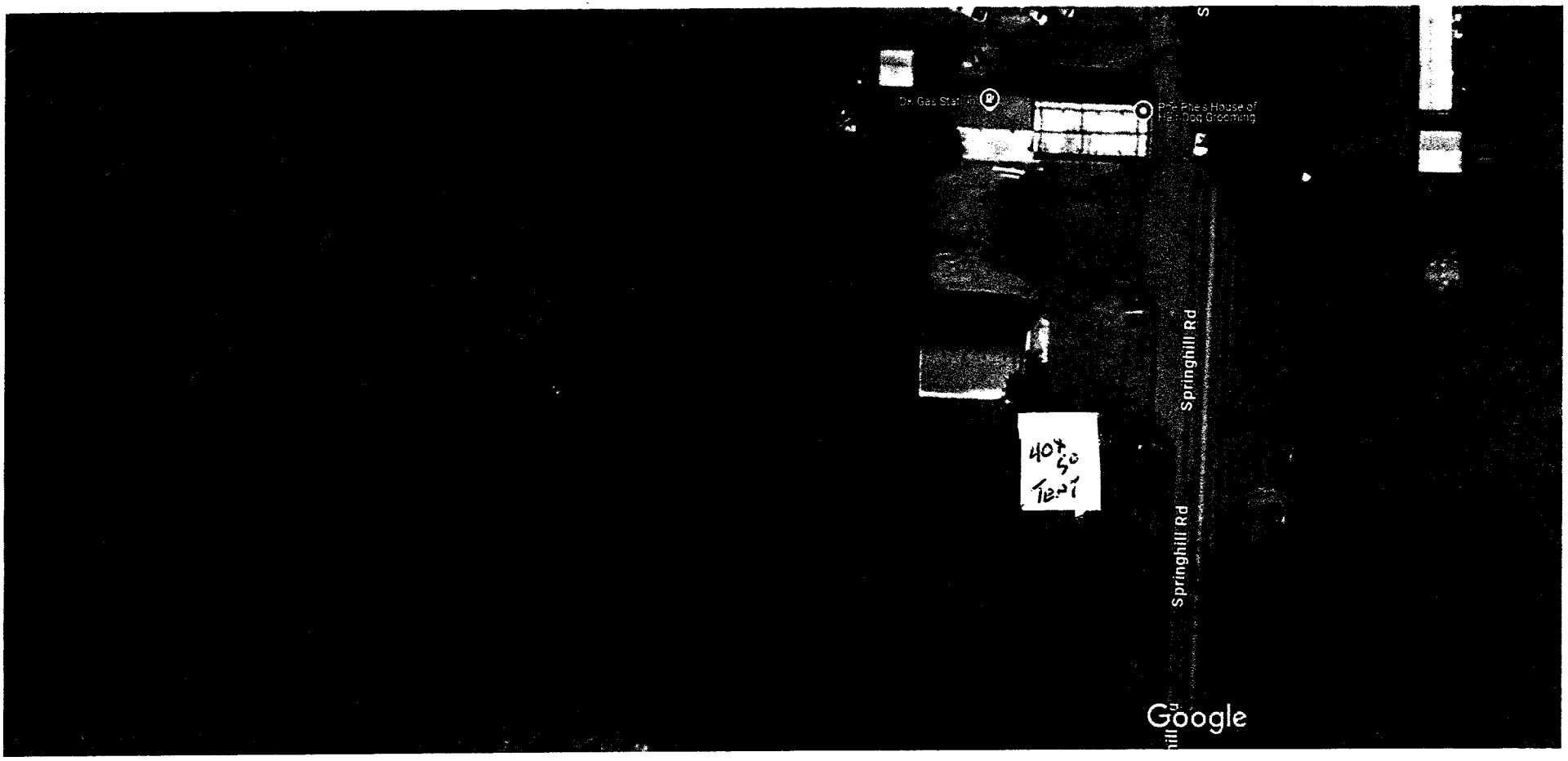
I Tom Daniel *, do hereby certify that all information contained within this application is true and correct. I further certify that I agree too and will abide by all Temporary Business rules and regulations as outlined in the Bryant Business Ordinance. I also understand that I shall comply with all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

Go gle 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	CONTACT NAME:	
PROFESSIONAL PROGRAM INSURANCE BROKERAGE DIVISION OF SPG INSURANCE SOLUTIONS, LLC 1304 SOUTHPOINT BLVD., #101 PETALUMA CA 94954	PHONE (A/C, No, Ext): 415-475-4300	FAX (A/C, No): 415-475-4303
	E-MAIL ADDRESS:	

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 :	

INSURED
Arnold Fireworks, Inc.; Spa Fireworks, Co.

PO Box 873
N. Little Rock AR 72115

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	X		PY/25-0082	04/30/2025	04/30/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $1,000,000 $ $50,000 $ $ $ $1,000,000 $ INCLUDED
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ N / A If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER 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

Albert Arey

2625 Springhill Rd
Bryant AR 72019

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
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

Certificate of Flame Resistance

#28413
April 2011

F-419.01

Arkansas Tent & Portable Sign Rental 6116 MacArthur Dr.
N. Little Rock, AR, 72118

NFPA 701/ CSFM/ ASTM E84-81A/ CAN/ULC-S109/ CPAI 84/ MVSS302
INHERENTLY FLAME RESISTANT
HI-GLOSS
F-419.01

WILL NOT

Sunblock White 16 oz psy
(1) 20' x 40' Sunblock White Hip Roof Frame Tent Top

Tommy Sciortino (TENT RENTERS SUPPLY) PRODUCTION SUPERVISOR

Waleska Rodriguez

State of Arkansas

ARKANSAS SALES AND USE TAX PERMIT

[redacted] DATE ISSUED:

P O BOX [redacted] PERMIT NUMBER: [redacted]

N LITTLE ROCK AR 72115 SUB:

DATE OPENED: 05/01/1971

[redacted]

[redacted]



[redacted]

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 **

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

hank you for your payment to CNA Surety.

you have any questions related to this bond/policy or transaction, please call 1-800-331-6053.