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 Firester Fireworks

Federal Tax Employer ID Number 453216207

Arkansas State Sales Tax Number 55025123-SLS

Location of Proposed Temporary Business 5407 Hwy 5

Business Owner:

Name Mark Bradford

Address 17 ~~Ashke~~ Blvd,
Nash, Tx 75569

Phone 903-826-4453

Email imafree1y760@gmail.com

Contact Person:

Name _____

Address _____

_____

Phone _____

Email _____

Checklist for Submission

- [x] Completed Application and Checklist
- [x] Twenty-Five Dollar ($25.00) Application fee
- [x] 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 Jennifer F Jones _____

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.
- ☐ 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.

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 Business

Location of proposed Temporary Business: 5407 Hwy 5 Bryant, Ark

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:

	Carnivals	**30 Days**
✓	Fireworks stands or tents	**30 Days**
	Christmas tree stands, tents or lots	**60 Days**
	General commercial sales stands, tents or lots	**90 Days**
	Concession/Refreshment stands/Food Service	**180 Days**

Beginning Date Requested December 19th 2024 **Ending Date Requested** January 4th 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	CONTACT NAME: Kristy Wolfe
Ryder Rosacker McCue & Huston (MGD by Hull & Company) 509 W Koenig St Grand Island NE 68801	PHONE (A/C, No, Ext): 308-382-2330 FAX (A/C, No): 308-382-7109 E-MAIL ADDRESS: kwolfe@ryderinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : SCOTTSDALE INS CO	41297
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Mark Bradford
Five Star Fireworks
17 Ashlee Blvd
Nash TX 75569

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**			CPS4077941	6/12/2024	6/12/2025	EACH OCCURRENCE	$ 1,000,000
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	[ ] CLAIMS-MADE [X] OCCUR						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[X] POLICY [ ] PRO-JECT [ ] LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] **UMBRELLA LIAB** [ ] OCCUR						EACH OCCURRENCE	$
	[ ] **EXCESS LIAB** [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Ryder Rosacker McCue & Huston (MGD by Hull & Company)	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

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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.

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SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO. _____

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:

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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

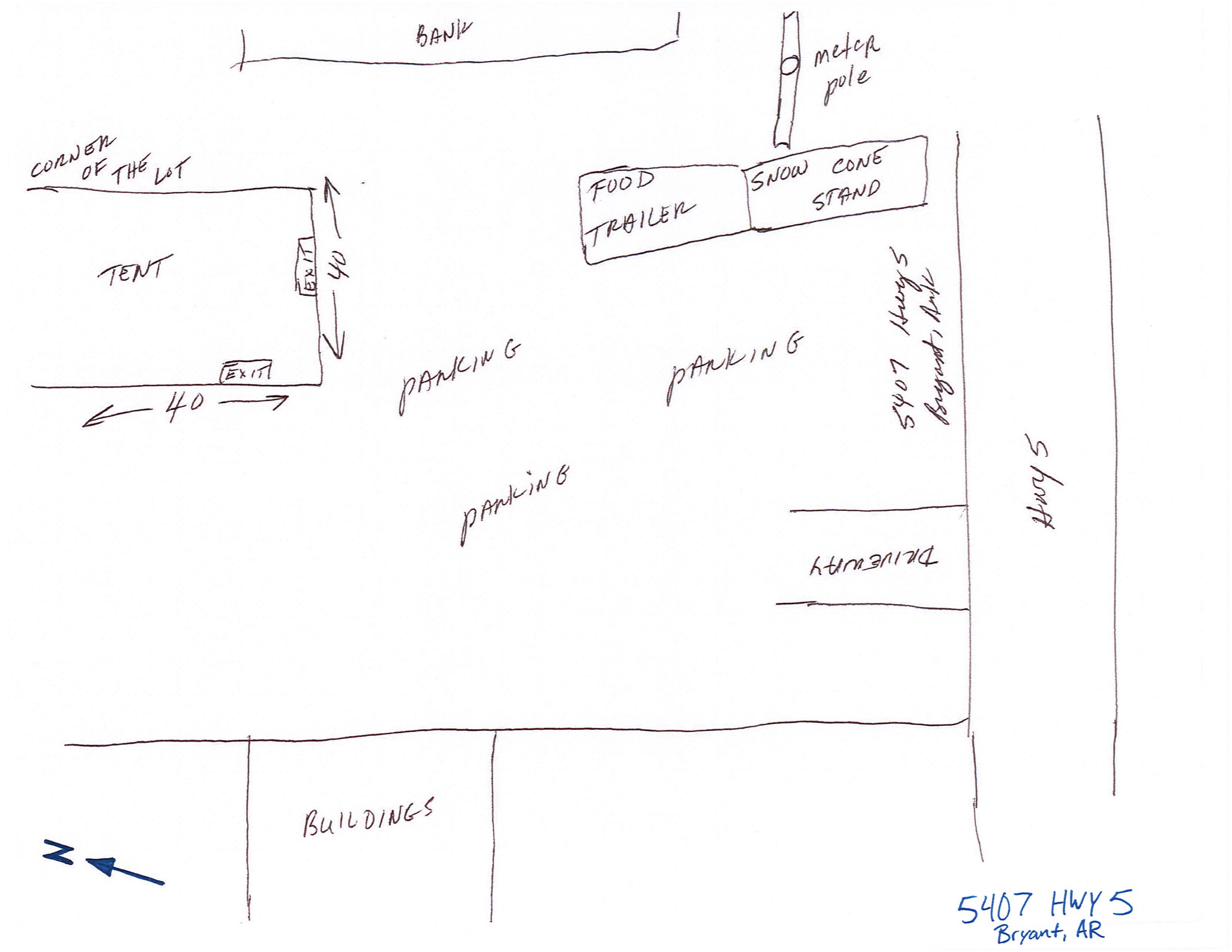
b. Supervisory, inspection, architectural or engineering activities.

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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BANK
meter pole
CORNER OF THE LOT
FOOD TRAILER
SNOW CONE STAND
TENT
EXIT
40
EXIT
40
PARKING
PARKING
PARKING
5407 Hwy 5 Bryant, Ark
Hwy 5
DRIVEWAY
BUILDINGS
N
5407 HWY 5
Bryant, AR