

# Bryant Planning Commission

## Temporary Business Application & Information

CITY OF BRYANT  
210 SW 3<sup>RD</sup> STREET  
BRYANT, AR 72022  
PHONE: 501-943-0301  
FAX: 501-943-0993  
EMAIL: [tsmith@cityofbryant.com](mailto:tsmith@cityofbryant.com)

MEETING DATE: EVERY OTHER THURSDAY  
TIME: 9:00 A.M.  
PLACE: CITY HALL/ADMINISTRATION CONFERENCE ROOM  
APPLICATION DEADLINE: 5:00 P.M. WEDNESDAY THE WEEK BEFORE THE MEETING

### REQUIREMENTS FOR SUBMISSION TO THE DEVELOPMENT REVIEW COMMITTEE

1. A letter stating your request
2. A complete Temporary Business Application
3. \$25.00 application fee
4. 5 copies of site plan showing:
  - a. Property boundaries and the exact location of the proposed temporary business including the setbacks from streets or highway right-of-ways.
  - b. Clearly identify open display areas, and
  - c. Show the parking spaces to be dedicated by the owner of the property for use by this temporary business.
5. Submit a letter from the property owner stating that they are in agreement with the temporary use and site plan.
6. If a food establishment - approval from Arkansas Department of Health must be submitted
7. Provide \$1,000 Surety Bond made payable to City of Bryant conditioned for faithful performance of the payment of all applicable fees and penalties.
8. After approval of the Temporary Business (Planning Department), submit Business License Fee (Permit Office - 312 Roy Lane).
  - \$175.00 - for 1-10 employees
  - \$325.00 - for 11-25 employees

May 23, 2019  
City of Bryant  
310 SW 3<sup>rd</sup> Street  
Bryant, AR 72022

To Whom It May Concern,

We respectfully request issuance for a temporary business license from the city of Bryant for the purpose of fireworks sales at the location specified on the application enclosed. We request a 30-day license, with our intentions of being open for business from June 20 through July 4. Please find enclosed all information requested in accordance with the requirements for submission to Planning Commission.

Sincerely,


# Temporary Business Application

City of Bryant

Date May 23, 2019

Name of Business Screaming Eagle Fireworks

Federal Tax Employer Identification Number 451758290

Arkansas State Sales Tax Number 12196254-SLS

Type of Business Retail Fireworks

Location of proposed Temporary Business 5407 Hwy 5 North

Applicants Mailing Address 399 Wish St Pleasant Plains AR

Contact Person David Foster

Daytime Phone No. 870-217-2093

Evening Phone No. 870-217-2093

Email Address J.foster99@hotmail.com

Last Two Cities Worked In: 1. Bryant AR 2. Pleasant Plains AR

Please check the category you are applying for. Permits cannot exceed the following time limits:

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input type="checkbox"/>            | Carnivals .....                                      | 30 Days  |
| <input checked="" type="checkbox"/> | Fireworks stands or tents.....                       | 30 Days  |
| <input type="checkbox"/>            | Christmas tree stands, tents or lots .....           | 60 Days  |
| <input type="checkbox"/>            | General commercial sales stands, tents or lots ..... | 90 Days  |
| <input type="checkbox"/>            | Concession/Refreshment stands/Food Service .....     | 180 Days |

Beginning Date Requested June 20 2019 Ending Date Requested July 5 2019

I hereby certify the above to be true and correct and state that I am operating a business in accordance with the city zoning regulations and/or any other city, state or federal laws, which may be applicable. I understand violation of Temporary Business Ordinance 2007-43 & 2016-24 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 David Foster



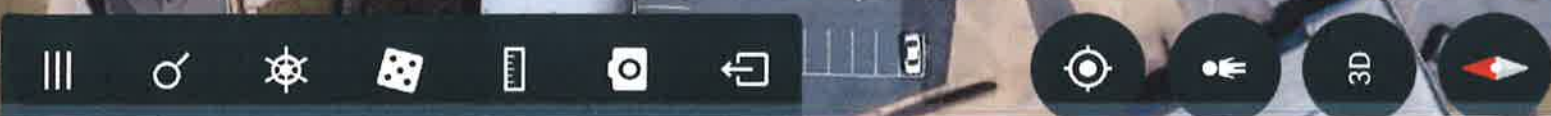
Security 1st floor

30' x 50' tent  
Parking 20' x 20' 50' x 50' S

Hwy 5

Walgreens

B K's Dance & Tumbling



Parking Lot Lease Agreement

THIS AGREEMENT made between G.K. Bud Grant and/or Brent J. Grant (the Lessor) and Screaming Eagle Fireworks, David Foster DBA. (the Lessee), WITNESSETH:

For and in consideration of the covenants and agreements hereinafter contained, Lessor does hereby let, lease, and demise unto Lessee, and Lessee does hereby lease from Lessor, the following described premises in the City of Bryant, County of Saline, State of Arkansas:

Address of Property: 5407 Hwy 5 N. Parking lot  
and the right to use all adjoining parking areas, driveways, sidewalks and roads.

TO HAVE AND TO HOLD the same unto the Lessee and unto the Lessee's heirs, successors and assigns, together with all privileges and appurtenances thereunto belonging, for the term and under the conditions hereinafter set forth.

1. TERM. The term of this lease shall be for a period of 2 months, beginning on the 1st day of June, 2019, and ending on the 31st day of July, 2019, unless sooner terminated or extended as hereinafter provided. Should such event occur on other than the first day of a calendar month, Lessee agrees to pay a proportionate part of the monthly rental herein provided for that month only. Lessee has an option to use the lot during the month of December if they choose. A renewal lease must be signed within ten (10) days of the expiration date of the lease or the Lessee shall vacate the premises.


2. RENTAL. As rental for the premises, Lessee shall pay to Lessor rental in the amount of Four Thousand and 00/100 Dollars (\$ 4,000.00) per month payable monthly in advance on or before the 1st day of each month during the term hereof.

3. LATE PAYMENTS. For any payment that is not paid within Ten (10) days after its due date, Lessee shall pay a 10% late fee.

4. UTILITIES. Lessee shall be responsible for the prompt and full payment, as and when due, of all charges for water (including sewer taxes), electricity, gas, telephone and other utilities consumed on the premises.

IN WITNESS WHEREOF, the parties have hereunto set their hands this 23rd day of May, 2019.

LESSOR:

  
\_\_\_\_\_  
G.K. BUD GRANT and/or BRENT J. GRANT  
5401 HWY. 5 NORTH  
BRYANT, AR 72022



PO Box 5077 Sioux Falls, SD 57117

800-331-6053

Fax: 605-335-0357

Email: [uwservices@cnasurety.com](mailto:uwservices@cnasurety.com)

[www.cnasurety.com](http://www.cnasurety.com)

Date: 05/24/2019

Thank you for submitting your ACH payment for the Gross premium amount of null.

The payment is scheduled to occur on the date you specified on the US Bank web site and will be applied to your bond(s) when we receive the payment from US Bank.

The payment will be applied to the following bonds:

Principal	Bond Number	Premium	Term Effective Date
FOSTER DAVID	63216052	\$100.00	05/25/2019

**Record of Payment**

Agency Code: 03-01412

M & P Insurance and Investment Services

105 Laurel Street

Newport, AR 72112