

Temporary Business Application
City of Bryant

Date April 9, 2019

Name of Business A-1 Fireworks

Federal Tax Employer Identification Number 26-171923

Arkansas State Sales Tax Number 00318073-5L5

Type of Business Retail Fireworks

Location of proposed Temporary Business 22578 I-30, Bryant, AR. 72022

Applicants Mailing Address 24341 Hwy. 10 East, OLA, AR. 72853

Contact Person Joan Rey

Daytime Phone No. 479-747-9304

Evening Phone No. 479-747-9304

Email Address joanrey@a1fireworks.com

Last Two Cities Worked In: 1. Bryant 2. Alexander

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 6-20-19 Ending Date Requested 7-10-19

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 S. Gonyea





24341 Hwy. 10 East

Ola, Ar 72853

Office Phone 479-489-3298

Fax 479-489-5679

www.a1fireworks.com



Officers:

Silver Gongola CEO

Mike Gongola ~ COO

Joan Rey ~ Office Manager

Tanner Pemberton ~ Warehouse Manager



April 9, 2019

Greetings to the City of Bryant,

We here at A1 Fireworks would like to request a Temporary Business License, for the selling dates of June 20, 2019 up to July 10, 2018, so we can sell fireworks again in your lovely City of Bryant this summer 2019.

I have enclosed in this packet:

1. Letter of Request
2. A complete Temporary Business Application
3. A check for \$25.00 for the application fee
4. 5 copies of the site plan
5. An Agreement Letter from the Property Owner
6. Proof of a Surety Bond

If I have failed to supply something I apologize and will get it to you as soon as I can.

Thank you so much for your time, and have a great day!

Joan Rey

Office Manager

A1 Fireworks

Cell # (479) 747-9304

Office # (479) 489-3298

Fax # (479) 489-5679

joanrey@a1fireworks.com

WOODEN FENCE

130'

21' FROM FENCE



S. TRAILER
8 X 40

GRAVEL
AREA

F. TENT
20 X 50

30'

DISTANCE

CAMPER

8 X 32

12'

FROM EDGE
OF ROAD

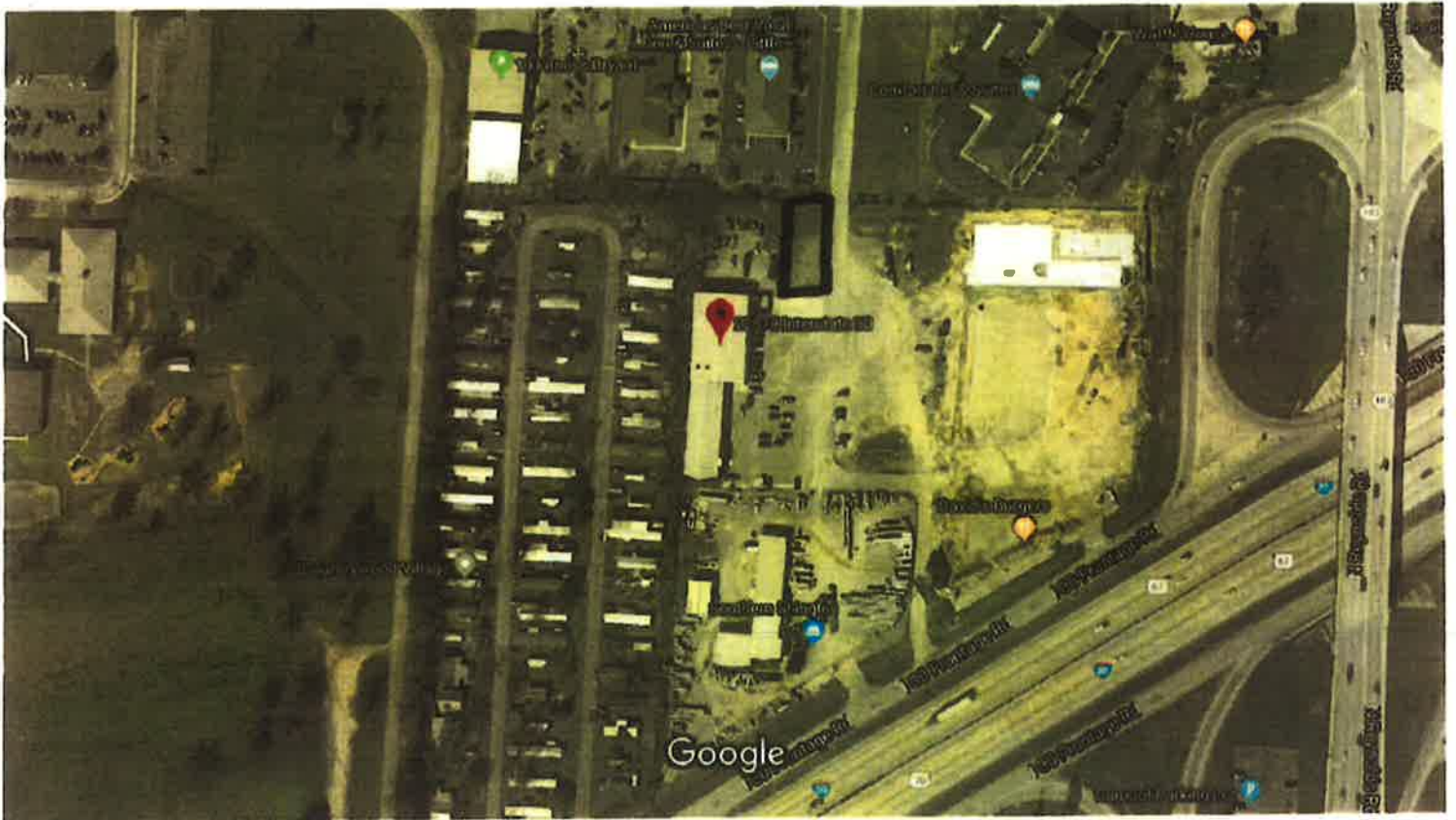
14'

FROM EDGE
OF ROAD

65'

SIDE ROAD 28' WIDE

ASPHALT PARKING



Imagery ©2018 DigitalGlobe, Pulaski Area GIS, State of Arkansas, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2018 Google 100 ft



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March 21, 2019

To Whom It May Concern,

The following is an agreement is made between Service King and A-1 Fireworks.


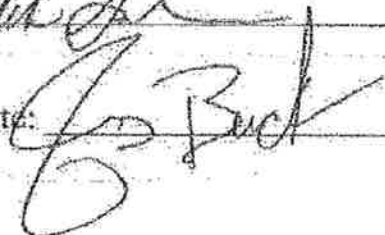
This agreement was entered into by Service King and Mike Gongola of A-1 Fireworks. Service King gives permission to A-1 Fireworks to set up a tent, trailer, and a camper on the grass spot by the fence to sell fireworks. Dates for setting up are June 1st 2019 through July 15th 2019. Dates for selling will be June 20th 2019 to July 5th 2019.

A-1 Fireworks agrees to provide insurance before using the premises. A-1 Fireworks agrees to take care of the property and provide a dumpster for trash. A-1 Fireworks will keep the property clear of trash and will have an operator on site 24 hours a day for the duration of the selling season.

If there are any questions or concerns please contact Mike Gongola at (479) 970-6511

Thank you for your time and this opportunity.

God Bless

Mike Gongola:  Date: 4/6/2019
 Service King Associate:  Date: 4/6/2019

94-CQ-5505-7

CONTINUATION CERTIFICATE
(For Use On Surety Bonds)



STATE FARM FIRE AND CASUALTY COMPANY
BLOOMINGTON, ILLINOIS

The STATE FARM FIRE AND CASUALTY COMPANY (hereafter called the Company) hereby continues in force its

Bond No. 94-CQ-5505-7 in the sum of Dollars (\$ 2000), two
thousand and no one hundred

on behalf of A-1 fireworks

in favor of City of Bryant

for the (extended) term, subject to all the covenants and conditions of said bond, beginning on
June 20th 2019 and ending on June 20th 2020

This Continuation is executed upon the express condition the the Company's liability under said Bond and this
and all continuations thereof shall not be cumulative and shall in no event exceed the sum stated above.

IN WITNESS WHEREOF, the company has caused this instrument to be signed by its officers proper for the
purpose and its corporate seal to be hereto affixed 04/03/2019



STATE FARM FIRE AND CASUALTY COMPANY

(Surety)

By: [Signature] (SEAL)
Attorney-in-Fact



POWER OF ATTORNEY STATE FARM FIRE AND CASUALTY COMPANY

KNOW ALL PERSONS BY THESE PRESENTS: That STATE FARM FIRE AND CASUALTY COMPANY, an Illinois corporation, with its principal office in Bloomington, Illinois, does hereby constitute and appoint: John Mansfield of Danville ar its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in the nature of a bond as follows:

\$ 2,500 - License, Permit or Indemnity — Financial Guarantee	\$100,000 - Administrator, Executor, or Trustee of a decedent's estate
\$25,000 - License & Permit — Code Compliance	\$50,000 - Guardian, Conservator, or Committee
\$25,000 - Public Official	\$25,000 - Receiver
	\$ 2,500 - Judicial

THIS POWER OF ATTORNEY IS NOT VALID FOR THE EXECUTION OF ANY CONTRACT (CONSTRUCTION OR SUPPLY) BOND - BID, PERFORMANCE OR PAYMENT.

This appointment is made under and by the authority of a resolution which was passed by the Executive Committee of the Board of Directors of State Farm Fire and Casualty Company on the 14th day of March, 2018, as is duly authorized by the Board of Directors in Article II, Section 6 of the By-Laws of the Company, which resolution is:

WHEREAS, the Board desires to delegate the authority to appoint persons as Attorneys-in-Fact for certain bonds, undertakings, or other writings obligatory in the nature of a bond.

RESOLVED, that any Officer of the Company who works regularly with surety bonds is hereby authorized to appoint and empower any representative of the Company as Attorney-in-Fact to execute on behalf of the Company any bonds, undertakings, or other writings obligatory in the nature of a bond, which the Company might execute through its officers. Any said execution of such documents by an Attorney-in Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected or appointed officers of the Company. Any Attorney-in-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

IN WITNESS THEREOF, STATE FARM FIRE AND CASUALTY COMPANY has caused this instrument to be signed by its Officer, and its Corporate Seal to be affixed this 14th day of March, 2018.

This APPOINTMENT SHALL CEASE AND TERMINATE AUTOMATICALLY AS OF DECEMBER 31, 2021, UNLESS SOONER REVOKED AS PROVIDED.



STATE FARM FIRE AND CASUALTY COMPANY

By: John R. Horton
John R. Horton - Assistant Secretary Treasurer

STATE OF ILLINOIS
COUNTY OF McLEAN

On this 14th day of March, 2018, before me personally came John R. Horton to me known, who being duly sworn, did depose and say that he is Assistant Secretary Treasurer of STATE FARM FIRE AND CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such Corporate Seal; and that he executed said instrument on behalf of the corporation by authority of his office under the By-Laws of said corporation.

OFFICIAL SEAL
Pamela Chancellor
NOTARY PUBLIC - STATE OF ILLINOIS
My Commission Expires August 30, 2021

Pamela Chancellor

Notary Public
My commission expires August 30, 2021

CERTIFICATE

I, the undersigned Assistant Secretary Treasurer of STATE FARM FIRE AND CASUALTY COMPANY, do hereby certify that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and sealed at Bloomington, Illinois. Dated this 03 day of april, 2019



Julia Klunzig

Julia Klunzig - Assistant Secretary Treasurer

If you have a question concerning the validity of this Power of Attorney, call 309-766-2090.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/21/2019

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 Britton Gallagher One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME:		
	PHONE (A/C, No, Ext): 216-658-7100	FAX (A/C, No): 216-658-7101	
INSURED Winco Fireworks International LLC 5200 W. 94th Terrace Suite 114 Prairie Village KS 66207	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :Everest Indemnity Insurance Co.		10851
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER: 1244872959** **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			S18GL01234-181	12/15/2018	12/31/2019	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 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)

For premise liability – this certificate reflects coverage for the dates and location noted below only.
 For product liability – this certificate reflects coverage for product purchased from the above referenced named insured only

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
 Dates of Coverage for 4th of July Season: 06/20/19 through 07/10/19
 Dates of Coverage for Christmas/New Year Season: 12/15/19 through 01/05/20
 See Attached...

CERTIFICATE HOLDER	CANCELLATION
A-1 Fireworks 24341 Highway 10 East Ola AR 72853	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

AGENCY CUSTOMER ID: _____
LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Britton Gallagher		NAMED INSURED Winco Fireworks International LLC 5200 W. 94th Terrace Suite 114 Prairie Village KS 66207	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Stand Location: 22578 I-30 Bryant, AR 72022
Stand Operator: Cory Hollingshead
Landowner: Service King
Additional Insured: Service King