

Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University

Applicant Information

Name of Event: Cycling Country Festival
Name of Organization Sponsoring Event: Ames Convention + Visitors Bureau
Address of Organization: 1601 Golden Aspen Drive #110
Name of Applicant: Julie Weeks
Phone: 954-4600 Fax: 232-6716 E-Mail: jweeks@iastate.edu

Event Information

Event Location: Iowa State Center Parking Lots & Stewart Smith Park Estimated attendance: 25,000
Event Date: 7/22/2008 Time: 9:45 a.m./p.m. Alternate Date (rain date) for event: _____
Organization's on-site manager or contact for day of Display: Julie Weeks
Phone: _____ Fax: _____ E-Mail: _____

Firework Display Information: Attach a copy of the Display Operator credentials and applicable U.S. DOT requirement information for transportation with this application

Display Operator (company name): J&M Displays
Address: 18064 170th Ave
City: Vermouth State: IA Zip Code: 52660
Work-week Phone: 515-321-2761 Fax: 515-276-6828 E-Mail: kelnbrueschke@gmail.com
Operator Name for day of Display: Ruth Schneider Cell Phone: 515-205-6825
Other Contact for day of Display: Kelm Brueschke Cell Phone: 515-321-2761
Type of Fireworks: 1.3 & 1.4 - Cakes, 2.5", 3", 4", 5" shells, Ground Effects, Flame Effects.
Length of Display: 12-15 min Attach Display Program
Fireworks Supplier: J&M
Exact Location of Display: Parking lots A1-A5, Stewart Smith Park Attach Diagram of Display/Shoot Location

The display operator, EH&S and ISU Police will monitor weather conditions prior to and during the display event. EH&S, ISU Police or the Ames Fire Department have the authority to cancel or postpone any display if they determine there is not strict adherence to the approved application; or there is lightning, wind gusts or inclement weather that will cause risks to the crowd or surrounding property.

7/10/08
Date
7/10/08
Date

Julie Weeks
Sponsoring Organization Representative Signature
Kelm Brueschke
Display Operator Representative Signature

Insurance Requirements:

Insurance coverage and certificate requirements are on the back of this form. Please provide the fireworks display operator with the information on the back of this form so it can be shared with his/her insurance agent to facilitate issuance of an acceptable certificate of insurance. Mail the certificate of insurance to the Office of Risk Management at the address below.

Student Organizations Only:

Submit Event Notification and Authorization form with other event documents (including display application) at least 6 weeks prior to the event.

APPROVAL SIGNATURES:

Date
Environmental Health and Safety

Date
7/11/08
Date
ISU Police
Tom Hennicksen
City of Ames Fire Inspector

Date
Office of Risk Management

Submittal Instructions on Page 2

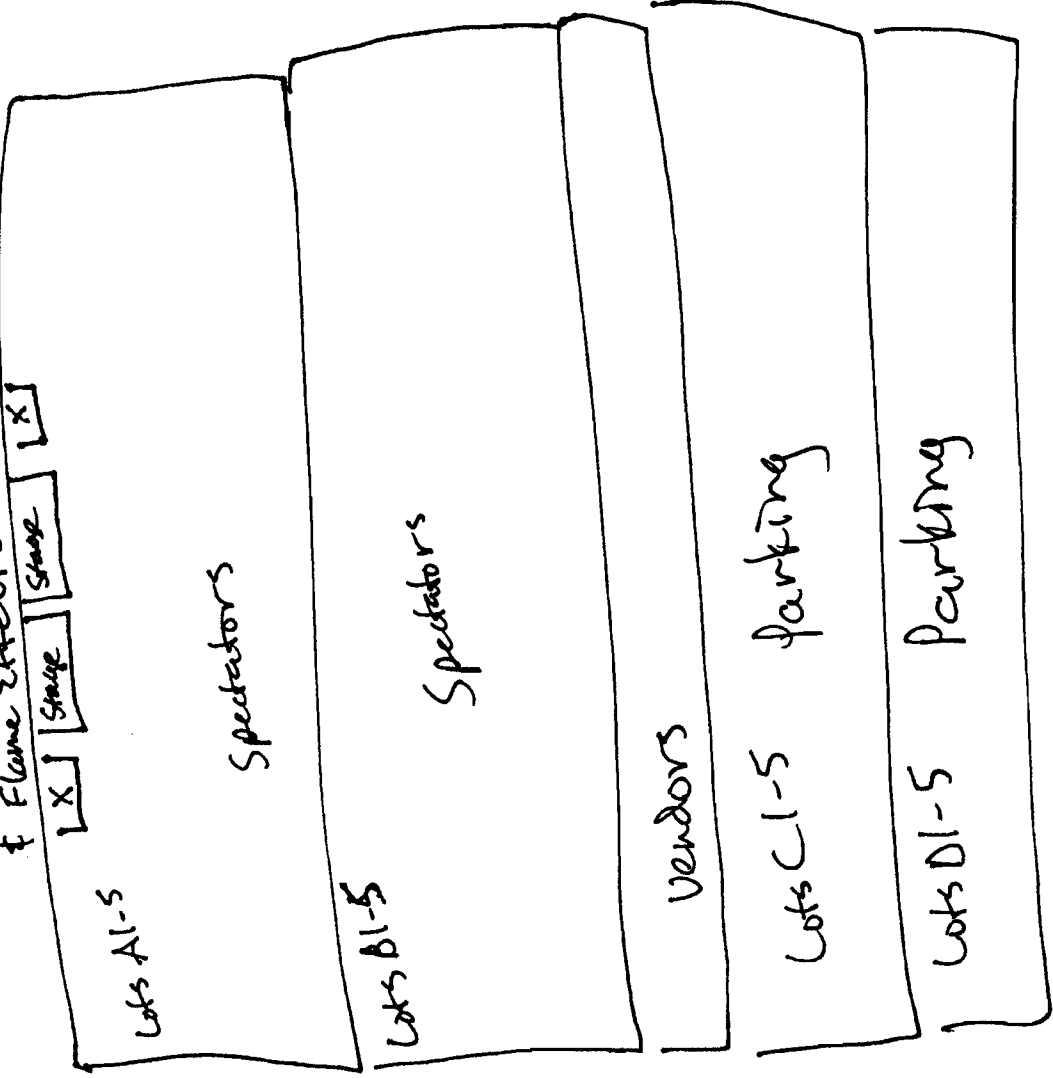
OK for [Signature]

X = Lance work Set piece
+ Close Prox (Indoor) PVRO
+ Flame Effects



→ North

Back
THOR



Hilton

University Blvd (Elwood Dr.)

Stewart Smith Park

XXX Main Fireworks

