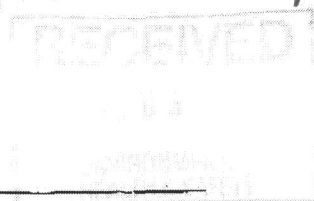


294-3106

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16



Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University

Applicant Information

Name of Event: Iowa State vs. Kent State Football game
Name of Organization Sponsoring Event: Iowa State Athletics Department
Address of Organization: 1800 South Am Street, Ames Iowa 50011
Name of Applicant: Mary Pink
Phone: 515-294-1524 Fax: 515-294-0104 E-Mail: mpink@iastate.edu

Event Information

Event Location: Jack Trice Stadium Estimated attendance: 45,000
Event Date: Sept 6, 2008 Time: 7:00 a.m./p.m Alternate Date (rain date) for event: N/A
Organization's on-site manager or contact for day of Display: Mary Pink / Nathan Tenney
Phone: 515-221-4286 Fax: 515-294-0004 E-Mail: mpink@iastate.edu

Firework Display Information: 240-0476 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 Display
Address: 1804 - 170th Avenue
City: Yanncouting State: IA Zip Code: 52100
Work-week Phone: 641-682-1988 Fax: _____ E-Mail: _____

Operator Name for day of Display: Kelm Brueschke Cell Phone: 515-321-2761
Other Contact for day of Display: Kriss Smith Cell Phone: 641-777-1598

Type of Fireworks: 1.3 G Aerial Attach Display Program
Length of Display: approx. 15 minutes
Fireworks Supplier: J+M Displays, Inc
Exact Location of Display: open field north of Vet Med Center and south of Stadium 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.

7/23/08
Date

Mary Pi
Sponsoring Organization Representative Signature

7-24-08
Date

Jerry [Signature]
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:

8/7/08
Date

Troy Gandy
Environmental Health and Safety

08/07/08
Date

Jerry [Signature]
ISU Police

8/15/08
Date

Tom Hennickson
City of Ames Fire Inspector

8/22/08
Date

Del Keys
Office of Risk Management

Submittal Instructions on Page 2

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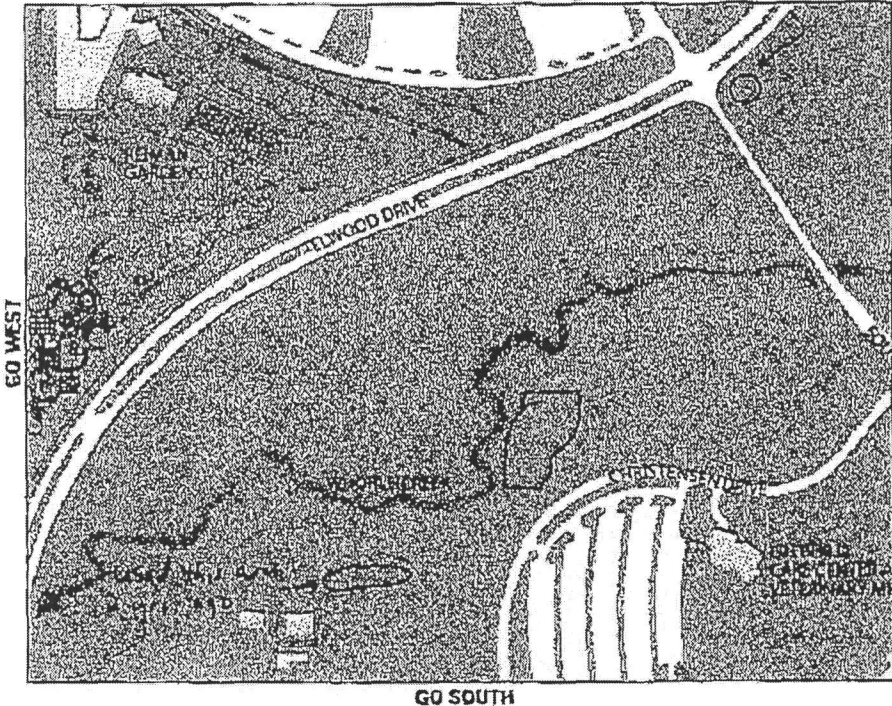
Close-Up Map

Click on a building for more information about it.

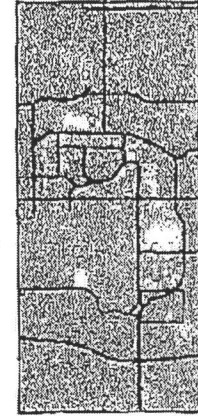
Select map to view
Buildings

Select map size
Small Map

*proposed location
for this year*

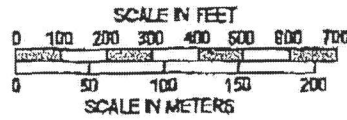


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 Email: FP&M Web Services
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