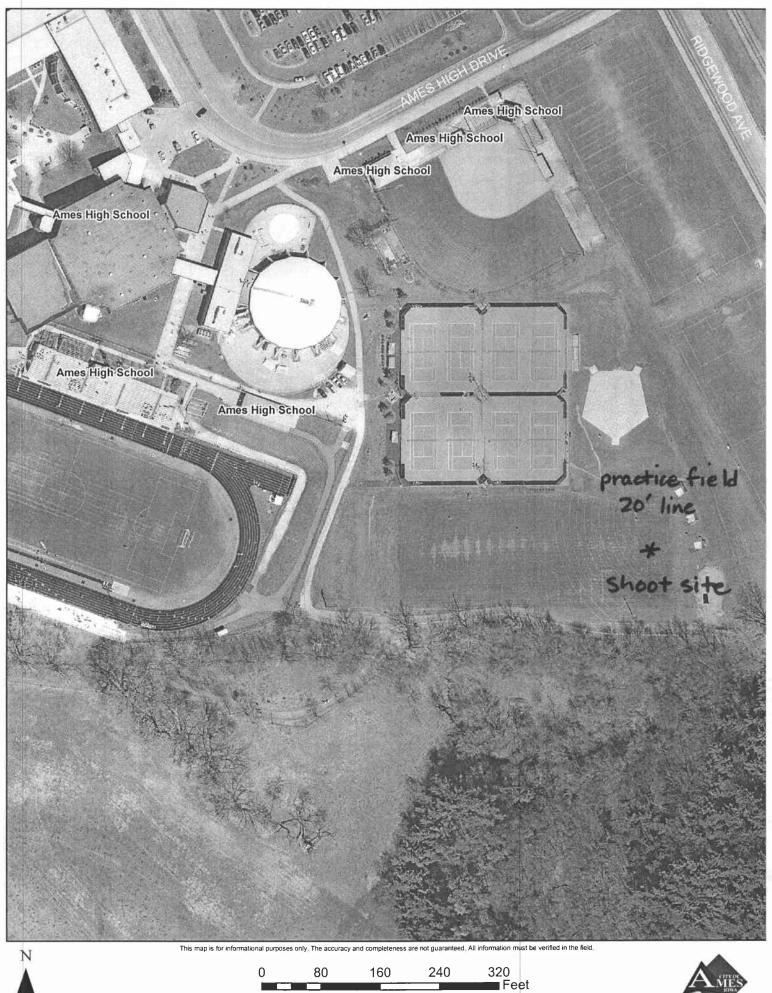
15 a

CITY OF AMES, IOWA APPLICATION FOR PERMIT TO DISPLAY FIREWORKS

Exact Location of shoot/display*:	Name of Event: Ames High Homecoming Football Game
Telephone: 520-1630 E-mail address: Eve pup 4@ 901.com Organization's On-site Manager or Contact for Day of Display: 520-1630 515-290-3798 Date & Time of Event: 62+5 a+ 9:00 Rain Date(s) & Time: Exact Location of shoot/display*: practice field right by football Stadium Size and Type of Display: (attach program, if possible) 3" shells on least Name of Fireworks Supplier: 1/25/25/25/25/25/25/25/25/25/25/25/25/25/	
Telephone: 520-1630 E-mail address: Eve pup 4 @ 901. com Organization's On-site Manager or Contact for Day of Display: 540 Johnston Contact's Cell Phone Number on Day of Display: 520-1630 / 515-290-3798 Date & Time of Event: 6+5 a+ 9:00 Rain Date(s) & Time: Exact Location of shoot/display*: eractice field right by Football Stadium Size and Type of Display: (attach program, if possible) 34 shells on least Name of Fireworks Supplier: 1 1 1 splay of the event: Please submit a resume showing pyrotechnic certification or qualifications of this person.) Work-week Phone: (5/5) 29/- 7000 Cell Phone (for day of display): 29/- 7000 Name of Insurance Company: 10 be provided by 5+M Displays) (For shoots on public property, \$500,000 general comprehensive liability insurance is required, with the applicant or sponsor named as certificate holder and the City of Ames named as an additional insured.) *For displays based on property owned by Iowa State University (including Stuart Smith Park and Brookside Park), a letter of authorization must be obtained from ISU. Contact the Office of Risk Management, 3618 Administrative Services Building, or call 515-294-7674. Signature of Applicant: Evelward Date: 9/7/07 Date: 9/7/07 Date: 9/7/07 Date: 9/7/07 Date: 9/7/07	Address of Organization: 1921 Ames High Drive Ames IA 50010
Organization's On-site Manager or Contact for Day of Display: 500 Johnson Contact's Cell Phone Number on Day of Display: 520-1630 / 615-390-3798 Date & Time of Event: 0c+5 a+9:00 Rain Date(s) & Time: Exact Location of shoot/display*: practice field right by Football Stadium Size and Type of Display: (attach program, if possible) 34 shelle on least Name of Fireworks Supplier: 1 Jisplays Name of Display Operator Responsible Shooter who will be present on the day of the event: (Please submit a resume showing pyrotechnic certification or qualifications of this person.) Work-week Phone: (5/5) 29/-7800 Cell Phone (for day of display): 29/-7000 Britton & Gallagher Name of Insurance Company: (†p 2 provided by 3+M Displays) (For shoots on public property, \$500,000 general comprehensive liability insurance is required, with the applicant or sponsor named as certificate holder and the City of Ames named as an additional insured.) *For displays based on property owned by Iowa State University (including Stuart Smith Park and Brookside Park), a letter of authorization must be obtained from ISU. Contact the Office of Risk Management, 3618 Administrative Services Building, or call 515-294-7674. Signature of Applicant: 2000 Paid: 517-07 Date: 9/4/07 Date: 9/4/07 Date: 9/4/07 Date: 9/4/07	Name of Applicant: Evy Amaya
Contact's Cell Phone Number on Day of Display: 520-1630 515-290-3798 Date & Time of Event: Cc+ 5 at 9:00 Rain Date(s) & Time: Exact Location of shoot/display*: gractice field right by football Stadium Size and Type of Display: (attach program, if possible) 3 whells or least Name of Fireworks Supplier:	Telephone: 520-1630 E-mail address: Evepup 4@ aol-com
Date & Time of Event: Oct 5 at 9:00 Rain Date(s) & Time: Exact Location of shoot/display*: practice field right by Football Stadium Size and Type of Display: (attach program, if possible) 3" shelle on least Name of Fireworks Supplier: 15 15 15 15 15 Name of Display Operator Responsible Shooter who will be present on the day of the event: (Please submit a resume showing pyrotechnic certification or qualifications of this person.) Work-week Phone: (5/5) 29/- 7000 Cell Phone (for day of display): 29/- 7000 Name of Insurance Company: (to be provided by 3+M Displays) (For shoots on public property, \$500,000 general comprehensive liability insurance is required, with the applicant or sponsor named as certificate holder and the City of Ames named as an additional insured.) *For displays based on property owned by Iowa State University (including Stuart Smith Park and Brookside Park), a letter of authorization must be obtained from ISU. Contact the Office of Risk Management, 3618 Administrative Services Building, or call 515-294-7674. Signature of Display Operator: Date: 9/7/107 Signature of Display Operator: Date: 9/7/107	Organization's On-site Manager or Contact for Day of Display: 5 Udge Johnston
Exact Location of shoot/display*:	Contact's Cell Phone Number on Day of Display: 520-1630 / 515-390-3798
Name of Fireworks Supplier: Name of Display Operator Responsible Shooter who will be present on the day of the event: (Please submit a resume showing pyrotechnic certification or qualifications of this person.) Work-week Phone: (5/5) 29/- 7000 Cell Phone (for day of display): 29/- 7000 Name of Insurance Company: (10 be provided by 3+M Displays) (For shoots on public property, \$500,000 general comprehensive liability insurance is required, with the applicant or sponsor named as certificate holder and the City of Ames named as an additional insured.) *For displays based on property owned by Iowa State University (including Stuart Smith Park and Brookside Park), a letter of authorization must be obtained from ISU. Contact the Office of Risk Management, 3618 Administrative Services Building, or call 515-294-7674. Signature of Applicant: Date: 9/7/07 Signature of Display Operator: Date: 9/7/07 Date: 9/4/10 7	Date & Time of Event: Oct 5 at 9:00 Rain Date(s) & Time:
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•	Signature of Display Operator: Date: 9/4/07
•	Date Fee (\$25.00) Paid: Fire Inspector:
	Ames High PO pending



1 inch equals 130 feet

