

Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University

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MAY 19 2008

Risk Management

Applicant Information

Name of Event: Iowa Games
Name of Organization Sponsoring Event: Iowa Sports Foundation
Address of Organization: 1421 South Bell #104, Ames, IA 50010
Name of Applicant: Mark R. Johnson
Phone: 319 394 3890 Fax: 319 394 3265 E-Mail: mark@iandmdisplays.com

Event Information

Estimated attendance: 1500
Event Location: SE of the intersection of Elwood Dr & SE 16th St
Event Date: 07/18/08 Time: ~9:15 a.m./p.m. Alternate Date (rain date) for event: _____
Organization's on-site manager or contact for day of Display: Kim Abeb
Phone: 515 460 8872 Fax: 515 292 3254 E-Mail: kim@iowagames.org

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

Display Operator (company name): J & M Displays
Address: 18064 - 170th Ave
City: Yarmouth State: Iowa Zip Code: 52660
Work-week Phone: 800 648 3890 Fax: 319 394 3265 E-Mail: main@iandmdisplays.com
Operator Name for day of Display: Brian Van Gundy Cell Phone: 515 360 2455
Other Contact for day of Display: _____ Cell Phone: _____

Type of Fireworks: Aerial, up to 5" dia. Attach program
Length of Display: Approx 10 minutes
Fireworks Supplier: J & M Displays
Exact Location of Display: SE of the intersection of Elwood Dr & SE 16th St Attach a diagram of Display/Shoot Location

Date

5-14-08

Date

Sponsoring Organization Representative 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 an Event Authorization Committee meeting at least 6 weeks prior to the event.

Application Submittal:

Mail the completed application with attachments, including the certificate of insurance, at least 6 weeks prior to the event to: Office of Risk Management, Iowa State University, 3618 Administrative Services Building, Ames, Iowa 50011. For questions, please contact: the Office of Risk Management, (515) 294-7711. Fax #: (515) 294-3105.

APPROVAL SIGNATURES:

6/18/08

Date

06-19-08

Date

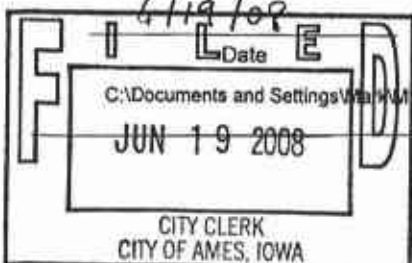
Environmental Health and Safety

ISU Police

Office of Risk Management

- Approved
- Approved As Corrected
- Revise & Re-Submit
- Not Approved
- Refer To

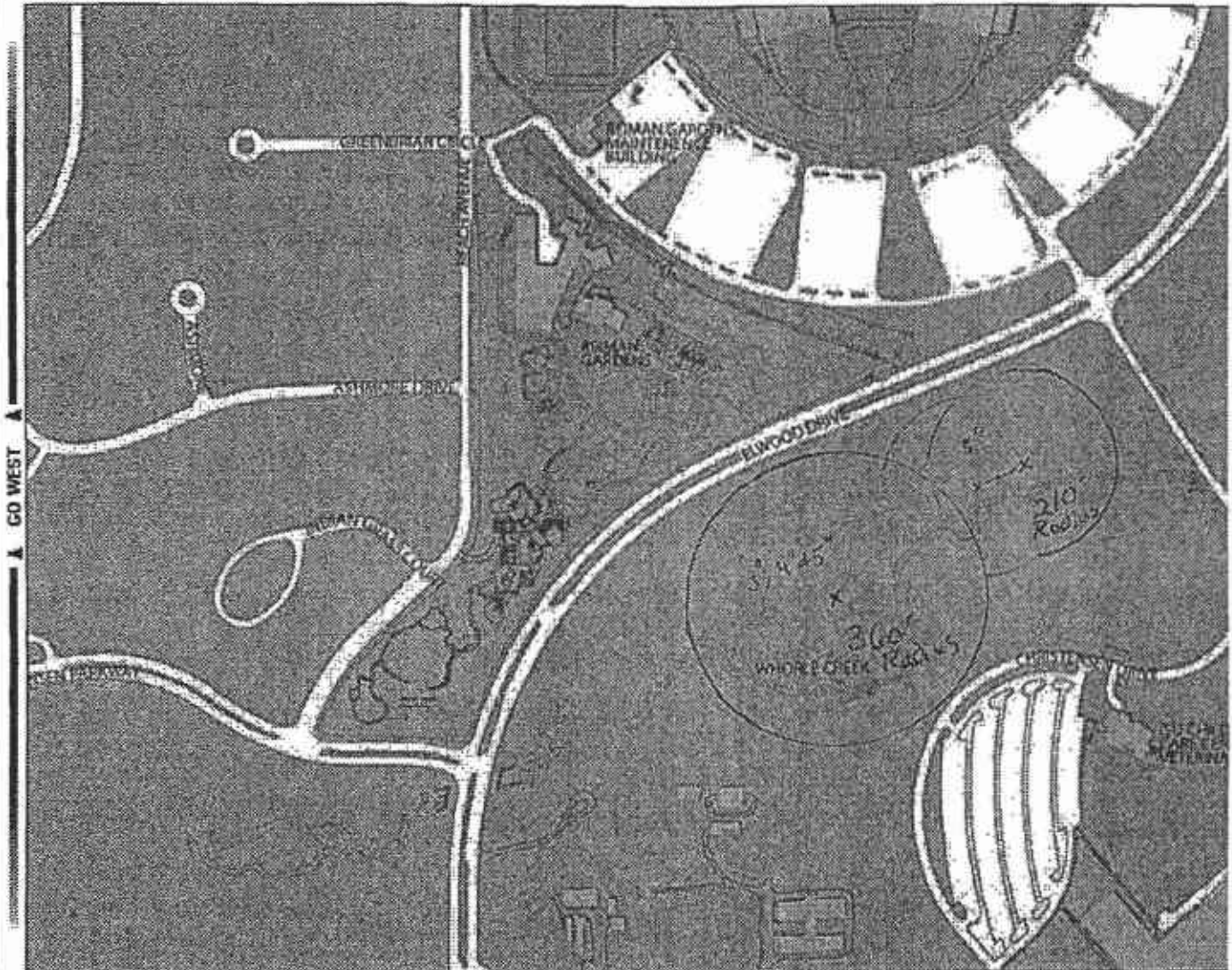
DATE: 6/23/08
Tom Henriksen
CITY OF AMES FIRE INSPECTOR



Close-Up Map

Click on a building for more information about it.

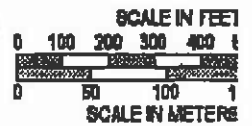
GO NORTH



GO SOUTH

[ISU Campus Maps Home](#)

Not to Scale



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 Email: FP&M Web Services

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<http://www.fpm.iastate.edu/maps/closeup.asp>