

Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University

Date 9/18/08 15
Tom Henriksen
CITY OF AMES FIRE INSPECTOR

Applicant Information

Name of Event: Iowa State University Homecoming
Name of Organization Sponsoring Event: Student Alumni Leadership Council
Address of Organization: 420 Beach Avenue
Name of Applicant: Kurt Beyer
Phone: 294-2632 Fax: 294-9402 E-Mail: beyerku@iastate.edu

Event Information

Estimated attendance: 500 students
Event Location: Central Campus - north of Campanile
Event Date: Fri, Oct 24 Time: 11:55 PM a.m./p.m. Alternate Date (rain date) for event: n/a
Organization's on-site manager or contact for day of Display: Kurt Beyer
Phone: 294-2632 Fax: 294-9402 E-Mail: beyerku@iastate.edu

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 Avenue
City: Yarmouth 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: Kelm Brueschke Cell Phone: 515-321-2761
Other Contact for day of Display: Pete Svec Cell Phone: 515-201-7099

Type of Fireworks: Ground effects Attach program
Length of Display: 10 Minutes
Fireworks Supplier: J&M Displays
Exact Location of Display: North of Campanile along sidewalk Attach a diagram of Display/Shoot Location

Date September 17th, 2008 Sponsoring Organization Representative Signature
Kelm P. Brueschke
Date _____ 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:
Date _____ Environmental Health and Safety
Date _____ ISU Police
Date _____ Office of Risk Management

