

Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University

MAY 21 2009

Applicant Information

Name of Event: Iowa Games
Name of Organization Sponsoring Event: Iowa Sports Foundation **Risk Management**
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: markj@jandmdisplays.com

Event Information

Event Location: SE of the intersection of Elwood Dr 7 Estimated attendance: 1500
Event Date: 07/17/09 ^{SE 16th St} Time: 9:15 am/p.m. Alternate Date (rain date) for event: _____
Organization's on-site manager or contact for day of Display: Kim Abels
Phone: 515-460-8872 Fax: 515-292-3254 E-Mail: kim@iowagames.org

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, Inc.
Address: 18064 170th Avenue
City: Yarmouth State: IA Zip Code: 52660
Work-week Phone: 800-648-3890 Fax: 319-394-3265 E-Mail: main@jandmdisplays.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 4" dia. **Attach Display Program**
Length of Display: Approx 10 minutes
Fireworks Supplier: J & M Displays, Inc

Exact Location of Display: SE of the intersection of Elwood Dr & SE 16th St **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.

Date
5-18-09
Date

Sponsoring Organization Representative Signature
[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:

6/1/09
Date
6/10/09
Date
6/12/09
Date
6/11/09
Date

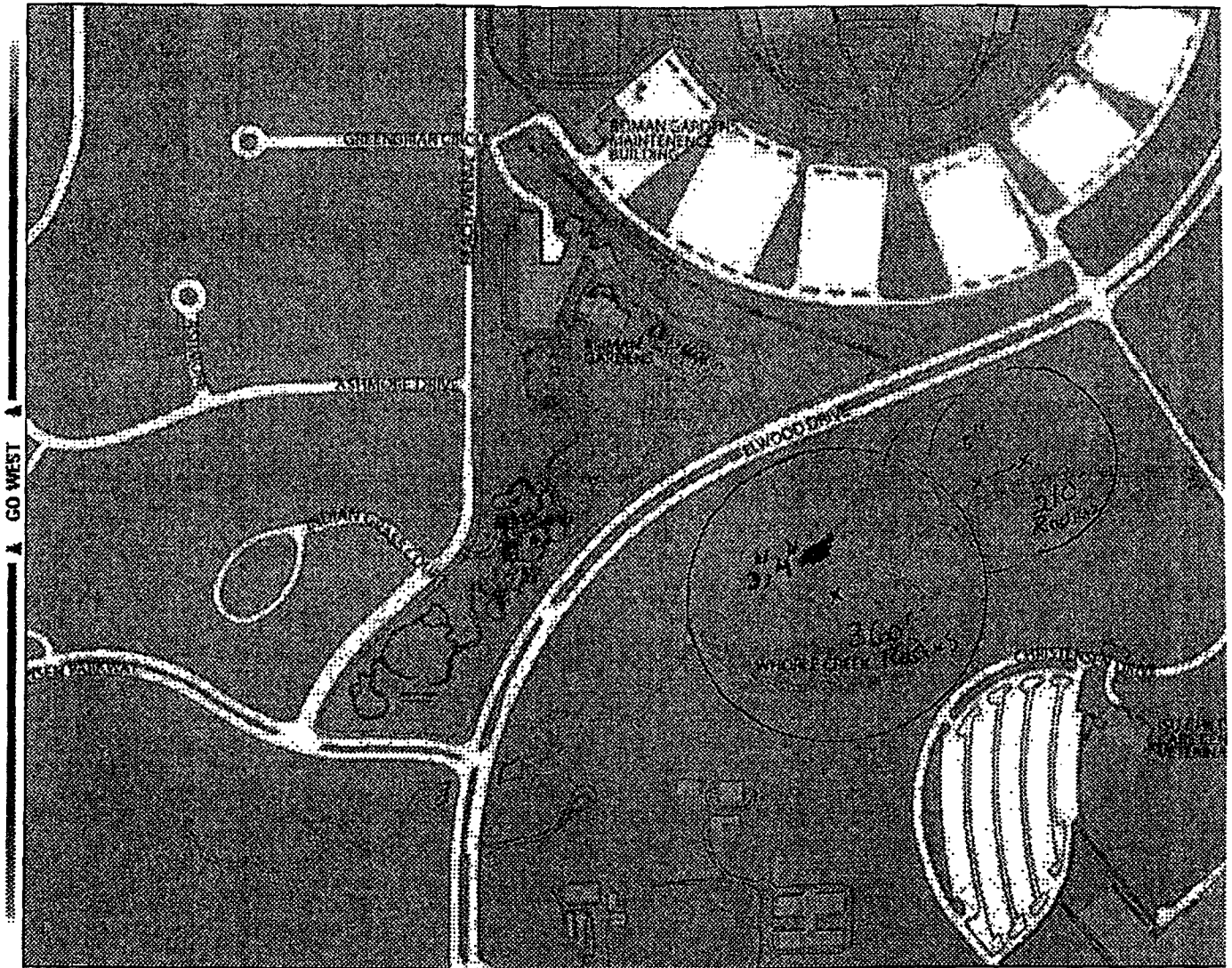
[Signature]
Environmental Health and Safety
[Signature]
ISU Police
[Signature]
City of Ames Fire Inspector
[Signature]
Office of Risk Management

Submittal Instructions on Page 2

Close-Up Map

Click on a building for more information about it.

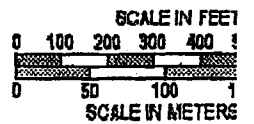
GO NORTH



GO SOUTH

[ISU Campus Maps Home](#)

Not to scale



IOWA STATE UNIVERSITY Facilities Planning & Management
 Email: FP&M Web Services

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