

Fireworks, Pyrotechnics or Flame Effects Application
Iowa State University

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JUN 15 2010

Applicant Information

Name of Event: Iowa Games
Name of Organization Sponsoring Event: Iowa Sports Foundation
Address of Organization: 1421 S. Bell Ave #104 Ames, IA 50010
Name of Applicant: Jody Larson on behalf of Iowa Games
Phone: 515-950-3203 Fax: 515-232-6716 E-Mail: jilarsone@iastate.edu

Risk Management

Event Information

Event Location: Jack Trice Stadium Estimated attendance: 2500 ppl
Event Date: Fri, July 16, 2010 Time: 8-9:30 a.m./p.m. Alternate Date (rain date) for event: Cancelled
Organization's on-site manager or contact for day of Display: Kim Abels with IA Games Seann Demans
Phone: Kim 515-460-8872 Fax: _____ E-Mail: _____ w/ACVB

Firework Display Information: Attach a copy of the Display Operator credentials and applicable U.S. DOT requirement information for transportation with this application 515-231-2111

Display Operator (company name): J+M Displays, Inc
Address: 19064 170th Ave
City: Yarmouth State: IA Zip Code: 52660
Work-week Phone: 800-648-3870 Fax: _____ E-Mail: _____
Operator Name for day of Display: ~~Mark~~ Brian van Gundy Cell Phone: 515-360-2455
Other Contact for day of Display: _____ Cell Phone: _____

Type of Fireworks: Aerial
Length of Display: approx. 10 minutes
Fireworks Supplier: J+M Displays, Inc
Exact Location of Display: SE of the intersection of University & SE 16th St.

Attach Display Program

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.

4/26/10
Date
7-7-10
Date

[Signature]
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:

6/14/10
Date
06-15-2010
Date
7/9/10
Date
7/9/10
Date

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

Submittal Instructions on Page 2

IOWA STATE UNIVERSITY

Print

Online Campus Map

