

Fireworks, Pyrotechnics or Flame Effects Application lowa State University of Science and Technology

Applicant Information				
Name of Event: <u>Iowa Games</u>				
Name of Organization Sponsoring Event: Iowa Sports Foundation				
Address of Organization: 1421 S. Bell	Ave #104, Ames, IA 50010			
Name of Applicant: Mark R Johnson				
Phone: <u>319-394-3450</u> Fax	319-394-3448	E-Mail:	markj@jandmdisplays	.com
Event Information				
Event Location: East of Jack Trice St	adium		Estimated attendan	ce: 500?
Event Date: 7/13/2012 Time	e: 8:30 a.m./p.m.	Alterna	ate Date (rain date) for eve	nt: N/A
Organization's on-site manager or contact	for day of Display: Kim Abels			
	515-292-3254	E-Mail:	kim@iowasportsfound	ation.org
Firework Display Information: Attach a copy of the Display Operator credentials and applicable U.S. DOT requirement information for transportation with this application				
	Tech FX LLC			
Address: 18060 170th Ave				
City: Yarmouth	State: IA		Zip Code: 52660	
Work-week Phone: 319-394-3450	Fax: 319-394-3448		E-Mail: John@hi-tec	hfx.com
Operator Name for day of Display: Kelm	Brueschke		Cell Phone: 515-32	1-2761
Other Contact for day of Display:			Cell Phone:	
NOTE: Electronic firing ONLY				
Type of Fireworks: 1.4G Proximate, 1	.3G No Fallout Comet/Mine Ca	kes	Attach Display Program	
Length of Display: 2-5 minutes				
Fireworks Supplier: Hi-Tech FX LLC				
Exact Location of Display: Side of Jac	k Trice Stadium, East of Lot S7		Attach Diagram of Displ	ay/Shoot Location
Insurance Requirements: Insurance coverage and certificate requirements are on the back of this form.				
Student Organizations Only: Submit an Event Authorization and Notification Form with other event documents (including this application) at least 6 weeks prior to the event.				
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.				
10 31 3.12	Visit No. 1	^		
May 31, 2012	FINA ROED			
Dáte	Sponsorin	g Organiza	ation Representative Signa	ture
4/2/7	I have read and agree to the responsibilities stated in the ISU Fireworks, Pyrotechnics and Flame Effects Procedures and also agree that I will meet all insurance requirements listed on this application and that this insurance will be primary.			
Mas 31, 2016	11h/ K/2	3		
Date	Displa	y Operator	Representative Signature	
ADDDOVAL SIGNATURES				
APPROVALISIGNATURES:	1/m-Care	_		
Date	© Environmental Health and Safety			
06/28/12	F5. M			
Date		1.5	SU Police	
D-01.0	.551 5005			
Date	City of Ames Fire Inspector			

Office of Risk Management

Date

