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

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Applicant Information	
Name of Event: Towa Games	
Name of Organization Sponsoring Event: Toxin Sports Founds from Inc.	
Address of Organization: 1421 South Rell Avenue, Ste #104 Ames, IA Stocio	
Name of Applicant: Kim Abe /S	Kimal amesculo.com
Phone: \$15-817-6312 Fax: \$15-232-67/6 E-Mail:	Rimae Omescopico
Event information	7 .~~
Event Location: Jack Trice Stadium	Estimated attendance: 3,000
Event Date: 1-00-18 Ime: 7.4	ate Date (rain date) for event:
Omanization's on-site manager or contact for day of Display: Kim Abels	
Phone: 515-460-8872611) Fax 515-232-6716 E-Mail:	Kima Camescub, Com
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 Ave	
Cly. Varmouth State: Fown	Zip Code: 52660
Work-week Phone: 800-648-3895 Fax: 1-394-3265	E-Mall: www. jandmol.spkys. CO
Operator Name for day of Display: Sancintha Hayden	Cell Phone: 515-419-5570
Other Contact for day of Display: Mack Johnson	Cell Phone: 3/9-759-1894
	*
NOTE: Electronic firing ONLY	Attach Display Program
Type of Fireworks: 1.36 4"and 5" aerial	Attacti Display Flogram
Length of Display: Approx 5 minutes	
Fireworks Supplier. Tr. M. D. S. Plays, Inc	Au I Di
Exact Location of Display: Lot 6-3-	Attach Diagram of Display/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 inclament weather that with cause risks to the crowd or surrounding property.	
5-23-18 Whate	Committee of the control of the cont
Concorded Orden	ation Representative Signature
Date I have read and agree to the responsibilities stelled 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.	
May 23 2018 Mark R bot	
Date Display Operator	r Representative Signature
ADDROVAT DIGNATURES:	
APPROVAL SIGNATURES:	
(5710)	
Date ISH Police	
18 June 2018	
Date City of Ames Fire rispector	
6/15/18 WWW.M. Standard Community C	
Date Office(of	Last intelligible

Submittal Instructions on Page 2

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