

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

Applicant Information

Name of Event: Iowa Games
Name of Organization Sponsoring Event: Iowa Sports Foundation Inc.
Address of Organization: 1421 South Bell Avenue Ste #104 Ames, IA 50010
Name of Applicant: Kim Abels Kevin Bourke
Phone: 515-817-6312 Fax: 515-232-6716 E-Mail: Kim@amescub.com
Kevin.bourke@iowasportstfoundation.org

Event Information
Event Location: Jack Trice Stadium Estimated attendance: 2,500
Event Date: 7-19-19 Time: ~9:20 a.m. (pm) Alternate Date (rain date) for event: _____
Organization's on-site manager or contact for day of Display: Kim Abels
Phone: (515) 460-8872 Fax: 515-232-6716 E-Mail: Kim@amescub.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): T+M Displays, Inc.
Address: 1806 170th Ave. #
City: Vermont State: Iowa Zip Code: 52660
Work-week Phone: 800-648-3870 Fax: 319-397-3265 E-Mail: www.jandmdisplays.com
Operator Name for day of Display: Kevin McClain Cell Phone: 515-669-7804
Other Contact for day of Display: Mark Johnson Cell Phone: 319-759-1894

NOTE: Electronic firing ONLY

Type of Fireworks: 1 3G 4" and 5" aerial Attach Display Program
Length of Display: Approx 5 minutes
Fireworks Supplier: T+M Displays, Inc.
Exact Location of Display: Lot G-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 inclement weather that will cause risks to the crowd or surrounding property.

5/9/19
Date

Katie Kramer
Sponsoring Organization Representative Signature

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.

5/9/19
Date

Mark R. Johnson
Display Operator Representative Signature

APPROVAL SIGNATURES:

6/5/19
Date

Pro C...
Environmental Health and Safety

6/11/19
Date

Michael...
ISU Police

6/13/19
Date

Suzanne K. Johnson
City of Ames Fire Inspector
Office of Risk Management