ITEM # 11 DATE 09-28-21

COUNCIL ACTION FORM

SUBJECT: FIREWORKS PERMIT REQUEST FROM ISU HOMECOMING CENTRAL COMMITTEE

BACKGROUND:

The Homecoming Central Committee at Iowa State University is again planning to host its annual Homecoming activities. This includes a fireworks display on Central Campus as part of mass campaniling.

The fireworks permit is being requested for ground effects firework display on Central Campus at midnight (12:00 a.m.) on Friday night, October 22, 2021.

Organizers have informed City staff that they are working with the on-campus Veterans Center to communicate in advance with students who may be distressed by the noise from fireworks. Organizers have also reported they will notify the SCAN neighborhood association about the fireworks display.

ALTERNATIVES:

- 1. Approve the request from the Homecoming Central Committee for a Fireworks Permit for Central Campus on Friday, October 22nd.
- 2. Deny the requests.

CITY MANAGER'S RECOMMENDED ACTION:

Organizers have taken appropriate steps to plan and implement the event in a safe, well thought-out manner.

Therefore, it is the recommendation of the City Manager that the City Council adopt Alternative No. 1, as described above

For Office Use Only

Documents Received



PERMIT TO DISP	LAY FIREWORKS	APPLIC	AHON	Date
Name of Event Homecomii	ng 2021 - Fireworks Shov	٧		Sketch
	1/22/21 11:59p Rain Date 8			X ISC Property
Applicant Name Mary-Kate			33.349.7847	Feey
Email mkmisak@lastate.			70.0 10.1 0 11	X = 525 (0) _ 79]
•	LC Homecoming Central	Committee		Date Fee Paid V DO
Adaress 429 Alumni Lane		• • • • • • • • • • • • • • • • • • • •		Insurance
Lity Ames	State IA	Zip Code	50012	Parent 547
Contact for Day of Display S	vdnev Peterson		15.724,4472	Disproved 5.4.2
	y ISU Central Campus -			Follon Up
Attach diagram of display loca		14016101020	-sparsie	Application approved
Size of shells and/or type of d	isplay No Shells - Ground	effects only		Fire Inspector approved
Attach effects list or schedule		Permuti database updated		
inhis person is to be present on the day		eschke		Permit Letter prepared Letter copied and marked
L-V.	otechnic certification/qualifications erator/Responsible Shooter	515 221 276	1	Ciry Council Meeting
Name of Insurance Company see below for detailed information about	Added to Agenda 9-14-			
	by the City Fire Inspector or his/her design of 13 is determined that there are safety c		Dapartment has	Permit Number <u>21-03</u>
Applicant Signature	MK nusak Kelmf Burdher	Date 4	14121	Special Conditions:
Display Operator Signature	Kelm & Buerdser	Date 3/2	28/2021	
Liabdity limits in the amount CG0001 covering commercias applicant and/or Sponsor mu the City of Ames, its officers	entwikings in the amount of \$1,000,000 co of \$5,000 000. Coverage that be at least to general hability written on an occurrence at be named as certificate holder(s) and employeds must be named as addition ce certificate must be filed with the City C	as broad as the SO I basis only. mail-nsured		Application Denial Reason:
NOTE: This application not to	be used for displays originat	ing on Iowa St	ate	
University property.	•			
Submit your completed permit applicated City of Ames City Clerk's Office PO Box 511 ames, in 50010	in to <u>case early districtly desired</u>			

For displays on property owned by lowa State University, an atternate application must be submitted to SU Pisk Management at least six (6) weeks prior to the event. Please refer to forms and information found at http://www.riskmanagement.astate.edu:events/fireworks.or.contact.the FSU Office of 9isk Management at 515-294-7711

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

Applicant Information	2024 E-	J N LA E					
Name of Event: ISU Homecomi					ine Coetmi Com	mittaa	
Name of Organization Sponsoring				nomecom	ing Central Con	швиее	
Address of Organization: 429 A	iumni Lane, A	illes, iA 500					
Name of Applicant:				E 44 7	mkmisak@iast	nto ndu	
Phone: <u>563.349.7847</u>	Fax: _			E-Mail:	TIKITIISAN@iasi	AIC.CUU	
Event Information							
Event Location:					Estimated	d attendance:	500
Event Date: Fri 10/22/2021	Time: 1	1:59	a.m./p.m.	Alterna	ate Date (rain da	te) for event:	N/A
Organization's on-site manager or							
Phone: 515.724.4472	Fax: T	ype text here	<u>-</u>	E-Mail:	isuhc.logistics	@gmail.com	
Firework Display Information: Display Operator (company name	informati e): J & M Di	ion for trans	e Display Oper portation with	ator crede this applic	entials and app ation	licable U.S. C	OT requirement
Address: 18064 170th Avenue							
City: Yarmouth		State:	<u>IA</u>		Zip Code:	52660	
Work-week Phone: 515.321.276		_ Faxc _			E-Mail:		
Operator Name for day of Display					Cell Phone:	515.321.276	
Other Contact for day of Display:	Jake Amsde	en -			Cell Phone:	515.991.971	9
NOTE: Electronic firing ONLY Type of Fireworks: Length of Display: Fireworks Supplier: J & M Display J & M Display		e Proximity P	yrotechnics		Attach Displa	y Program	
Exact Location of Display: ISU	Central Cami	ous North of	Campanile		Attach Diagra	m of Display/	Shoot Location
					J		
Insurance Requirements: Insura							
Student Organizations Only: St application) at least 6 weeks prior	ubmit an <u>Ever</u> r to the event.	ıt Authorizati	on and Notificati	<u>on Form</u> w	ith other event d	ocuments (inc	luding this
The display operator, EH&S and the Ames Fire Department have tapproved application; or there is I	ha sutherity t	o cancel or n	ostpone any dis lement weather	play if they that will ca	determine there use risks to the	is not strict at	therence to the
4/6/2021			t.	mr 1	Muscle		
Date Date	_		Sponsori	ng Organiz	ation Represent	ative Signature)
3/28/2021		I have read and I require	l and agree to th Flame Effects Pr ements listed on	ocedures a this applic	bilities stated in and also agree to alion and that the Sweether	the ISU Firewo hat I will meet a is insurance w	orks, Pyrotechnics all insurance ill be primary.
Date	_		Displ	ay Operato	r Representative	Signature	
APPROVAL SIGNATURES: 972372021 9:29 A	M CDT			ſ.	ocusigned by: Yoy Cavly		
<u> </u>	_					-	<u>.</u>
Date 9/23/2021 9:31 /	AM CDT				lichard Mu Document bei		
9/23/2021 3:08 F	PM CDT				SU SOICE TO		
Date 9/23/2021 3:14	PM CDT			City of A	mes Fire Inspec USIC JOULUSO		
Date	-			Office of	5567DB48F62420 Risk Manageme	ent	

Submittal Instructions on Page 2 Page 1 of 2

DISPLAY OPERATOR INFORMATION:

The fireworks display company must carry fireworks display liability insurance with a company acceptable to lowa State University. In accordance with the policies and procedures of lowa State University, all event sponsors and participants must be adequately insured. An original Certificate of Insurance must be submitted with the Fireworks Application at least six (6) weeks prior to the event. Please share the following insurance requirements with your insurance agent to facilitate issuance of the certificate of insurance:

1. The company must be at least A Class VII rated by A. M. Best Company.

The insurance companies providing coverage must be of an acceptable financial rating as determined by lowa State University Office of Risk Management.

Exceptions are possible; however, ISU retains the right to require the A rating. Unrated companies are not accepted.

2. State of lows: Board of Regents, State of lows; and lows State University must be named as additional insureds.

All legal entities referenced above must be individually listed on the certificate as an additional insured for liability coverage. Additional insured status shall be on a primary and non-contributory basis.

3. We require occurrence coverage.

The certificates should be marked "occurrence." If there is no box marked "occurrence," we require the notation "occurrence form" in the Special Conditions box.

4. The certificate must be complete,

Certificates without limits, insurance company, or coverage indicated are not acceptable.

- 5. Limit Requirements:
 - General Liability

The policy must provide the following coverage and limits as a minimum: \$1,000,000 combined single limit per occurrence for bodily injury including death, personal injury and property damage.

Automobile Liability

The policy must provide the following limit for Automobile Liability: \$1,000,000 combined single limit each accident.

Worker's Compensation and Employer's Liability

The policy must provide for the Statutory Limits of \$100,000/\$500,000/\$100,000. Also required under Worker's Compensation is a Waiver of Subrogation in favor of lows State University/State Board of Regents.

Excess Liability

The policy must provide \$5,000,000 for Excess Liability coverage.

- The policy shall provide for thirty (30) days' written notice to Iowa State University in the event of any modification, cancellation, or termination.
- Insurance policy term must be for the duration/term of contract or specific to the event date(s).

Certificate of Insurance

Mail or fax the certificate to:

Office of Risk Management, Iowa State University 3618 Administrative Services Bldg., Ames, Iowa 50011

Fax #: (515) 294-3105

For questions or concerns contact: Deb Keys, Insurance Coordinator, at (515) 294-7711

Application Submittal

The application must include the following attachments:

- Certificate of insurance for the Display Operator with appropriate limits and named insureds
- Copy of the Display Operator's license
- Diagram of the display location from the Display Operator
- ☐ Effects list/schedule from the Display Operator (must indicate electronic fining will be used for ignition)
- ☐ \$100,00 application processing fee (check made payable to lowa State University)

Mail the completed application with attachments at least six (6) weeks prior to the event to:

Office of Risk Management, lowe State University, 3618 Administrative Services Building. Ames, Iowa 50011

For questions, please contact the Office of Risk Management

Phone: (515) 294-7711 Fax: (515) 294-3105

Show Details:

Venue:

Event Name: ISU Homecoming 2021 Organization: ISU Alumni Association

Contact: Mary Kate Misak Address: 429 Alumni Lane

Ames, IA 50011

Phone: 515.294.2632

Fax: 515,294,9402

Email: mkmisak@iastate.edu

ISU Central Campus North of the Campanile - see attached aerial view

Responding Fire Department:

Ames Fire Department - Ames, IA

Show Date: Friday October 22nd, 2021

Shoot Time: 11:59 p.m.

Duration of Show: 10-12 minutes

Lead Display Operator:

Kelm Brueschke - Credentials

PGI Certified Shooter

• Minnesota Fireworks License & Indoor Close Proximity License

• Missouri Fireworks License & Indoor Close Proximity License

Nebraska Fireworks License

• Cell Phone: 515.321.2761

Jake Amsden

PGI Certified

• Cell Phone: 515.991.9719

Pyrotechnic Products Proposed: (No aerial shells - ground effects only)

Quantity Type/Class		Description				
50	Class C (1.4g)	45mm Mines				
25	Class C (1.4g)	3" Mines				
10	Class B (1.3g)	300 Shot Roman Candle Bundles				
20	Class C (1.4g)	Strobe Pots				
30	Class B (1.3g)	Multi-Shot Barrage Cakes				
30	Class C (1.4g)	30mm Comets				
10	Class C (1.4g)	100mm Mines				
7	Class B (1.3g)	Fireballs				
4	N/A	Galaxis G-Flame Propane Flame Systems				

