



FILM PERMIT APPLICATION

FILM/VIDEO: Y / N	STILL PHOTO: Y / N	STUDENT: Y / N
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PRODUCTION TITLE: _____

SHOOT LOCATION 1: _____

SHOOT LOCATION 2: _____

SHOOT LOCATION 3: _____

SCENE DESCRIPTION: _____

SHOOT DATES/TIMES: _____

PARKING & POSTING INFORMATION*: _____

*When requesting parking, you must indicate the spaces you need by address or parking meter number. We will not accept "...200 feet east of location..."

PERSONNEL & EQUIPMENT COUNTS	
CAST & CREW: (PERSONNEL)	
CAST & CREW: (CARS)	
DR/ HONEY WAGONS:	
PICTURE CARS:	
CAMERA CARS:	
VANS:	
MOTOR HOMES:	
TRUCKS:	
CATERING:	
CRANES:	
OTHER VEHICLES:	
LIGHTS:	
GENERATORS:	

COMPANY/CONTACT INFORMATION:

PRODUCTION COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____

PRIMARY CONTACT: _____ PH/PGR: _____

SECONDARY CONTACT: _____ PH/PGR: _____

FOR CITY USE ONLY

	YES	NO	#	NA
INSURANCE ON FILE:				
BUSINESS LICENSE ON FILE:				
CITY ATTORNEY:				
CAO NOTIFICATION:				
REDEVELOPMENT:				
FIRE MARSHALL:				
POLICE: (OFFICERS)				
TRAFFIC ENGINEERING:				
OTHER:				

USE ADDITIONAL SHEETS AS NECESSARY

APPLICANT NAME: (PLEASE PRINT) _____

APPLICANT SIGNATURE: _____

APPROVED BY:	DATE:	TIME:
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