

# MOTION PHOTOGRAPHY PRODUCTION PERMIT ORANGE, SEMINOLE, LAKE AND OSCEOLA COUNTIES

PRODUCTION CO	MPANY/APPLICANT I	NAME			
ADDRESS			CITY		
	ZIP				
REPRESENTATIV	E NAME & TITLE				
ON-SITE PRODUC	CTION COORDINATOR	R			
ON-SITE PHONE					
PRODUCTION MA	NAGER				
	NAGER EMAIL				
PROJECT TITLE _					
Budget					
	res)				
	Prep to wrap				
☐ Feature Film	☐ Independent Film	□ Comm	ercial □ PSA	☐ Web Series	☐ Music Video
	□ Documentary				
Production Locat	ion		Dates & Times	Rain Dates & Ti	mes
	· <u>-</u>				



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PRODUCT	PRODUCTION COMPANY FILMING DATE(S)				E(S)	
If the	If there is not enough space below, attach a separate sheet of paper with the required information					
PRODUCTIO	ON SCHEDULE: Inc involved, numbe	lude all relevant in the second secon	information such vehicles at locatio	as production activity, nunn, any temporary structu	imber of cast and crew res, etc.	
CITY, COUNTY OR STATE SERVICES: Describe any additional personnel, facilities, or assistance needed.  For example - police escort, restroom use, extended hours, etc.						
SPECIAL EF	FECTS: Check any	applicable categ	ories and include	a detailed explanation of	the activity.	
Stunts	Explosives	Firearms	Fireworks	Incendiary Devices	Other	
Explain:						
				and parking arrangements a map of the impacted a		



### MOTION PHOTOGRAPHY PRODUCTION PERMIT

## ORANGE, SEMINOLE, LAKE AND OSCEOLA COUNTIES

PRODUCTION COMPANY

FILMING DATE(S)\_\_\_\_

DATE

#### APPLICANT'S CERTIFICATION

The applicant agrees to abide by the provisions of the City/County/State Codes pertaining to Motion Photography Production, as represented by this permit and any attachments. In addition, the applicant agrees to restore location production sites to the condition existing immediately prior to production. This permit is to be in possession of the production company at all times while on location and must be presented upon demand by any City/County/State authorized agent. The person whose signature appears below certifies that he/she is an authorized agent of the applicant and is duly authorized on the applicant's behalf to execute this application.

to execute this application.	
INDEMNIFICATION	
The applicant indemnifies and holds harmless the City/County/Sta officers and employees, from and against all claims, damages, I arising out of or resulting from the acts or omissions of applicant, servants, during the filming and all activities associated therewith fowned property.	its contractors, subcontractors, their employees, agents or
INSURANCE CERTIFICATE	
An Insurance Certificate additionally insuringamount of no less than \$1,000,000 or \$5,000,000 in the case of experience.	as the Certificate Holder, in the plosives/stunts, must be attached to this application.
APPLICANT SIGNATURE	DATE
NAME & TITLE (PRINT)	
Sworn and subscribed before me thisday of	
Notary Public	_My commission expires
AUTHORIZATION FOR PERMIT APP	PROVAL: FOR FILM OFFICE ONLY
POLICE/SHERIFF'S DEPT	DATE
FIRE DEPT.	DATE
RISK MANAGEMENT	DATE
TRAFFIC & ENGINEERING	DATE
PARKS/RECREATION DEPT.	DATE
PARKING/METERS DEPT	DATE
CODE ENFORCEMENT	DATE

CITY/COUNTY DESIGNEE \_\_\_\_\_



### MOTION PHOTOGRAPHY PRODUCTION PERMIT

# ORANGE, SEMINOLE, LAKE AND OSCEOLA COUNTIES REQUIRED DOCUMENTS TO BE INCLUDED WITH THE PERMIT APPLICATION

□ Neighborhood Letter (if applicable)
If filming at a residence, please attach a letter to be distributed to surrounding neighbors within a 500 ft. circumference, as well as signed consent from properties on the immediate left, right, front and back.
☐ Business Letter (if applicable)
If filming at a business, please attach a letter to be distributed to surrounding businesses within a 500 ft. circumference, as well as signed consent from businesses on the immediate left, right, front and back.
□ Мар
If filming at a residence/business where you will be parking your production/crew vehicles on the street, please include a map that indicates where everyone will park.
Also, if filming at a park, please include a map that indicates where you will be filming on park property.
□ Certificate of Insurance
All filming in the Orlando region requires applicants to produce a certificate of insurance additionally insuring the city/county of your filming jurisdiction. Details are subject to each jurisdiction and will be provided to you by the Orlando Film Commission upon application submission.
□ Project Summary Document (next page)
Please fill out a Project Summary Document and return it to the Film Commission. This document is an important piece in helping the Film Commission track local spend information. Individual project information will <i>not</i> be

shared unless written permission is received to do so. Any information collected will only be shared as part of a larger number, used to assist the Film Commission in highlighting the importance and positive impact of the Film Industry on our Central Florida region. Note: While final spend information is preferred, this document can be

submitted prior to filming, with estimated spend information.



# **FINAL PROJECT SUMMARY**

PROJECT NAME:					
COMPANY NAME:					
ADDRESS:		CITY/STATE/ZIP:			
PHONE:		COMPANY WEBSITE:			
CONTACT NAME:		CONTACT TITLE:			
CONTACT PHONE:		CONTACT EMAIL:			
Check all that apply: □	Film $\square$ Television $\square$ Co	ommercial   Student   Other			
PROJECT DESCRIPTION	:				
BUDGET BREAKDOWN:					
Total Budget:	\$	Local Budget Spend:	\$		
Total Crew:	#	Local Location Dept: (loc. fees, police, security, etc.)	\$		
	\$	Total # Production Days:	#		
Local Crew:	#	Local # Production Days:	#		
	\$	Local # Room Nights:	#		
Total Cast:	#	Local Accommodation Spend:	\$		
	\$	Qualified Production Facility:	□ Yes □ No		
Local Cast:	#	Facility Name:			
	\$	Studio/Stage Rental:	\$		
Local Catering:	\$	Set Construction Cost:	\$		
Local Car & Van Rental:	\$	Local Equipment Rental:	\$		
Florida State Tax Exempt	ion? □ Yes □ No	<b>Miscellaneous:</b> (gas, utilities, cleaning services, waste mgt, etc.)	\$		
VENDORS:	dana fan armusfanana				
Please include a list of ven	dors for our reference	List of Vendors attached: ☐ Y	es 🗆 No		
FILM COMMISSION ASSIS	STANCE	(check all that apply):			
		□ Crew Reference			
□ Location Assistance □ Other:					
	CONFIDMATION OF	DDO IFOT INFORMATION 9			
CONFIRMATION OF PROJECT INFORMATION & ASSISTANCE PROVIDED BY THE ORLANDO FILM COMMISSION					
Name/Title:		Date:			
Signature:					