



PRODUCTION COMPANY/APPLICANT NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

REPRESENTATIVE NAME & TITLE _____

ON-SITE PRODUCTION COORDINATOR _____

ON-SITE PHONE _____

PRODUCTION MANAGER _____

PRODUCTION MANAGER EMAIL _____

PROJECT TITLE _____

Estimated Total Budget _____ Estimated Local Budget _____

Total Cast _____ Local Cast _____ Total Crew _____ Local Crew _____

Total Room Nights _____ Production Days - Prep to wrap _____

- Feature Film Independent Film Commercial PSA Web Series Music Video
- Student Project Documentary TV Series/Pilot Other _____

Production Location	Dates & Times (Including Rain Dates + Times)



PRODUCTION COMPANY _____

FILMING DATE(S) _____

If there is not enough space below, attach a separate sheet of paper with the required information

PRODUCTION SCHEDULE: Include all relevant information such as production activity, number of cast and crew involved, number of production vehicles at location, any temporary structures, etc.

CITY, COUNTY OR STATE SERVICES: Describe any additional personnel, facilities, or assistance needed. For example - police escort, restroom use, extended hours, etc.

SPECIAL EFFECTS: Check any applicable categories and include a detailed explanation of the activity.

Stunts	Explosives	Firearms	Fireworks	Incendiary Devices	Other
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Explain:

TRAFFIC CONTROL AND PARKING: Describe all traffic control and parking arrangements necessary. When requesting parking, road closures or intermittent traffic control, a map of the impacted area must be included.



MOTION PHOTOGRAPHY PRODUCTION PERMIT ORANGE, SEMINOLE AND OSCEOLA COUNTIES

PRODUCTION COMPANY _____ FILMING DATE(S) _____

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.

INDEMNIFICATION

The applicant indemnifies and holds harmless the City/County/State, named as _____, its officers and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or resulting from the acts or omissions of applicant, its contractors, subcontractors, their employees, agents or servants, during the filming and all activities associated therewith for which this application is filed, including the use of any city owned property.

INSURANCE CERTIFICATE

An Insurance Certificate additionally insuring _____ as the Certificate Holder, in the amount of no less than \$1,000,000 or \$5,000,000 in the case of explosives/stunts, must be attached to this application.

APPLICANT SIGNATURE _____ DATE _____

NAME & TITLE (PRINT) _____

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public _____ My commission expires _____

AUTHORIZATION FOR PERMIT APPROVAL: 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 _____ DATE _____



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.

Map

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 *not* 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.



PROJECT NAME:		PROJECT DATE:	
COMPANY NAME:			
ADDRESS:		CITY/STATE/ZIP:	
PHONE:		COMPANY WEBSITE:	
CONTACT NAME:		CONTACT TITLE:	
CONTACT PHONE:		CONTACT EMAIL:	
<i>Check all that apply:</i> <input type="checkbox"/> Film <input type="checkbox"/> Television <input type="checkbox"/> Commercial <input type="checkbox"/> Student <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Cast:	# _____	Facility Name: _____	
	\$ _____	Studio/Stage Rental:	\$ _____
Local Catering:	\$ _____	Set Construction Cost:	\$ _____
Local Car & Van Rental:	\$ _____	Local Equipment Rental:	\$ _____
Florida State Tax Exemption?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Miscellaneous: (gas, utilities, cleaning services, waste mgt, etc.)	\$ _____
VENDORS: <i>Please include a list of vendors for our reference</i>			
		List of Vendors attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
FILM COMMISSION ASSISTANCE		<i>(check all that apply):</i>	
<input type="checkbox"/> Permitting		<input type="checkbox"/> Crew Reference	
<input type="checkbox"/> Location Assistance		<input type="checkbox"/> Other:	
Entered in Max			
CONFIRMATION OF PROJECT INFORMATION & ASSISTANCE PROVIDED BY THE ORLANDO FILM COMMISSION			
Name/Title:		Date:	
Signature:			