FOR OFFICIAL USE ONLY				
Date Received:				



St. Cloud CITY OF ST. CLOUD MOTION PHOTOGRAPHY PRODUCTION

			Case #.
APPLICANT INFORMA	ATION		
Applicant:			Representative:
Contact:			Title:
Address:			Address:
Phone:			Phone:
Cell:			Cell:
Email:			Email:
PRODUCTION SCHED Complete below or attach		et including the follo	owing information:
Location	Date	Time	Traffic Control Required (include closure of streets or sidewalks)
		,	

Location	Date	Time	Traffic Control Required (include closure of streets or sidewalks)
		to	

PRODUCTION ACTIVITY

Applicant must attach a written explanation of production activity for each location listed above.

		NO	*YES	
a.	Stunts			
b.	Explosives/incendiaries			
c.	Burns			
d.	Fireworks			
e.	Firearms			
f.	Temporary Structures			
Citate.				
	EQUIREMENTS	PERSONN	IEL	
	EQUIREMENTS f vehicles:	PERSONN Total C		Total Crew:
KING RI				Total Crew:
KING RI	f vehicles:			Total Crew:
KING RI Number of Type(s) of Estimated ength:	vehicles: vehicle		Cast:	
KING RI Number of Type(s) of Estimated ength:	vehicles: vehicle vehicle CERTIFICATE(S) with	Total C	Cast:	
KING RI Number of Type(s) of Estimated ength:	vehicles: vehicle CERTIFICATE(S) with	Total C	Cast:	

CONS		<u>TY OWNERS</u> ttach written consent from any private propor crew will enter on said private property.	erty owners of any property where			
CERT			ites that the film shall not be a pornographic			
APPL]	ICANT'S CERTIFI	CATION				
A.	of this permit and company at all time St. Cloud. The per	all applicable City Codes. In addition, the pes while on location and must be presented up	rdinance No. 94-21 and all terms and conditions permit is to be in possession of the production on demand by an authorized agent at the City of nat he/she is an authorized agent of the applicant plication.			
B.	3. The Applicant hereby certifies that all affected private property owners and tenants have been, or wi of the motion photography and that arrangements have been made to cause the least disruption for owners and tenants as possible.					
	Signature:		Date:			
	Print name:					
	Print title:					
	STATE OF					
	The foregoing instrument was acknowledged before me on this day of,					
		who is pe				
	produced	as identification and who did not take an oath.				
		\$	SEAL:			
	Motomy Deskills					
	riotary Fublic					

Type/print name _____