



Film Permit Application

| APPLICANT INFORMATION | |
|---|--|
| Your Name and Title: | Your Email Address: |
| Title of Project: | Estimated Airdate, Print Date, and/or Episode # & Title: |
| Production Type: <input type="checkbox"/> Feature <input type="checkbox"/> Commercial <input type="checkbox"/> Television <input type="checkbox"/> Industrial / Web <input type="checkbox"/> Music Video <input type="checkbox"/> Still Photography <input type="checkbox"/> Short Subject <input type="checkbox"/> PSA <input type="checkbox"/> Documentary <input type="checkbox"/> Student Project | |
| Producer: | Director: |

| CREW INFORMATION: | |
|---------------------------|------------------|
| Location Manager: | Cell/Main Phone: |
| Location Assistant/Scout: | Cell/Main Phone: |
| Production Manager: | Cell/Main Phone: |

| PRODUCTION COMPANY OFFICE: | | | |
|----------------------------|--------|----------|------|
| Production Company Name: | | | |
| Address: | | | |
| City: | State: | Country: | Zip: |
| Telephone: | | | |
| E-mail: | | | |

| LOCATIONS: | | | | | | | |
|----------------------|----------------------|------|---------------|-------------|--------------------|--------------------------|-------------------------------|
| Location and Address | INT/ EXT/ BOTH | Date | Start Time | End Time | Special Conditions | Location Contact Name | Location Contact Telephone |
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*Please list complete information for additional locations on a separate sheet.

| DETAILS: | |
|----------------------------|--|
| Number of Cast and Extras: | Number of Crew: <input type="checkbox"/> Proof of Insurance Included (<i>Please attach documentation.</i>) |
| Starring: | |
| Synopsis: | |
| Police Services needed?: | |
| Traffic Control needed?: | |
| Reserved Parking needed?: | Note: Parking diagram may be required. |
| Special Effects or Stunts: | |
| Additional Information: | |

Please note: Upon review of your permit application you may be required to distribute a Neighborhood Notification and you may have costs associated with parking posting and/or police services.

AGREEMENT

On behalf of myself and any agents, employees, and contractors affiliated with _____ (Production Company), I agree to comply with the Oakland Filming Activities Ordinance and the Filming Permit Terms and Conditions, including the Insurance and Indemnification Agreement.

Applicant's Signature, Title

Date

| | | |
|-----------------------------------|-------------------------|----------------------------|
| <u>For office use only:</u> | | |
| <input type="checkbox"/> Approved | Permit ID Number: _____ | Issue Date: ____/____/____ |
| <input type="checkbox"/> Denied | Reason: _____ | |