



PINELLAS COUNTY APPLICATION FOR PERMISSION TO FILM

THIS CERTIFICATE MUST BE RECEIVED IN OUR OFFICE BEFORE FILMING CAN BEGIN

Fax: 727/464-7277 or E-mail carolw@floridasbeach.com

Name of Applicant/Contact _____ Position/Title _____

Production Company _____

Permanent Address _____ City _____ State _____ Zip _____

E-mail _____ Telephone # _____ Fax # _____

Production Title _____ Client/Agency _____

Type: ☐ Feature ☐ Television ☐ Commercial ☐ Infomercial ☐ Print

☐ Non-Broadcast Video/Industrial ☐ Documentary ☐ Music Video ☐ Other _____

Arrival Date _____ Departure Date _____ # Production Days _____ (pre-pro & shoot)

Dates of filming _____ Rain Dates _____

Please give a general description of production: _____

LOCATIONS REQUESTED (Attach additional page if necessary):

	<u>Location</u>	<u>Date of Filming</u>	<u>Time</u>	<u>#Cast/Crew</u>	<u>#Vehicles*</u>
1)	_____				
2)	_____				
3)	_____				
4)	_____				
5)	_____				

*Parking fees will apply if required at location

SPECIAL ASSISTANCE (Please identify all special COUNTY/MUNICIPALITY assistance desired):

() Off-duty officer () Traffic Control () Security () Street Closing () Other

Description: _____

Please identify any unusual activities:

() Stunts () Pyrotechnics () Fire Arms () Animals () Airplanes/Helicopters () Boats

Description: _____

THE APPLICANT AGREES TO IMMEDIATELY PAY THE COUNTY AND EACH MUNICIPALITY FOR ANY SERVICES PROVIDED BY THEM AT THEIR USUAL RATES. THE FILM COMMISSION WILL PROVIDE COORDINATION AND ADVISE THE APPLICANT OF ESTIMATED COSTS, BUT THE ESTIMATED COSTS ARE NOT BINDING ON THE COUNTY OR ANY APPLICABLE MUNICIPALITY, AND APPLICANT AGREES TO PAY THE ACTUAL COSTS OF SUCH SERVICES AS FINALLY DETERMINED BY THE COUNTY/MUNICIPALITY.

~~~~~  
**ECONOMIC IMPACT:** The Film Commission is required to provide information on the economic impact of film production in Pinellas County. The information that you provide is *strictly confidential* and combined with other figures for a monthly and annual bottom line dollar impact amount. **This information is required for permit approval.**

Approximate project budget \$ \_\_\_\_\_ Approximate amount to be spent within Pinellas County \$ \_\_\_\_\_

Estimated # to be hired locally: \_\_\_\_\_ Accommodations/Hotel Name: \_\_\_\_\_

Approximate # of rooms booked: \_\_\_\_\_ Approximate # of nights booked: \_\_\_\_\_

~~~~~  
INSURANCE REQUIREMENTS: By signing this application the applicant acknowledges and agrees to the insurance and indemnification provisions contained herein. Evidence of insurance must be provided for general liability and vehicle liability naming the county and any municipality in which filming will be conducted as additional insured. In addition, coverage of general liability insurance may be required for use of private property. The amount of coverage may vary depending upon production circumstance. Please check with the film commission office to confirm the proper amount of coverage needed. *Evidence of insurance must be received in the film commission office BEFORE filming begins.*

The applicant shall assume all risk in the use of City/County property in the permitted operation and shall be solely responsible and answerable in damages for all accidents and injury to person or property and shall indemnify and keep harmless the City/County and its officers and employees from any and all claims, suits, losses, damages or injury to person or property. **IF YOUR INSURANCE FORM IS NOT ATTACHED TO THIS PERMIT, PLEASE INDICATE YOUR NAME & COMPANY ON THE INSURANCE FORM.**

Signature – Authorized Representative

Signature – Film Commissioner/Manager

~~~~~  
**FOR FILM COMMISSION USE ONLY**

| <u>Municipality/County Dept.</u> | <u>Contact Person</u> | <u>Date Approved</u> | <u>Copy Sent</u> |
|----------------------------------|-----------------------|----------------------|------------------|
| _____                            | _____                 | _____                | _____            |
| _____                            | _____                 | _____                | _____            |
| _____                            | _____                 | _____                | _____            |
| _____                            | _____                 | _____                | _____            |

**INSURANCE:**    ( ) On File    Amount: \$ \_\_\_\_\_    Permit # \_\_\_\_\_