



614 MAIN ST. WINDERMERE, FL 34786
OFFICE: (407) 876-2563 FAX: (407) 876-0103

FILM PERMIT

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____

PRIMARY PHONE: _____ EMAIL: _____

REPRESENTATIVE & TITLE: _____

ON-SITE PRODUCTION COORDINATOR: _____

CELL PHONE: _____ EMAIL: _____

PROJECT TITLE: _____

FEATURE FILM _____ INDEPENDENT FILM _____ TV SERIES _____ TV PILOT _____
 COMMERCIAL _____ INDUSTRIAL _____ STUDENT FILM _____ PSA _____
 INFOMERCIAL _____ DOCUMENTARY _____ OTHER _____

IF THERE IS NOT ENOUGH SPACE BELOW, ATTACH A SEPARATE SHEET OF PAPER WITH THE REQUIRED INFORMATION

PRODUCTION LOCATION	DATE & TIME / RAIN DATE & TIME



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PRODUCTION SCHEDULE – INCLUDE ALL RELEVANT INFORMATION SUCH AS PRODUCTION ACTIVITY, NUMBER OF CAST/CREW INVOLVED, NUMBER OF PRODUCTION VEHICLES AT LOCATION, ANY TEMP. STRUCTURES, ETC.

WRITTEN SUMMARY – EXPLANATION OF THE PORTION OF THE PRODUCTION TO BE SHOT WITHIN THE TOWN OF WINDERMERE

TOWN SERVICES – DESCRIBE ANY ADDITIONAL PERSONNEL, FACILITIES, OR PROPERTY ASSISTANCE NEEDED. EX: POLICE ESCORT, RESTROOM USE, EXTENDED HOURS, ETC.

SPECIAL EFFECTS – CHECK ANY APPLICABLE CATEGORIES & INCLUDE AN EXPLANATION

STUNTS	EXPLOSIVES	FIREARMS	FIREWORKS	INCENDIARY DEVICES	OTHER
PYROTECHNICIAN / STUNT COORDINATOR					
NAME: _____					
QUALIFICATIONS: _____					
FED / STATE LICENSE: _____					
EXPLAIN					



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TRAFFIC CONTROL – DESCRIBE ALL TRAFFIC CONTROL & PARKING ARRANGEMENTS NECESSARY. WHEN REQUESTING PARKING, ROAD CLOSURES, OR INTERMITTENT TRAFFIC CONTROL, A MAP OF THE IMPACTED AREA MUST BE INCLUDED.

ADDITIONAL REQUIREMENTS

PLEASE PROVIDE THE FOLLOWING ALONG WITH YOUR PERMIT APPLICATION:

1. Certificate to the film commission that all affected private property owners and tenants have been notified of the filming and that arrangements have been made to cause the least amount of disruption as possible for the property owners and tenants.
2. Written consent of any private property owners of any property where equipment, cast, or crew will enter on said private property.
3. Certificate that the film shall not be a pornographic film. Pornographic for the purpose of this article shall mean film or tape of activities of one or more of the following:
 - a. Acts of human masturbation, actual sexual intercourse, sodomy, bestiality, and in the graphically sexual context of the following: Masochism, sadism, or sadomasochism;
 - b. Depiction of human genitals in a state of sexual stimulation or arousal.

APPLICANT'S CERTIFICATION

The applicant agrees to abide by the provisions of the Town 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 Town authorized agent. The person whose signature appears below certifies 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 Town, 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 the application is filed.

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.



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APPLICANT SIGNATURE: _____ DATE: _____

NAME & TITLE: _____

Sworn and subscribed before me
This _____ day of _____, 20____.

Notary Public
My commission expires: _____

AUTHORIZATION FOR PERMIT APPROVAL

POLICE: _____ DATE: _____

FIRE DEPT.: _____ DATE: _____

RISK MANAGEMENT: _____ DATE: _____

MAINTENANCE DEPT.: _____ DATE: _____

TOWN MANAGER: _____ DATE: _____

FP # _____ ISSUED BY EMPLOYEE / DATE: _____ \$100 PERMIT FEE: _____

\$50/HOUR TOWN EXTRAORDINARY SERVICES FEE (IF APPLICABLE): _____