



PASCO COUNTY APPLICATION FOR PERMISSION TO FILM

1. Applicant Information

Name of Applicant/Contact: _____ Position/Title: _____

Production Company: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Telephone #: _____ Fax #: _____

2. Production Information

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 the production (Attach additional page if more space is needed):

3. LOCATIONS REQUESTED: (Attach additional page if necessary and **site sketch/layout***):

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

* Note: Sketch should include gathering areas and/or parking area(s).

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

() Off-duty officer () Traffic Control () Security () Street Closing/Right of Way

() County Personnel () Police () EMS () **Electric Required**

() **Temporary Structures** () **On-street Parking** () Other

Description: _____



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THE APPLICANT AGREES TO IMMEDIATELY PAY A LOCATION FEE TO THE COUNTY AND EACH MUNICIPALITY FOR ANY SERVICES PROVIDED BY THEM AT THEIR USUAL RATES. THE FILM COMMISSION WILL PROVIDE COORDINATION AND ADVISED 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.

5. ECONOMIC IMPACT: The film Commission is required to provide information on the economic impact of film production in Pasco 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.

Location Fees submitted: \$ _____ Approximate project budget: \$ _____

Approximate amount to be spent within Pasco County: \$ _____

Estimated # to be hired locally: _____ Accommodations/Hotel Name: _____

Approximate # of rooms booked: _____ Approximate # of nights booked: _____

6. 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 in the minimum amount of **\$1,000,000** for general liability and vehicle liability and **\$1,000,000** general aggregate, **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. **Evidence of insurance must be submitted along with this application at least five (5) business days prior to the filming and/or pre-shooting date .**

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 it's officers and employees from any and all claims, suits, losses, damages or injury to person and/or property.

7. Important Disclosure

Please be aware that incomplete application will not be processed. Pasco County will take a minimum of 30 days to review the application and complete internal processes.

8. Signatures:

Signature – Authorized Representative

Signature – Film Commissioner/Manager

- Fees Required:** 1). Temporary use - TBD
- 2). Road Closing - \$200 and also requires 6 weeks for Board of County Commissioners approval
- 3). Temporary structures require a building permit.

FOR FILM COMMISSION ONLY

Municipality/County Dept.	Contact Person	Date Approved	Copy Sent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INSURANCE () On File Amount: \$ 1 million Project # _____