



CITY OF HALF MOON BAY FILM APPLICATION PERMIT

City of Half Moon Bay

City Hall

501 Main Street

Half Moon Bay, CA 94019

(650) 726-8270 (office) (650) 726-8261 (fax)

Production Company: _____

Address: _____

(street address)

(City)

(State)

(Zip)

Telephone: () _____ Fax: () _____

E-Mail Address: _____

Local Address (production office, hotel, etc.): _____

Representative and Title: _____

Type of Production:

Feature Film

Still Photography

TV/Movie/Pilot

TV Commercial

Documentary

TV Commercial

Industrial

Educational

Video

Other: _____

Dates of Proposed Filming including set-ups and clean-ups:

Dates: _____

Beginning and ending hours of each shoot day: _____ to _____

Description of Project: _____

List the location/street names and cross-street names of proposed filming:

Insurance certificate is required: (attachment) Yes No

List all stunts and special events if any: _____

List mitigation measures to be used to offset negative and or adverse impacts resulting from planned event (i.e. road closures, air/water quality): _____

~OVER~

List sound equipment to be used: _____

City/Public Services requested and explain:

Public Works Department: _____

Other City Facilities: _____

Street closures requested: Yes (attach details) No

Lane closures requested: Yes (attach details) No

Types of vehicles, equipment, trucks used for this production

Camera Truck: Production Van:

Grip/Electric: Generator:

Caterer: Effects:

Wardrobe: Motor Home:

Other: _____

The undersigned, as an authorized representative on behalf of the applicant agrees to indemnify, defend and hold harmless the City of Half Moon Bay, its officers, employees and agents, whether elected or appointed, from any and all liability arising from the event planned and described above. Further, I understand that prior to the issuance of any permit as prescribed in this application, I shall file a Certificate of Insurance with the City Manager, naming the City of Half Moon Bay, its officers, employees and agents, as additional insured's. I agree to deposit and pay all City required fees and costs for this event prior to the issuance of this permit.

Application Date: _____

(Applicant's Signature)

Permit Granted:

Denied:

By: _____

(City Manager or Designee)

(Date)

OFFICE USE ONLY:

FEES: **\$566/day**

CASH/CC/CHECK NO. _____

AMOUNT: _____

STAFF: _____

DATE: _____