



## FILM PERMIT APPLICATION

CD/DS No. \_\_\_\_\_

A completed application should be submitted a minimum of two weeks prior to the proposed date of filming. Application must be filled out completely and include any attachments. There is a deposit fee of \$500 plus a Business License Fee per each day of filming (fees may vary). Please contact Brea Business License for information on Business License fees at (714) 990-7686. These fees are waived for non-profit organizations - 501(c)(3)\*. Fees may be paid by cash, cashier's check or credit card. Other services, such as for police and fire personnel, are billed as needed. When completed, this form can be mailed (check must be included to process), or hand delivered to the Community Development Department.

Contact Name \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Alt. Phone No. (\_\_\_\_\_) \_\_\_\_\_

Film Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_ Non-Profit?  Yes  No

### Emergency Contacts (Two are required and should be available **during** filming.)

\_\_\_\_\_  
Name  
(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name  
(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

Name of film/project \_\_\_\_\_ Proposed Rating \_\_\_\_\_

Type of production  Feature Film  Commercial  Other \_\_\_\_\_

### Proposed filming/taping locations

A. Location \_\_\_\_\_  
Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

B. Location \_\_\_\_\_  
Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

C. Location \_\_\_\_\_  
Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

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Types and number of vehicles and other equipment (check all that apply)

Type		Number
<input type="checkbox"/>	Automobiles	
<input type="checkbox"/>	Trucks	
<input type="checkbox"/>	Catering Trucks	
<input type="checkbox"/>	Motorhomes	
<input type="checkbox"/>	Vans	
<input type="checkbox"/>	Trailers	
<input type="checkbox"/>	Other	

Is overnight parking required?  Yes  No

Approximate number of individuals in cast and crew \_\_\_\_\_

Please attach a detailed description and/or site plan of the proposed film/commercial/shoot and proposed setup.

Special assistance requested at locations listed above. Please check below and describe in the description.

Street Closure  Traffic Control  Emergency Services  Other \_\_\_\_\_

Please also submit the following items with this application:

- Location Release Form (signed by property owner)
  - Certificate of Insurance, Endorsement, and Waiver of Subrogation (sample attached)
- Check the box to the left if you will be able to provide the City with proof that your event will be covered with \$1,000,000 for each occurrence and \$2,000,000 general aggregate in liability insurance. (To obtain the Certificate of Insurance, you must contact your insurance company and **request a Certificate of Insurance that names the City of Brea as additionally insured** for the duration of your event.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If applicant is a corporation, two principal officers of the corporation must sign

\_\_\_\_\_  
Principal Officer #1

\_\_\_\_\_  
Principal Officer #2

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All vendors hired by a Film Permit applicant to provide services at their event must obtain a City of Brea business license **before** the Film Permit can be approved. Below is a checklist of typical activities/features that would be provided by a separate vendor. Please check all categories/services that may apply, and provide each individual vendors information in the spaces provided. City of Brea Business License Staff will be contacting you regarding the information provided here.

- |   |  |
|---|--|
| <input type="checkbox"/> Security                             | <input type="checkbox"/> Filming           |
| <input type="checkbox"/> Caterers/Food Vendors/Drink Vendors  | <input type="checkbox"/> Temporary Fencing |
| <input type="checkbox"/> Port-a-Potties                       | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Party Rentals (Chairs, Tables, etc.) |  |

**Vendor/Business Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Alternate Number (Cell):** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Vendor/Business Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Alternate Number (Cell):** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Vendor/Business Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Alternate Number (Cell):** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**Vendor/Business Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Alternate Number (Cell):** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Contact City of Brea Business License at (714) 990-7686 for additional information on fees.

\* All non-profit organizations must qualify under Section 501 (c)(3) of the Internal Revenue Code or Section 23701 of the California Revenue and Taxation Code as a charitable organization. No person, directly or indirectly, can receive a profit from the marketing and production of the film or from showing the films, tapes, or photos.

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**For Department Use Only**  
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**City Use Only:**

**Date:**

**By:**

**\$ 500 Deposit Fee Paid**

**Deposit Fee (\$500.00)**    Initials \_\_\_\_\_

I understand the above dollar amount is an initial deposit and may not cover all the costs associated with processing my application. I agree to deposit additional funds as requested by the City and I understand that failure to deposit requested funds could cause all processing activity to cease until the funds are received. After completion of the project, the remaining funds will be returned to the project owner.