



**St. Petersburg/Clearwater  
Film Commission**  
FloridasBeachFilm.com

**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 Guy@FloridasBeachFilm.com

Name of Applicant/Contact \_\_\_\_\_ Position/Title \_\_\_\_\_

Production Company \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Production Title (or working film title) \_\_\_\_\_

Client/Agency/Company responsible for the production: \_\_\_\_\_ Website: \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

Type: Feature    Television    Commercial    Infomercial    Print    Non-Broadcast Video/Industrial

Documentary    Music Video    Other \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ # Production Days \_\_\_\_\_ (actual shoot days)

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 required by the location owner or governing jurisdiction. Evidence of insurance for general liability and vehicle liability may be required, naming the county and any municipality being used 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.

\_\_\_\_\_  
Signature – Authorized Representative

\_\_\_\_\_  
Signature – Film Commissioner/Manager

**FILM COMMISSION NOTATIONS: INSURANCE:**     On File    **Name of insurance company:**

\_\_\_\_\_

**Amount: \$** \_\_\_\_\_ **Coverage provided to:** \_\_\_\_\_