

APPLICATION STATUS**Fees Paid:** Permit (\$35 non-refundable filing fee)

Receipt # _____

Required documentation: Yes N/A Proof of Insurance Yes N/A Street/Road Closure Permit**FILM/VIDEO/PHOTOGRAPHY
PERMIT APPLICATION
City of St. Augustine, Florida**

CITY OF

ST AUGUSTINE
EST. 1565**Department of Public Affairs**

Post Office Box 210

St. Augustine, FL 32085-0210

PHN: 904.825.1004

FAX: 904.825.1096

WEB SITE: www.CityStAug.com EMAIL: events@citystaug.com**GENERAL INFORMATION**

Name Company: _____ Date of application _____

Name of production _____

(Note: If feature file, etc., name of production; if a commercial name product; if a catalogue, name retailer)

Contact Person: _____ Title: _____

Mailing Address: _____
(Street/P.O. Box, City, State, Zip)

Phones: Office: _____ Fax: _____ Cell Phn: _____

Pager: _____ Email: _____

Will this person be on site during the shoot θ Yes θ No

If not, who is the on-site contact person: _____ Title: _____

Phones: Office: _____ Cell Phn: _____ Pager: _____

Publicist Contact: _____ Title: _____

(Note: Publicist information will be provided to the media as primary contact)

Mailing Address: _____
(Street/P.O. Box, City, State, Zip)

Phones: Office: _____ Fax: _____ Cell Phn: _____

Email: _____

Insurance provider: _____ Policy # _____

Agent/contact name: _____ Phone: _____

Applicant must provide a Certificate of Insurance verifying a General Liability policy coverage in the amount of not less than \$1,000,000 per occurrence / \$1,000,000 aggregate, and including the City of St. Augustine as a certificate holder/additional insured.

Date (inclusive) of Shoot: From (first day) _____ To (last day) _____

Type of film/video production: Feature film TV movie TV special TV series Documentary
 Commercial Other _____Type of photography shoot: Catalog Promotional Advertisement
 Other _____

LOCATION INFORMATION

Locations to be used (attach additional pages if necessary)

Dates used

Time of day used

From: _____ To _____
From: _____ To _____
From: _____ To _____
From: _____ To _____

Will shoot require the closing of city, county or state streets and/or roadways: Yes No Blocked parking Yes No
If yes, please indicate specific streets below. If requesting the closing of state roadways, attach Request for Temporary Closing/Special Use of State Road permit from the Florida Department of Transportation. If it is determined that officers from the St. Augustine Police Department are required for traffic control, they must be secured through the Department of Public Affairs at an additional charge.

Street

Dates used

Time of day used

From: _____ To _____
From: _____ To _____
From: _____ To _____
From: _____ To _____

Will cast parking be required Yes No How many cars _____Will explosives, firearms or pyrotechnics be used in the shoot: Yes No

If yes, describe: _____

Will animals be used in the shoot: Yes No

If yes, describe: _____

Indicate number of production vehicles and types (i.e. tractor-trailer, straight trucks, vans, etc.)

Type	Number	Type	Number	Type	Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

APPLICANT AGREEMENT

The undersigned hereby agrees that the applicant/organization shall comply with all guidelines, policies and requirements of the City, as noted on the attached sheets, for use of City property, use of City streets, right-of-ways and/or parking spaces. The undersigned further agrees that proper insurance certificates have been filed with the City; that the applicant/organization has made necessary arrangements for services (police, public works, etc.) as may be required by the City. The undersigned hereby confirms the understanding that failure to adhere guidelines, policies and requirements of the City may result in stoppage of the project and revocation of this permit.

Designee of Sponsoring Organization (Print)

Signature

Date

APPROVAL

This permit application has been reviewed and is hereby approved.

Director of Public Affairs

City Manager

Date

Date

Revised 2/1/17