

FILM PERMIT APPLICATION

ACCELA RECORD NUMBER	<i>Staff Use Only</i> FILM PERMIT #	TRUST ACCOUNT
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A completed application and all attachments should be submitted a minimum of two weeks prior to the proposed date of filming. 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) 886-6314. 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 located on the 3rd floor of 1 Civic Center Dr. Brea CA, 92821. It may also be emailed to planner@cityofbrea.net.

Contact Name _____

Alternate Contact _____

Phone No. (____) _____ Alt. Phone No. (____) _____

Film Company _____

Address _____

Street City State Zip Code

Email _____ Non-Profit? Yes No

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

Name _____	Name _____
(____) _____	(____) _____
Phone Number	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) _____

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 item if filming in proposed on City-owned property:

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

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"/> Porta-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: _____

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.

Trust Account Owner Information

All project applications require the specified minimum deposit to a Trust Account. Additional funds and/or subsequent deposits may be required depending on the specified project and level of staff time necessary. All unused funds will be reimbursed following the completion of project and/or review. Staff time devoted to your project will be billed according to our [Development Processing Fees](#). The necessary staff time will vary according to the complexity of the project and may include, initial review and ongoing project processing by City staff and consultant time, if necessary.

TRUST ACCOUNT OWNER:

Name of the Organization unless there is an Individual Financially Responsible for the Project:

Address:

State:

City:

Zip Code:

Email:

Phone:

*** Please note: Name and address will be used to generate invoices and refund checks ***

STATEMENT OF UNDERSTANDING AND AGREEMENT

I understand that my initial deposit is a retainer and not a fee. This deposit will be used to set up an account, against which fees shall be charged based on the hourly rate listed in the City fee schedule in effect at the time the work is performed. I understand that should the costs exceed the deposit, I will be billed monthly for any additional deposit amount intended to cover future charges. If I fail to pay the fees when due, I understand that the City will stop working on the application. If the final costs are less, the unused portion of the deposit will be issued to the contact information in the above section and returned to the organization and/or individual above after the conclusion of the process or final inspection of the completed project, whichever occurs later.

As the trust account owner, I assume full financial responsibility for all costs incurred by the City in processing this application(s).

BY SIGNING BELOW, I HEREBY CONSENT THAT I UNDERSTAND THE MATTERS AS DESCRIBED ABOVE AND AGREE TO THE TERMS. I HEREBY FURTHER REPRESENT THAT I HAVE THE AUTHORITY TO BIND MY BUSINESS BY SIGNING ON ITS BEHALF.

Trust Account Owner's Signature

Date

Trust Account Owner Printed Name

For Department Use Only

City Use Only:

Date:

By:

\$500 Deposit Fee Paid

Deposit Fee Received by Initials _____

PROPERTY OWNER APPROVAL

Must be read, filled in, and signed by the owner of the property or management company.

_____(owner/prop. management) hereby grants full permission and approval for _____(applicant) to hold a _____(event) at _____(location) on _____(date). Additionally, I have been notified of the full extent of the event proposed and agree to not hold the City of Brea responsible for any problems or concerns that may arise due to it.

Signature of owner or person authorized

Date

Telephone number

Fax Number

Address

Property Management, if applicable

Date

Telephone number

Fax Number

Address