



APPLICATION FOR CITY OF BEVERLY HILLS PERMIT

FILMING

PLEASE NOTE THAT THE INFORMATION BELOW MUST MATCH THE INFORMATION PROVIDED ON THE CERTIFICATE OF INSURANCE*.

***Applicant must provide a certificate of insurance, reflecting proof of general liability (or general aggregate) insurance coverage of \$2M and naming the City of Beverly Hills as additional insured.**

Name of Applicant/Organization: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

On Site Production Contact (Name): _____ **Mobile #:** _____

Email Address: _____

COVID-19 Compliance Officer (Name): _____ **Mobile #:** _____

PROJECT TITLE: _____

Type of Filming: Feature Commercial Scripted TV Reality TV Web
 Tourism Music Video Corporate Student Other

LOCATION(S): _____

Type of Property: City Park City Sidewalk City Street Private Property Other

Filming Activity: Interior Only Exterior Only Both

of Cast + Crew = _____
(including extras)

ELEMENTS (Check all that apply):

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Generator | <input type="checkbox"/> Special Lighting | <input type="checkbox"/> Special Effects | <input type="checkbox"/> Pre-light |
| <input type="checkbox"/> Posting | <input type="checkbox"/> Overnight Parking | <input type="checkbox"/> Process Trailer | <input type="checkbox"/> Russian Arm |
| <input type="checkbox"/> Gunfire | <input type="checkbox"/> Prop Guns | <input type="checkbox"/> Stunt Driving | <input type="checkbox"/> Stunts |
| <input type="checkbox"/> Music Playback | <input type="checkbox"/> Tent / Canopy | <input type="checkbox"/> Celebrities | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Crane | <input type="checkbox"/> Wetdown | <input type="checkbox"/> Street / Curb Lane Activity | |
| <input type="checkbox"/> Drone | <input type="checkbox"/> Refuse Bins (3yd.) | <input type="checkbox"/> Intermittent Traffic Control (ITC) | |

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PREP:
Dates: _____ Hours: _____ a.m. a.m.
(from) (to) (from) (to) p.m. p.m.

Describe preparation activity: _____

FILMING:
Dates: _____ Hours: _____ a.m. a.m.
(from) (to) (from) (to) p.m. p.m.

Describe filming activity: _____

STRIKE:
Dates: _____ Hours: _____ a.m. a.m.
(from) (to) (from) (to) p.m. p.m.

Describe strike activity: _____

PARKING REQUIREMENTS:

Number of equipment vehicles _____ Describe types of vehicles _____

_____ Parking location (by address or specific location) of equipment vehicles

_____ Parking location (by address or specific location) for cast/crew vehicles (*i.e.* personal cars)**

**If requesting to park cast/crew vehicles (*i.e.* personal cars) in a City-operated parking structure, please also provide number of vehicles and times required for entry/exit below.

Number of cast/crew vehicles: _____ Entry: _____ a.m. a.m.
p.m. p.m. Exit: _____ p.m.

YOU MAY BE ASKED TO SUBMIT A DIAGRAM, PLOTTING SPECIFIC LOCATIONS FOR EQUIPMENT VEHICLES, GENERATOR, CATERING, POSTING, ETC.

CATERING SERVICES:

Location of catering/crafts services: _____

ADDITIONAL INFORMATION: _____

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PLEASE NOTE THAT A CANCELATION FEE (50% OF FILMING FEE – INCLUDING PREP/STRIKE FEES IF APPLICABLE – PLUS ANY RUSH/RIDER FEES IN FULL) WILL BE ASSESSED SHOULD THE FILMING & SPECIAL EVENTS OFFICE RECEIVE NOTICE OF CANCELATION WITHIN LESS THAN 48 BUSINESS HOURS (2 BUSINESS DAYS) PRIOR TO FILMING ACTIVITY.

4-HOUR MINIMUMS FOR CITY PERSONNEL (IF APPLICABLE) WILL BE ASSESSED SHOULD FILMING ACTIVITY BE CANCELED WITH LESS THAN 24 HOURS NOTICE.

A PERMIT IS NOT ISSUED UNTIL ALL RELATED CITY PERMITS AND APPROVALS ARE RECEIVED. I hereby certify that I am aware of and agree to comply with the rules and regulations as provided for in Title 4 of the Beverly Hills Municipal Code, and restrictions listed by departments on the reverse of this page, pertaining to issuance of a permit. I understand that failure to comply may result in the immediate discontinuance of operations, revocation of the permit and/or police citation. I acknowledge that lack of timeliness and/or material changes to the event may result in permit denial or assessment of additional fees. I am the authorized event organizer and/or official contact for all aspects concerning the permit.

_____	_____	_____
Applicant's Name (Please Print)	Signature	Date

Title		