FILM PERMIT APPLICATION

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 of $650 for large scale productions and a flat fee of $650 for smaller filming events, in addition to a Business License Fee per day of filming (fees may vary). Project applications shall be submitted directly to the Planning Division by email at planner@cityofbrea.gov. No application shall be considered submitted for review until the required flat fee or deposit has been paid. Fees may be paid by check or by credit card*. To confirm your application has been received, contact a Planner at 714-990-7674.

*Please note that an additional credit card convenience fee applies.

APPLICANT INFORMATION:

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 Age-Rating _____

Type of production ❑ Feature Film ❑ Commercial ❑ Other _____

STAFF USE ONLY
Accela Record Number:

Film Permit File Number:

SUBMITTAL INFO:
Date Received:

Received by:

Payment Received:
Trust Account Number:

PROJECT INFORMATION:

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
❑	Automobiles	
❑	Trucks	
❑	Catering Trucks	
❑	Motorhomes	
❑	Vans	
❑	Trailers	
❑	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.

- ☐ Security
- ☐ Caterers/Food Vendors/Drink Vendors
- ☐ Porta-Potties
- ☐ Party Rentals (Chairs, Tables, etc.)
- ☐ Filming
- ☐ Temporary Fencing
- ☐ Other:_____

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.

PROPERTY OWNER APPROVAL

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

_____(owner/prop. management) herby 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

*REQUIRED ONLY FOR LARGE SCALED FILMING EVENTS *

TRUST ACCOUNT ACCOUNT OWNER INFORMATION

Large scale productions 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