ONE VILLAGE CIRCLE, WILLOW SPRINGS, IL. 60480
708-467-3700 | FAX 708-467-3710
CONTACT@WILLOWSPRINGS-IL.GOV

APPLICATION TO FILM IN WILLOW SPRINGS

Application Date: _____

Filming Period from: _____ to: _____

Location of Filming: _____

_____

Date: _____ Location :_____

Date: _____ Location :_____

If there are several dates you may attach a schedule with the dates, times and locations.

Person Resonsible for Filming:

Name: _____

Address: _____

Contact information: _____

Email: _____

SUBMIT THE FOLLOWING

1) Surety Bond in the amount of $10,000
2) Certificate of Insurance, General Liability $1,000,000
3) Proof of Workers Compensation insurance $500,000
4) Application completed and registration fee of $100

Signature of Applicant: _____