BREA COMMUNITY DEVELOPMENT

BUILDING & SAFETY
ECONOMIC DEVELOPMENT
HOUSING
PLANNING

Brea Civic & Cultural Center | 1 Civic Center Circle | Brea, California 92821 | www.cityofbrea.net

FILM PERMIT APPLICATION

ACCELA RECORD NUMBER	*Staff Use Only* FILM PERMIT #	TRUST ACCOUNT

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
❑	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

Deposit Fee ($500.00)

I understand the above dollar amount is an initial deposit and may not cover all the costs associated with processing my application. I agree to deposit additional funds as requested by the City and I understand that failure to deposit requested funds could cause all processing activity to cease until the funds are received. After completion of the project, the remaining funds will be returned to the project owner.

Applicant Signature _____ Date: _____

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
- ☐ Port-a-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 quality 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.

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 <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