



City of Santa Rosa FILM PERMIT APPLICATION

Return To: Recreation & Parks Department
55 Stony Point Road
Santa Rosa, CA 95401

speventpermit@srcity.org
Phone: (707) 543-4512
Fax: (707) 543-3288

APPLICANT INFORMATION

Applicant Name _____

Address Street _____

City _____ State _____ Zip _____

Telephone Main _____ Cell _____ Email _____

On-Site Contact Name (if different) _____

Address Street _____

City _____ State _____ Zip _____

Telephone Main _____ Cell _____ Email _____

Production Company (if any) _____

Address Street _____

City _____ State _____ Zip _____

Telephone _____ **Website** _____

PRODUCTION INFORMATION

Production Title: _____

Story Summary:

Please provide a brief summary
of the story/plot.

Date(s) of Filming Activity: _____

ProductionType: Still Photography Film Video Multimedia Other: _____

Attendance: Number in Crew: _____ Number in Cast: _____ Total: _____

LOCATION INFORMATION

Location #1:

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

Location #2:

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

Location #3:

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

Location #4:

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

Location #5:

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

Attach additional locations on separate sheet.

Does filming involve the use of a City Park? Yes No

If Yes, list name(s) of park(s): _____

FILMING DETAILS

Amplified Sound: Yes No *If yes, complete the following.*

Type of Sound Equipment: _____

Location of Amplified Sound: _____

Date of Amplified Sound: _____

Start Time: _____ AM PM End Time: _____ AM PM

Purpose: Non-Commercial Commercial (a \$5 fee may apply)

Description: Stereo Band/Live DJ Microphone/PA System

Owner of Amplified Sound Equipment: _____
First Name Last Name

Business/Organization Name: _____

Max. Power: _____ Watts Max. Volume: _____ Decibels Dist. of Audible Sound: _____ Feet

For Sound Vehicle Only: Vehicle License Number: _____ Vehicle Make: _____

Vehicle VIN: _____ Vehicle Year: _____

Security Plan: Yes No *If yes, complete the following.*

Describe Security Plan: _____

If using Licensed Professionals, list company name: _____ Number of Staff: _____

If using Volunteers, how many? _____ How will volunteers be identified? _____

Street Closure: Yes No *If yes, complete the following.*

Describe Traffic Safety Equipment: _____

Rental Company: _____

Medical Plan: Yes No *If yes, complete the following.*

Describe Medical/Emergency Services Plan: _____

Food: Yes No *If yes, complete the following.*

Describe how food will be served and/or prepared: _____

On-Site Food Preparation Method: Propane* Charcoal Electric Other (please explain): _____
** Propane Use Permit may be required.*

FILMING DETAILS (continued)

Will Food Vendors be present: Yes No *If yes, how many? _____*

Alcoholic Beverages: Yes* No *If yes, complete the following.*
** ABC License may be required.*

Alcohol Distribution Method: Free-Host For Sale

Parking Plan: Yes No *If yes, complete the following.*

Describe Parking Plan: _____

Portable Toilets: Yes No *If yes, complete the following.*

Number of Standard Toilets: _____ Number of ADA Accessible Toilets: _____

Description of Placement: _____
Please indicate location of
toilets on your site diagram.

Garbage/Recycling: Yes No *If yes, complete the following.*

Number of Garbage Cans Provided: _____ Number of Recycling Cans Provided: _____

Description of Clean Up Plan: _____
Please indicate location of
receptacles on your site
diagram.

Use of Private Property: Yes No *If yes, attach written consent from property owner.*

Mitigation of Impact:

Have you notified or met with the residents, businesses or other entities
that may be impacted by the filming activity? Yes No

Do you have a sample of the residential notification that you propose to
distribute prior to filming? Yes No

FILMING COMPONENTS

Please indicate which components will be used/present during the filming activity:

- | | | |
|---|---|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Fireworks/Pyrotechnics | <input type="checkbox"/> RVs/Trailers |
| <input type="checkbox"/> Candles/Open Flame | <input type="checkbox"/> Gunfire/Explosions | <input type="checkbox"/> Tents/Canopies |

AGREEMENT AND SIGNATURE

The information contained in this application is complete and accurate. I understand that this is only an application and not a guarantee that a permit will be issued.

I agree to assume the defense of and indemnify and save harmless the City, its officers, agents, employees and volunteers from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of the activities permitted herewith. The City requires, as a condition of issuance of a permit, that the applicant obtains insurance to serve this end, in such an amount and with such terms as the City determines to be appropriate under the circumstances. This shall be a continuing release and shall remain in effect until revoked in writing.

Name (printed) _____

Signature _____ Date _____

Please submit this form along with a non-refundable Film Permit Application Fee of \$75 to:

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Questions? Please call (707) 543-4512 or email speventpermit@srcity.org