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# FILM PERMIT AND HOLD HARMLESS AGREEMENT

This application and your certificate of insurance (if applicable) must be received in our office before filming can begin. Please have your permit available at all times while on location.

PRODUCTION COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

APPLICANT/CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

LOCAL REPRESENTATIVE \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

CLIENT/AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ WEBSITE \_\_\_\_\_

**TYPE OF PRODUCTION:**      Feature Film      Independent Film      Commercial      TV Series/Pilot  
TV Special      Documentary      PSA      Still Photography      Music Video      Student Project  
Web Series      B Roll      Interviews      Other \_\_\_\_\_

**PRODUCTION TITLE:** \_\_\_\_\_

*If feature film or television, list working title. If commercial, list product/service.*

## GENERAL DESCRIPTION OF THE PRODUCTION

*Productions may be required to submit a copy of the script upon request.*

**LOCATIONS:** Please submit additional locations in a separate attachment

Location #1: \_\_\_\_\_ Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Location #2: \_\_\_\_\_ Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Location #3: \_\_\_\_\_ Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Location #4: \_\_\_\_\_ Dates: \_\_\_\_\_ Times: \_\_\_\_\_

Permit #: \_\_\_\_\_

**PRODUCTION ACTIVITY**

Include all relevant information such as a description of activity at each location, number of cast & crew, number of production vehicles, any temporary structures, etc. NOTE: If you are filming on private property, a neighborhood, or business district, you must include a copy of a public notice of your proposed filming activity, detailing that arrangements have been made to cause the least disruption as possible for the property owners and tenants. You may be required to show written consent from private property owners consenting your activities. You may submit attachments if necessary.

**CITY/COUNTY SERVICES**

Describe any city/county services needed such as off-duty patrol, facility personnel, restroom usage, extended hours, county equipment, etc. Fees may apply.

**SPECIAL EFFECTS**

Check any of the applicable categories below and include an explanation detailing the production activity.

Special Effects/Pyrotechnics      Weapons-fake/real      Airplanes/Helicopters/Boats      Stunts  
Other-explain below

**TRAFFIC CONTROL & PARKING**

Describe any traffic control and parking arrangements. When requesting road/sidewalk closures, a map is required. \* An off-duty police officer/deputy is required for any type of street or sidewalk closing or when vehicular or pedestrian traffic is impacted. Off-duty rates vary. The Film Office will assist you with this process. Parking fees may apply.

Permit #: \_\_\_\_\_

# ECONOMIC IMPACT

Submitting the following information continues to make filming successful in Hillsborough County. While we are required by the County to report general numbers, your specific information is kept confidential. Thank you for filming with us!

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ TOTAL # Production Days \_\_\_\_\_

### Please list below amount spent in Hillsborough County:

Hotel/Property Names(s) _____	
Total # Rooms booked at Hotels/Apartments/Condos _____	\$ _____
Local # Hires (talent, tech, etc.) _____	\$ _____
Other (Rentals/Equipment/Food & Entertainment) _____	\$ _____
Total amount spent within Hillsborough County _____	\$ _____
<b>Approximate TOTAL project budget (overall)</b> _____	<b>\$ _____</b>

### INDEMNIFICATION/HOLD HARMLESS

The applicant indemnifies and holds harmless the City of Tampa, City of Temple Terrace and Hillsborough County, its officers and employees, from and against all claims, damages, losses and expenses, including reasonable attorney’s fees, arising out of or resulting from the acts or omissions of applicant, its contractors, subcontractors, their employees, agents or servants, during the filming and all activities associated there within for which this application is filed, including the use of any city/county property.

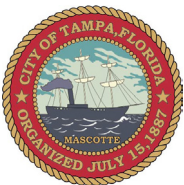
### INSURANCE CERTIFICATE

An insurance certificate must be attached to this application. The insurance certificate must additionally insure the City/County as the certificate holder with a general liability of \$1,000,000. In the event that special effects are utilized, a general liability of \$5,000,000 will be required as well as the name and state/federal license of the professional conducting the special effects. Proof of Worker’s Compensation may be required by some jurisdictions. The addresses for the certificate holder information are:

City of Tampa  
411 N. Franklin St.  
Tampa, FL 33602

Hillsborough County  
601 E. Kennedy Blvd.  
Tampa, FL 33602

City of Temple Terrace  
11250 N. 56th St.  
Temple Terrace, FL 33617



Permit #: \_\_\_\_\_

**APPLICANTS CERTIFICATION**

The applicant agrees to abide by the provisions of the City/County codes pertaining to Motion Photography Production, as represented by the permit and all attachments. This permit is to be in possession of the production company at all times while on location and must be presented upon demand by any City/County authorized agent. You also agree that the content of the production shall not be pornographic in nature. All exposed cables within a public right-of-way must use cable covers to prevent tripping hazards. Deployed equipment must not impede or inhibit pedestrian or vehicle traffic without prior authorization in the form of a separate right-of-way closure permit. The person signing this application and hold harmless agreement attests and certifies that they are authorized on behalf of the production company/entity to submit this application and to make all of the certifications contained herein including the hold harmless provisions.

\_\_\_\_\_  
Production Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Production Representative Name & Title (Print)

\_\_\_\_\_  
Date

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**INTERNAL USE FROM THIS POINT ON**

The Tampa Hillsborough Film & Digital Media Commission, by signing below, recognizes that this application for permission to film in the City of Tampa, City of Temple Terrace or Hillsborough County is complete and ready for City/County Designee final authorization if necessary.

\_\_\_\_\_  
Film Commission Signature

\_\_\_\_\_  
Date

Permit #: \_\_\_\_\_

### DEPARTMENTAL AUTHORIZATIONS

SHERIFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

RISK MANAGEMENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

FIRE MARSHALL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

FIRE RESCUE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

REAL ESTATE & FACILITIES SERVICES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

PARKS & RECREATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

PRESERVES & RESTORATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

\*PUBLIC WORKS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

\*OTHER DEPARTMENTAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_

CITY/COUNTY DESIGNEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
REPRESENTATIVE NAME & POSITION (PRINT): \_\_\_\_\_