



**BOROUGH OF POINT PLEASANT BEACH
FILM PERMIT APPLICATION**

1. Name of Filming Company: _____
 - a. Address: _____
 - b. Phone Number: _____
 - c. Fax Number: _____

2. Name of Individual Making Application: _____
 - a. Address: _____
 - b. Phone Number: _____
 - c. Fax Number: _____
 - d. Email Address: _____

3. Type of Filming:
____ Commercial ____ Major Motion Picture ____ Documentary
____ Television ____ Still Photos ____ Educational

4. Subject of Filming: Applicant may attached documentation describing its activities more fully _____

5. Will stunts, pyrotechnics or special effects be used in filming? ____yes ____no

6. Describe in detail for what purpose stunts, pyrotechnics or special effects will be used: _____

7. How many locations will you film at Note: One Permit Per Location): _____
Describe the location (address, cross streets, etc.) _____

- 8a. Will filming take place in a public building? ____yes ____no
If yes, which public building? _____

- 8b. Will filming take place on public property? ____yes ____no
If yes, where is the public property located? _____

9. If filming will take place on private property, is the applicant the owner or tenant in possession of said property? _____
If not please attach written authorization from owner or tenant in possession.

10. Proposed dates of filming: _____

11. Proposed times of filming: _____

12. Set forth any dates, within the last twelve (12) months, that the applicant and/or entity seeking to film conducted filming activity for which it obtained a permit, and specify the location of filming? _____

13. Number of people in filming crew, including models, actors or stunt-persons: ____

14. Number of vehicles required at the filming site:
____ Cars ____ Vans ____ Other (Specify) _____
____ Trailers ____ Trucks

15. Will you need the assistance of the Police or Fire Department? ____Yes ____No
If so, for what purpose? (i.e. street closure, security, standby services for stunts or pyrotechnics) _____

16. Will you require the opening of any fire hydrants? ____Yes ____No
If so, for what purpose? _____

- 17. Have neighbors and/or business owners/merchants been notified in accordance with Borough of Point Pleasant Beach Ordinance? _____ Yes _____ No
- 18. Have any neighbors and/or business owners/merchants objected to the proposed filming? Yes _____ No _____
- 19. If the answer to question # 17 is yes, specify the names and addresses of the objecting neighbor, business owner/merchant: _____

- 20. State the name and address of the general liability insurance carrier for the applicant/entity seeking to film: _____

 Policy Number: _____
 Limits of coverage per occurrence: _____ aggregate: _____
 Attach proof of insurance
- 21. State the name and address of the worker's compensation insurance carrier for the applicant/entity seeking to film: _____

 Policy Number: _____
 Attach proof of insurance

The undersigned applicant having completed this application swears under penalty of perjury that the information contained herein is true to the best of his/her knowledge.

 Print Name:
 Date:

Please return application to:
 Borough of Point Pleasant Beach
 Administrator's Office
 416 New Jersey Avenue
 Point Pleasant Beach, NJ 08742

FOR OFFICE USE ONLY:

Date Application Received _____	Fee to be charged _____
Certificate of Insurance _____	Date Fee Received _____
Indemnification Agreement _____	Amount of Security Deposit _____ Bond _____
Written Consent from Owner _____	Date Security Deposit/Bond returned _____

Approved: _____
 Police Department Building Department

 Fire Department Administrator

Other Department _____
 (i.e. MUA, Bd. Of Ed. Bldg. Dept)