

CITY OF KISSIMMEE
MOTION PHOTOGRAPHY PRODUCTION PERMIT

DATE:

APPLICANT:	
ADDRESS:	CITY:
STATE:	ZIP CODE:
LOCAL PHONE #:	CELL PHONE #:
REPRESENTATIVE:	TITLE:
ON-SITE PRODUCTION COORDINATOR	PHONE & FAX
PROJECT TITLE:	

Feature Film	_____	Independent Film	_____
TV Series	_____	TV Special	_____
TV Pilot	_____	Industrial	_____
Commercial	_____	Student Film	_____
P.S.A.	_____	Infomercial	_____
Documentary/MOS	_____	Other	_____

- If there is not enough space below, attach a separate sheet of paper with the required information

PRODUCTION LOCATION	DATES & TIMES – RAIN DATES & TIMES

CITY OF KISSIMMEE MOTION PHOTOGRAPHY PRODUCTION PERMIT

Production Schedule – include all relevant information such as production activity, number of cast and crew involved, number of production vehicles at location, any temporary structures, etc.

City services – describe any additional personnel, facilities, or property assistance needed. (for example – police escort, restroom use, extended hours, etc.)

Special effects – check any applicable categories below and include an explanation detailing the activity.

Stunts	Explosives	Firearms	Fireworks	Incendiary Devices	Other:
Explain					

Traffic Control & Parking – Describe all traffic control and parking arrangements necessary. When requesting parking, road closures, or intermittent traffic control, a map of the impacted area must be included.

If filming at a residence/business, please attach a letter distributed to surrounding neighbors within a 500 feet circumference, as well as a signed consent from properties on the immediate left, right, front and back.

City Charges (if applicable)

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APPLICANT'S CERTIFICATION

The applicant agrees to abide by the provisions of the City codes pertaining to Motion Photograph Production, as represented by this permit and any attachments. In addition, the applicant agrees to restore location production sites to the condition existing immediately prior to production. This permit is to be in possession of the production company or at all times while on location and must be presented upon demand by any City authorized agent. The person whose signature appears below certifies that he/she is an authorized agent of the applicant and is duly authorized on the applicant's behalf to execute this application.

INDEMNIFICATION

The applicant indemnifies and holds harmless the City, named as _____, 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 therewith for which this application is filed.

INSURANCE CERTIFICATE

An Insurance Certificate additionally insuring _____ as the Certificate Holder, in the amount of no less than \$1,000,000 or \$5,000,000 in the case of explosives/stunts, must be attached to this application.

- Please initial each paragraph certifying each.

_____ Certificate signed under oath that the City Manager and all affected private property owners and tenants have been notified of the filming and arrangements made to cause the least disruption for the property owners and tenants as possible and that the film/taping liaison of the economic development council (and downtown merchant's association if involving a downtown location) have been consulted.

_____ Certificate signed under oath that the film shall not be a pornographic film. Pornographic shall mean a film or tape of activities of one or more of the following:

- Depiction of human genitals in a state of sexual stimulation or arousal;
- Acts of human masturbation, actual sexual intercourse, sodomy, bestiality and in graphically sexual context the following: Masochism, sadism, or sadomasochism.
- Any additional information that shall be reasonably deemed necessary by the City Manager or his designee.

_____ Usage of the word "Kissimmee", either visually or verbally, in the film, including in the credit line, shall be prohibited without the express written consent of the Mayor of Kissimmee.

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APPLICANT SIGNATURE _____

DATE _____

NAME (PRINT OR TYPE) _____

TITLE (PRINT OR TYPE) _____

STATE OF FLORIDA
COUNTY OF OSCEOLA

The foregoing instrument was acknowledged before me this ____ day of _____,
20__, by _____, who is the _____, of
_____, who is personally known to me or who has produced
_____ as identification.

Notary Name

Stamp:

AUTHORIZATION FOR PERMIT APPROVAL

POLICE DEPARTMENT _____ DATE: _____

FIRE DEPARTMENT _____ DATE: _____

PERSONNEL / RISK MNGT. _____ DATE: _____

PUBLIC WORKS _____ DATE: _____

PARKS/RECREATION DEPT. _____ DATE: _____

PUBLIC INFO OFFICER _____ DATE: _____

DEVELOPMENT SERVICES _____ DATE: _____

CITY MANAGER _____ DATE: _____

CITY ATTORNEY _____ DATE: _____