

Film Permit Application

**Town of East Fishkill
330 Route 376
Hopewell Junction, NY 12533
Town Clerk – 845 221-9191
cassidy@eastfishkillny.gov**

Date: _____

Applicant:

Company: _____

Company Representative: _____

Address: _____

Address: _____

Two Contact Numbers: _____

Dates of Previous Applications, if any: _____

Filming:

Kind of filming (i.e. motion picture, television, advertising): _____

Describe type of film and expected rating; type of show; products: _____

Budget: _____

Estimated number of people on site: _____

Estimated number each, of Trucks, Vans and/or Cars on site: _____

Do you have written permission from property owners? yes no

Location(s): (List properties and roads – include a sketch of proposed filming location and setup)

Equipment on site:

Describe any Special Effects:

Dates of Filming:

Date:_____ Starting Time:_____ Ending Time:_____ Locations:_____

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Insurance Information: (Certificated must be attached)

Name of Insurance Company:_____

Address:_____

Policy #:_____ Expiration Date:_____

Auxiliary Help: (explain needs as required)

Police: (crowd control, road closures, etc.)_____

Dept of Environmental Services: (street cleaning, barriers, clean-up)_____

Parks:_____

Other:_____

Feet of reserved public parking requested: (please list road, linear feet requested, dates –\$0.25 sq. ft.) _____

The applicant agrees to indemnify the Town of East Fishkill and to be solely and absolutely liable upon any and all claims, suits and judgments against the Town and/or the applicant for personal injury and/or property damage arising out of or occurring during the activities of the applicant, his/her/it's employees or otherwise. The applicant further agrees to comply with all pertinent provisions of New York and Federal laws, rules and regulations. This permit may be revoked at any time.

Company Name:_____

Applicant Name:_____

Applicant Signature:_____

Date:_____

OFFICIAL USE ONLY

Fee: \$ _____

Certificate of Insurance

Approved on _____ with the following conditions:

Notification of residents on the following streets: _____

Comments:

Supervisor: _____

Signature: _____ Date: _____

Police Chief _____

Signature: _____ Date: _____

Highway Superintendent
: _____

Signature: _____ Date: _____

Town Engineer: _____

Signature: _____ Date: _____

Recreation Dept if applicable _____

Signature: _____ Date: _____