

APPLICATION STATUS

Fees Paid:

Permit (\$35 non-refundable filing fee)
Receipt # _____

Required documentation:

Yes N/A Proof of Insurance
 Yes N/A Street/Road Closure Permit

**FILM/VIDEO/PHOTOGRAPHY
PERMIT APPLICATION
City of St. Augustine, Florida**



**CITY OF
ST AUGUSTINE
EST. 1565**

Department of Public Affairs

Post Office Box 210

St. Augustine, FL 32085-0210

PHN: 904.825.1004

FAX: 904.825.1096

WEB SITE: www.CityStAug.com EMAIL: events@citystaug.com

GENERAL INFORMATION

Name Company: _____ Date of application _____

Name of production _____
(Note: If feature film, etc., name of production; if a commercial name product; if a catalogue, name retailer)

Contact Person: _____ Title: _____

Mailing Address: _____
(Street/P.O. Box, City, State, Zip)

Phones: Office: _____ Fax: _____ Cell Phn: _____

Pager _____ Email: _____

Will this person be on site during the shoot Yes No

If not, who is the on-site contact person: _____ Title: _____

Phones: Office: _____ Cell Phn: _____ Pager _____

Publicist Contact: _____ Title: _____
(Note: Publicist information will be provided to the media as primary contact)

Mailing Address: _____
(Street/P.O. Box, City, State, Zip)

Phones: Office: _____ Fax: _____ Cell Phn: _____

Email: _____

Insurance provider: _____ Policy # _____

Agent/contact name: _____ Phone _____

Applicant must provide a Certificate of Insurance verifying a General Liability policy coverage in the amount of not less than \$1,000,000 per occurrence / \$1,000,000 aggregate, and including the City of St. Augustine as a certificate holder/additional insured.

Date (inclusive) of Shoot: From (first day) _____ To (last day) _____

Type of film/video production: Feature film TV movie TV special TV series Documentary
 Commercial Other _____

Type of photography shoot: Catalog Promotional Advertisement
 Other _____

