



# City of Santa Rosa FILM PERMIT APPLICATION

**Return To:** Planning and Economic Development Department  
100 Santa Rosa Ave., Room 3  
Santa Rosa, CA 95404  
Attn: Carissa Green

[speventpermit@srcity.org](mailto:speventpermit@srcity.org)

Phone: (707) 543-3964

Fax: (707) 543-3288

## APPLICANT INFORMATION

**Applicant Name** \_\_\_\_\_

**Address** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone** Main \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**On-Site Contact Name** (if different) \_\_\_\_\_

**Address** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone** Main \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Production Company** (if any) \_\_\_\_\_

**Address** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Website** \_\_\_\_\_

## PRODUCTION INFORMATION

**Production Title:** \_\_\_\_\_

**Story Summary:**

Please provide a brief summary  
of the story/plot.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date(s) of Filming Activity:** \_\_\_\_\_

**ProductionType:**  Still Photography  Film  Video  Multimedia  Other: \_\_\_\_\_

**Attendance:** Number in Crew: \_\_\_\_\_ Number in Cast: \_\_\_\_\_ Total: \_\_\_\_\_

## LOCATION INFORMATION

**Location #1:**

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

**Location #2:**

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

**Location #3:**

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

**Location #4:**

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

**Location #5:**

Address	Date	Start Time	End Time	Int/Ext	Special Conditions
Summarized Scenes:					

*Attach additional locations on separate sheet.*

Does filming involve the use of a City Park?       Yes                       No

If Yes, list name(s) of park(s): \_\_\_\_\_

## FILMING DETAILS

**Amplified Sound:**  Yes  No *If yes, complete the following.*

Type of Sound Equipment: \_\_\_\_\_

Location of Amplified Sound: \_\_\_\_\_

Date of Amplified Sound: \_\_\_\_\_

Start Time: \_\_\_\_\_  AM  PM End Time: \_\_\_\_\_  AM  PM

Purpose:  Non-Commercial  Commercial (a \$5 fee may apply)

Description:  Stereo  Band/Live  DJ  Microphone/PA System

Owner of Amplified Sound Equipment: \_\_\_\_\_

First Name

Last Name

Business/Organization Name: \_\_\_\_\_

Max. Power: \_\_\_\_\_ Watts Max. Volume: \_\_\_\_\_ Decibels Dist. of Audible Sound: \_\_\_\_\_ Feet

*For Sound Vehicle Only:* Vehicle License Number: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Vehicle VIN: \_\_\_\_\_ Vehicle Year: \_\_\_\_\_

**Security Plan:**  Yes  No *If yes, complete the following.*

Describe Security Plan: \_\_\_\_\_

If using Licensed Professionals, list company name: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

If using Volunteers, how many? \_\_\_\_\_ How will volunteers be identified? \_\_\_\_\_

**Street Closure:**  Yes  No *If yes, complete the following.*

Describe Traffic Safety Equipment: \_\_\_\_\_

Rental Company: \_\_\_\_\_

**Medical Plan:**  Yes  No *If yes, complete the following.*

Describe Medical/Emergency Services Plan: \_\_\_\_\_

**Food:**  Yes  No *If yes, complete the following.*

Describe how food will be served and/or prepared: \_\_\_\_\_

On-Site Food Preparation Method:  Propane\*  Charcoal  Electric  Other (please explain): \_\_\_\_\_

\* Propane Use Permit may be required.

## FILMING DETAILS (continued)

Will Food Vendors be present:  Yes  No *If yes, how many? \_\_\_\_\_*

**Alcoholic Beverages:**  Yes\*  No *If yes, complete the following.*  
*\* ABC License may be required.*

Alcohol Distribution Method:  Free-Host  For Sale

**Parking Plan:**  Yes  No *If yes, complete the following.*

Describe Parking Plan: \_\_\_\_\_

**Portable Toilets:**  Yes  No *If yes, complete the following.*

Number of Standard Toilets: \_\_\_\_\_ Number of ADA Accessible Toilets: \_\_\_\_\_

Description of Placement: \_\_\_\_\_  
Please indicate location of  
toilets on your site diagram.

**Garbage/Recycling:**  Yes  No *If yes, complete the following.*

Number of Garbage Cans Provided: \_\_\_\_\_ Number of Recycling Cans Provided: \_\_\_\_\_

Description of Clean Up Plan: \_\_\_\_\_  
Please indicate location of  
receptacles on your site  
diagram.

**Use of Private Property:**  Yes  No *If yes, attach written consent from property owner.*

### Mitigation of Impact:

Have you notified or met with the residents, businesses or other entities  
that may be impacted by the filming activity?  Yes  No

Do you have a sample of the residential notification that you propose to  
distribute prior to filming?  Yes  No

## FILMING COMPONENTS

Please indicate which components will be used/present during the filming activity:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Animals            | <input type="checkbox"/> Fireworks/Pyrotechnics | <input type="checkbox"/> RVs/Trailers   |
| <input type="checkbox"/> Candles/Open Flame | <input type="checkbox"/> Gunfire/Explosions     | <input type="checkbox"/> Tents/Canopies |

## AGREEMENT AND SIGNATURE

The information contained in this application is complete and accurate. I understand that this is only an application and not a guarantee that a permit will be issued.

I agree to assume the defense of and indemnify and save harmless the City, its officers, agents, employees and volunteers from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of the activities permitted herewith. The City requires, as a condition of issuance of a permit, that the applicant obtains insurance to serve this end, in such an amount and with such terms as the City determines to be appropriate under the circumstances. This shall be a continuing release and shall remain in effect until revoked in writing.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this form along with a non-refundable Film Permit Application Fee of \$75 to:**

City of Santa Rosa	<a href="mailto:speventpermit@srcity.org">speventpermit@srcity.org</a>
Planning and Economic Development Department	Phone: (707) 543-3964
100 Santa Rosa Ave., Room 3	Fax: (707) 543-3288
Santa Rosa, CA 95404	

**Questions? Please call (707) 543-3964 or email [speventpermit@srcity.org](mailto:speventpermit@srcity.org)**