



## City of Beacon Application for Permit to Film

***Chapter 117 of the City Code of the City of Beacon addresses filming within the City of Beacon. Please review this chapter of the code before filling out this application form.***

**Please return all completed applications:**

Office of the City Administrator, One Municipal Plaza, Beacon, NY 12590

Phone: 845-838-5010

Email: [cityofbeacon@beaconny.gov](mailto:cityofbeacon@beaconny.gov)

FAX: 845-838-5012

***\*Proof of insurance is required in order for an application to be considered***

### **APPLICANT INFORMATION:**

Organization Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you applied for a filming permit with the City of Beacon in the past? \_\_\_\_ YES \_\_\_\_ NO

### **LOCATION INFORMATION:**

*Please include specific information*

- Street closure
- Fire Hydrant: duration \_\_\_\_\_
- Parking restriction
- Sidewalk obstruction
- Other (please explain): \_\_\_\_\_

Dates and Times Requested: \_\_\_\_\_

Address(s) Requested: \_\_\_\_\_  
\_\_\_\_\_

Owner(s) of neighboring business/property (list all that apply, attach separately if necessary):

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

Address of neighboring properties: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
\_\_\_\_\_

**PRODUCTION INFORMATION:**

Hours of Filming Requested (including time of set up and take down of equipment):

\_\_\_\_\_

Production Type (refer to Chapter 117 of City Code for definitions):

- Major Commercial Production
- Motion Picture
- Still Photography
- Other (please explain): \_\_\_\_\_

**Use Plan:** (*attach separate sheet if necessary*) Please describe, in detail, the production including days and hours of operation, neighboring businesses that may be affected in any way, parking plans, storage for equipment, security measures, personnel, etc. Images should be attached separately.

**PLEASE NOTE: The City of Beacon in its discretion may impose additional requirements prior to the issuance of this permit as are required by the nature of the use applied for. Any costs associated with these additional requirements will be incurred by the permittee. Proof of Insurance may be required for events.**

I and/or the organization I represent agree to indemnify, defend, and hold harmless the City of Beacon, its officials, agents and employees from and against any and all claims, demands, losses and expenses, including legal fees arising in and from my activities and/or those of the organization I represent during the term of the use of the City facilities/property. I and/or the organization I represent agree to pay all reasonable costs of damage and/or vandalism to City facilities used in relation to the event.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*For Office  
Use Only*

Request: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
City Administrator