

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 12508

Phone: 845-838-5010

Email: cityofbeacon@beaconny.gov

FAX: 845-838-5012

APPLICANT INFORMATION:

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

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 Parking restriction Sidewalk obstruction Other (please explain):

Address(s) Requested:					
Owner	(s) of neighboring business/property (list all that apply, attach separately if necessary):				
Addres	s of neighboring properties:				
City:	State:Zip Code:				
	t Information:				
PRODU	JCTION INFORMATION:				
Hours	of Filming Requested (including time of set up and take down of equipment):				
Produc	tion Type (refer to Chapter 117 of City Code for definitions):				
	Major Commercial Production				
	Motion Picture				
	Still Photography				
	Other (please explain):				
ours of	a: (attach separate sheet if necessary) Please describe, in detail, the production including days and operation, neighboring businesses that may be affected in any way, parking plans, storage for int, 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 permitee. 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.						
Signe	d		Date	-		
For C Use C						
	Request: Approved	Denied				
	Signed:City Administrator		Date:			