

CITY OF LIVINGSTON Filming Questionnaire

(All questions must be answered before a permit will be issued.)

Application Contact Person:	Company:
Street:	Street:
City/ST/Zip:	City/ST/Zip:
Business Phone: ()	Business Phone: ()
Fax Phone: ()	Fax Phone: ()
Location Manager: Phone: /Fax:	Film Dates (including weather days):
Local Contact (If Different): Phone: /Fax:	

1. Are you registered with the Montana Film Office? Yes No

2. Describe briefly the project to be completed while in the City. Include name of client and advertising medium(s).

(Use additional sheet if necessary)

3. Which Livingston locations are being considered for use? (Be specific)

SHOOTING SCHEDULE (Please attach by day the tentative filming activity planned for each location chosen to include the following: DATE TIME LOCATION/FACILITY STORYBOARD)
(Please identify locations/facilities on City map enclosed)

4. Approximate number in crew: _____

5. Approximate number of Cast/Extras: _____

6. Number of vehicles to be used: _____

7. Will specialized City equipment/props be required at any location? (Deposits may be required) Yes No __ If YES, describe each fully :

8. Coordination with City of Livingston (Coordinate with public Services Supt. 406-222-1142)

A. Will traffic control be necessary? Yes No

B. What services are requested from Livingston Police (Use of off time City Police is strongly encouraged for traffic control or security in the City Limits): _____

C. Is there a proposed parking plan? Please include number of vehicles. _____

D. What are your security plans: _____

E. What services are requested from Livingston Emergency Medical Services: _____

F. What services are requested from Livingston Fire Department: _____

G. What are your plans for garbage removal? (Dumpsters will be required at location office) _____

H. Are there any planned special effects (i.e. Fireworks, etc.)? _____

I. Other requests: _____

9. Name of person who will be "in charge" at the filming site/activity:

A. 1st Ass't. Director: _____ Phone: _____ Email: _____

B. 2nd Ass't. Director: _____ Phone: _____ Email: _____

C. Other Title: _____ Phone: _____ Email: _____

D. Local Agent: _____ Phone: _____ Email: _____

10. INSURANCE INFORMATION

Name of Insurance Company: _____

Address: _____

Phone Number: _____ Contact Person: _____

Policy Number: _____

Please provide Certificate of Insurance naming the "City of Livingston as additional insured". Also "Hold and save harmless the City of Livingston, it's agents and officers."

11. COMMUNICATIONS & PROMOTIONS

Have local neighborhood groups/businesses been notified of your event concept? Yes No ___

If no, what steps do you plan to take to notify them of your event? _____

Please list community contact names and phone numbers (for verification) of attached approval letter:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

What other agencies have you contacted? Have you received permits from these agencies for your event (if applicable)? Please check all applicable agencies and attach permit copies.

- Park County •MDT-MT Dept. Transportation •MT Fish, Wildlife & Parks •MRL
- Utilities •Other Approvals may need to coordinated with the Public Services Supt.

Is there any other information you feel is important regarding your event? _____

12. Billing Address: (If different than previously identified)

Firm/Name: _____ Attention: _____

Street Address: _____ Business Phone: _____

City/State/Zip: _____ FAX Phone: _____

13. Agreement to the City of Livingston Filming conditions. Applicant hereby agrees to comply with the City of Livingston Filming Conditions (attached and made a part of this application).

Signed: _____ Date: _____

Representing: _____