



City of Ocala Film/Production Application

City Use Only

Date Received: _____

Application must be submitted to receive permission to use City property for any commercial film, video, and/or still photo shoot. For consideration, the completed application must be submitted a minimum of 20 days and not more than 365 days prior to film/production date(s). Application must be complete and include any required. Instructions for the **required** Certificate of Liability are included. There may be costs associated with city services and other required applications/permits. **Applicants will receive an invoice for the \$10 non-refundable processing fee via email.** Incomplete applications without the processing fee and attachments will be returned and not considered received.

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK

Event (Filming/Production) Date(s) & Times				
IF FILMING/PRODUCTION IS BEYOND 7 DAYS, INCLUDE ATTACHMENT WITH ALL INFORMATION				
	DATE	STARTING TIME	COMPLETION TIME	LOCATION (NAME & PHYSICAL ADDRESS)
Date 1:				
Date 2:				
Date 3:				
Date 4:				
Date 5:				
Date 6:				
Date 7:				
Film/Production Title:				
Storyline:				
Co./Organization Name:			Production Website:	
Street or PO Box:				
City:		State:		Zip:
Office #:		Cell #:		Estimated # of attendees:
Email Address:				
TYPE OF EVENT (CHECK ALL THAT APPLY): ☐ TV ☐ Documentary ☐ Still Shoot ☐ Movie ☐ Commercial ☐ Video Other (Describe): _____				
Equipment Detail (exact number): Generators: _____ Cars: _____ Trucks: _____ RV's: _____ Other: _____ Describe Other: _____				
Will you be using hazardous materials? ☐ Yes ☐ No If so, please list: _____				

Will you be using pyrotechnics (fireworks) or explosives? ☐ Yes ☐ No If yes, please attach detailed information about the specific plan. Projects using pyrotechnics require application and permitting with the City Fire Marshall and the Ocala Police Department.		
Name of Pyrotechnician:		License #:
Office #:	Cell #:	Fax #:
Will you be utilizing animals in your shoot? ☐ Yes ☐ No If yes, how many and what type:		
Will you be utilizing any aerial stunts or elements in your shoot? ☐ Yes ☐ No If yes, please attach details of such:		
Will you be amplifying sound? ☐ Yes ☐ No If yes, for what purpose?:		
Are you requesting Ocala Police Department services? ☐ Yes ☐ No Number of Officers, hours, and cost to be determined by Ocala Police Department. If yes, for what purpose?:		
Are you requesting Ocala Fire Rescue services? ☐ Yes ☐ No Requires contracting Special Duty Unit. Number of hours and cost to be determined by Ocala Fire Department. If yes, for what purpose?:		
Will Filming consist of activities upon: ☐ Street ☐ Alley ☐ Sidewalk ☐ Right-of-Way ☐ Parking Spaces ☐ None Closing a street requires completion and approval of a Temporary Street Closure application.		
Are you proposing to close any ☐ Street ☐ Alley ☐ Sidewalk ☐ Right-of-Way ☐ Parking Space(s) ☐ None Specify Area(s) requested to be closed (if information exceeds space available attach a separate sheet & label the attachment):		
Upon review, the Ocala Police Department, Ocala Fire Department, and other City Departments may determine that services are required at your Filming/Production even though not requested.		
A Filming Site Plan must be submitted with application to include all details (activities, any street closures & electrical needs, etc.). I certify that I am at least eighteen (18) years old and that I am empowered to execute this application and that the information on this application is true and complete to the best of my knowledge. I agree to hold harmless, indemnify and defend the City of Ocala, its officers and employees from any liability costs and attorney fees, which may arise from the Film/Production. I agree to comply with all City ordinances and regulations in connection with this Film/Production. I understand that failure to provide information and/or failure to obtain permits by established deadlines will result in cancellation of such Film/Production. I understand that the violation of any City ordinances and/or regulations for the Film/Production will result in ineligibility for this and future Film/Production dates. I agree to pay the City in advance the estimated cost for any services required in staging this Film/Production. I agree that upon completion of this Film/Production, the actual cost shall be determined, and any underpayment shall be paid within 30 days of being invoiced by the City – this includes any expenses associated with rain dates or cancellations.		
Applicant's Name PLEASE PRINT (Applicant must have authority to sign for the Organization/Company)		
Applicant's Signature:		Date:
SUBMIT COMPLETED APPLICATIONS TO:		PLEASE ATTACH:
Ocala Recreation & Parks Special Services Manager 828 NE 8 th Avenue Ocala FL 34470 eventpermit@ocalafl.gov		☐ Certificate of Insurance ☐ Filming Site Plan to include all details
The name of the insured on any required Certificate of Liability must match the name of the Organization, Company or Applicant/Agent requesting the Film/Production Permit as determined by Risk. The Certificate of Liability as required herein must name the City of Ocala as additional insured and list the City of Ocala as the Certificate Holder on any and all policies. Certificate must be evidenced on an Acor 25 form or equivalent and submitted at least 15 days prior to Film/Production date. Failure to provide Certificate within 15 days prior to Film/Production date will result in cancellation of Film/Production as per ordinance. Instructions provided on our website at www.ocalafl.gov/eventpermit		

Department Checklist (Please initial)

_____ Recreation & Parks
 _____ OPD
 _____ OFD
 _____ Traffic/Engineering
 _____ Public Works