



Duluth
Capture the Spirit
of Good Living

Commercial Motion Picture, Photography, Film, Television, Radio and Production Activities Permit Application

Company: _____ Fed/State Employer ID: _____

Address: _____

Street City State Zip

Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

Email: _____

Location Manager: _____

Phone: (____) _____ Fax: (____) _____ Cell: (____) _____

Production Title: _____

Production Synopsis: _____

Company's statement of experience: _____

Three municipal references; If none, three professional references: (name and contact information)

1 _____

2 _____

3 _____

For location/s please attach additional pages, including maps and addresses of Productions.

Date(s): _____ Time(s): _____

Type of Production: _____

Activities: (Provide a description of activity for each location including maps, sketches, including any requested alterations to normal traffic flow such as street/lane closures etc. on a separate sheet(s) of paper).

When complete and by acceptance of this permit, permittee agrees to all the conditions, including any Production Permit Requirements, Policy, Guidelines, and Fee Schedule contained in the Information Packet.

Hold Harmless Agreement

The undersigned requests a permit to perform the operation, service or act stated hereon and that the statements made above are true and correct to the best of his/her knowledge and belief, will comply with all provisions of the policies of the City of Duluth Georgia relative to the operation, service or act for which the permit is requested, and agrees to hold the City of Duluth Georgia free and harmless from all liability which may be imposed upon it, to reimburse the City of Duluth Georgia for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the permit was issued.

The applicant acknowledges that the City may be required by the Freedom of Information Act to release records in its possession. The applicant hereby understands that the City may be required to release any records or materials received by the City from the applicant.

Date: _____ Authorized Applicant Representative: _____
(Printed Name of Applicant Representative)

(Signature of Applicant Representative)

Production Permit Approval

Effective Date: From _____ to _____, 20__

At the following locations and times:

_____.

Date: _____

Amanda Leiba, Marketing Coordinator

Copy: City Manager

CC: Police, Public Works, Planning & Development, Parks & Recreation, Business Office, Marketing