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Permit #: _____

FILM PERMIT AND HOLD HARMLESS AGREEMENT

This application along with proof of insurance must be received in our office at least five business days prior to filming. Once approved, please have a hard copy of your permit available at all times while on location.

PRODUCTION COMPANY _____

ADDRESS _____ CITY/STATE/ZIP _____

APPLICANT/CONTACT PERSON _____ TITLE _____

LOCAL REPRESENTATIVE _____ TITLE _____

PHONE _____ FAX _____ MOBILE _____ E-MAIL _____

CLIENT/AGENCY _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ FAX _____ WEBSITE _____

TYPE OF PRODUCTION: Feature Film Independent Film Commercial TV Series/Pilot
TV Special Documentary PSA Still Photography Music Video Student Project
Web Series B Roll Interviews Other _____

PRODUCTION TITLE: _____

If feature film or television, list working title. If commercial, list product/service.

GENERAL DESCRIPTION OF THE PRODUCTION

Productions may be required to submit a copy of the script upon request.

LOCATIONS: Please submit additional locations in a separate attachment

Location #1: _____ Dates: _____ Times: _____

Location #2: _____ Dates: _____ Times: _____

Location #3: _____ Dates: _____ Times: _____

Location #4: _____ Dates: _____ Times: _____

Location #5: _____ Dates: _____ Times: _____

Location #6: _____ Dates: _____ Times: _____

**If filming B-roll, please list location as 'General B-Roll (Insert city or municipality you are filming). Example: General B-Roll City of Tampa.*

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PRODUCTION ACTIVITY

Include all relevant information such as a description of activity at each location, number of cast & crew, number of production vehicles, any temporary structures, etc. NOTE: If you are filming on private property, a neighborhood, or business district, you must include a copy of a public notice of your proposed filming activity, detailing that arrangements have been made to cause the least disruption as possible for the property owners and tenants. A public notice template can be provided to you by the film office at the request of the production. You may be required to show written consent from private property owners consenting your activities. You may submit attachments if necessary.

CITY/COUNTY SERVICES

Describe any city/county services needed such as off-duty patrol, facility personnel, restroom usage, extended hours, county equipment, etc. Fees may apply.

SPECIAL EFFECTS

Check any of the applicable categories below and include an explanation detailing the production activity.

Special Effects/Pyrotechnics Weapons-fake/real Airplanes/Helicopters/Boats Stunts
Other-explain below Drone Photography

TRAFFIC CONTROL & PARKING

Describe any traffic control and parking arrangements. When requesting road/sidewalk closures, a map is required. * An off-duty police officer/deputy is required for any type of street or sidewalk closing or when vehicular or pedestrian traffic is impacted. Off-duty rates vary. The Film Office will assist you with this process. Parking fees may apply.

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ECONOMIC IMPACT

Submitting the following information continues to make filming successful in Hillsborough County. While we are required by the County to report general numbers, your specific information is kept confidential. Thank you for filming with us!

Arrival Date _____ Departure Date _____ TOTAL # Production Days _____

Please list below amount spent in Hillsborough County:

Hotel/Property Names(s) _____	
Total # of Room Nights _____	\$ _____
Local # Hires (talent, tech, etc.) _____	\$ _____
Other (Rentals/Equipment/Food & Entertainment) _____	\$ _____
Total amount spent within Hillsborough County _____	\$ _____
Approximate TOTAL project budget (overall) _____	\$ _____

INDEMNIFICATION/HOLD HARMLESS

The applicant indemnifies and holds harmless the City of Tampa, City of Temple Terrace and Hillsborough County, its officers and employees, from and against all claims, damages, losses and expenses, including reasonable attorney’s fees, arising out of or resulting from the acts or omissions of applicant, its contractors, subcontractors, their employees, agents or servants, during the filming and all activities associated there within for which this application is filed, including the use of any city/county property.

INSURANCE CERTIFICATE

An insurance certificate must be attached to this application. The insurance certificate must additionally insure the City/County as the certificate holder with a general liability of \$1,000,000. In the event that special effects are utilized, a general liability of \$5,000,000 will be required as well as the name and state/federal license of the professional conducting the special effects. Proof of Worker’s Compensation may be required by some jurisdictions. The addresses for the certificate holder information are:

City of Tampa
411 N. Franklin St.
Tampa, FL 33602

Hillsborough County
601 E. Kennedy Blvd.
Tampa, FL 33602

City of Temple Terrace
11250 N. 56th St.
Temple Terrace, FL 33617



**Hillsborough
County Florida**



Permit #: _____

APPLICANTS CERTIFICATION

The applicant agrees to abide by the provisions of the City/County codes pertaining to Motion Photography Production, as represented by the permit and all attachments. This permit is to be in possession of the production company at all times while on location and must be presented upon demand by any City/County authorized agent. You also agree that the content of the production shall not be pornographic in nature. All exposed cables within a public right-of-way must use cable covers to prevent tripping hazards. Deployed equipment must not impede or inhibit pedestrian or vehicle traffic without prior authorization in the form of a separate right-of-way closure permit. The person signing this application and hold harmless agreement attests and certifies that they are authorized on behalf of the production company/entity to submit this application and to make all of the certifications contained herein including the hold harmless provisions.

Production Representative Signature

Date

Production Representative Name & Title (Print)

Date

*Completed applications should be e-mailed to hwebber@visittampabay.com and tmartinolich@visittampabay.com

INTERNAL USE FROM THIS POINT ON

The Tampa Hillsborough Film & Digital Media Commission, by signing below, recognizes that this application for permission to film in the City of Tampa, City of Temple Terrace or Hillsborough County is complete and ready for City/County Designee final authorization if necessary.

Film Commission Signature

Date

Permit #: _____

DEPARTMENTAL AUTHORIZATIONS

SHERIFF SIGNATURE: _____ DATE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

RISK MANAGEMENT SIGNATURE: _____ DATE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

FIRE MARSHALL SIGNATURE: _____ DATE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

FIRE RESCUE SIGNATURE: _____ DATE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

REAL ESTATE & FACILITIES _____ DATE: _____

SERVICES SIGNATURE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

PARKS & RECREATION SIGNATURE: _____ DATE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

PRESERVES & RESTORATION _____ DATE: _____

SIGNATURE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

*PUBLIC WORKS SIGNATURE: _____ DATE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

*OTHER DEPARTMENTAL _____ DATE: _____

SIGNATURE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

CITY/COUNTY DESIGNEE _____ DATE: _____

SIGNATURE: _____

REPRESENTATIVE NAME & POSITION (PRINT): _____

**If impacted by production*