

PERMIT NO: _____

DATE: _____

**TOWN OF
LAGRANGE
APPLICATION FOR FILMING PERMIT**

A. Applicant Name: _____

Address: _____

Contact Name(s): _____

DAYTIME PHONE NO: () _____ EVENING PHONE NO: () _____

B. **LOCATION(S)** List the location or locations of filming and date or dates when filming will take place:

<u>DATE</u>	<u>E X A C T A D D R E S S</u>
_____	_____
_____	_____
_____	_____

C. **VEHICLE(S), EQUIPMENT AND OTHER APPARATUS** Describe vehicles, including license plate numbers, equipment and other apparatus proposed to be operated. (Attach separate pages if more space is needed):

Vehicles:

Year	Make	Model	Color	Registration No.	Vehicle I.D. No.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Equipment and Apparatus:

D. **PRODUCTION SCHEDULE** List production schedule, including a description of all dangerous activities and use of explosives (Attach separate pages if more space is needed):

E. **POLICE SERVICES REQUESTED:** (✓ One): YES NO

F. **NOTIFICATION** A copy of this application has been provided to the below-listed individuals by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the United States Postal Service on _____:
[insert date]

G. **INDEMNIFICATION STATEMENT:** By signing below, the applicant hereunder agrees to defend, indemnify and hold harmless the Town of Lagrange, its agents, servants and employees, from any and all claims, causes of action, liability, losses or damages which may arise out of, and for the payment of all damages for bodily injury or property damage which may be caused to any person by reason of, the filming operations performed under this permit or from any acts or omissions of the permit holder, its agents, employees, contractors or subcontractors.

H. **ATTACH PROOF OF INSURANCE NAMING THE TOWN OF LAGRANGE AS ADDITIONAL INSURED AND IN COMPLAIANCE WITH ANY OTHER CONDITIONS ESTABLISHED BY THE TOWN BOARD IN THE FOLLOWING MINIMUM AMOUNTS:**

- 1. **Property damage: \$1,000,000 per individual; \$1,000,000 per occurrence**
- 2. **Personal injury: \$3,000,000 per individual; \$3,000,000 per occurrence**
- 3. **Excess Liability Coverage of an additional \$2,000,000**

I. **ATTACH PROOF OF WORKERS' COMPENSATION AND DISABILITY INSURANCE AS REQUIRED BY NEW YORK STATE.**

State of New York)
County of Dutchess)
ss:

_____, being duly sworn, deposes and says that the information contained in the foregoing application is true and correct, under the penalty of perjury.

Signature of Applicant

SWORN TO BEFORE ME THIS _____ DAY
OF _____, 20__.

Notary Public

=====

FOR OFFICE USE ONLY

APPROVED BY TOWN BOARD Dated: _____
Sheriff's Department Notified _____ Fire Department Notified _____ School District Notified _____
TOWN CLERK: PERMIT FEE: \$ _____ DATE PAID: _____ CASH CHECK # _____

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Town of LaGrange Filming Fees

Administrative	
Application Fee	\$50
Cleanup Deposit	As set by Town Administration <i>No less than \$200</i>

Total Administrative: _____

Filming Activity	Private Property <i>Per Day</i>	Public Property <i>Per Day</i>
Student Film	\$0	\$0
Not for Profit	\$50	\$100
“Basic” Filming	\$500	\$1,000
Major Commercial Production	\$1,500	\$2,500

Total Filming Activity: _____

Public Property Bond	
Student Film	\$200
“Basic” Filming	\$500
Major Commercial Production	\$2,500

Total Public Property Bond: _____

Administrative	
Filming Activity	
Public Property Bond	

TOTAL AMOUNT DUE: _____

Date Received:



