

**FILM PERMIT ACTIVITY INFORMATION
INDEMNIFICATION AND AGREEMENT**

Applicant: _____

Address: _____

Telephone: _____ Local Telephone: _____

Production Title: _____

Type of Production: Feature () Television () Commercial ()

Other () _____

Production Company: _____

Name of Producer: _____ Telephone: _____

Name of Unit Manager: _____ Telephone: _____

Name of Location Manager: _____ Telephone: _____

Requested Location and Description of Activity Taking Place At Location:

Requested Usage Dates and Hours Per Location: _____

Total Days in Santa Maria: _____ Total Number of Personnel: _____

INDEMNIFICATION AND AGREEMENT

On behalf of myself and any agents, employees or contractors affiliated with the _____ Company, I/we agree to comply with the Santa Maria Filming Activities Ordinance and the attached Film Permit Terms & Conditions, including the Insurance Requirements, which I have read and approve, and agree to defend, indemnify and hold the City of Santa Maria harmless from and against any and all losses, liability, claims, actions, causes of action, suits, judgments, settlements, costs or expenses (including, but not limited to attorney's fees, reasonable investigative and discovery costs and court costs), injuries to or death of any person, including injury to Permittee's employees or damage to any property, including but not limited to any property of Permittee or the City occurring on or about the filming area and all claims which arise from or are connected with the negligent performance of or failure to perform work or other obligations of the Film Permit or are caused or claim to be caused by the negligent acts of the City, its officers, agents or employees and all expense of investigating and defending against same.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Comments or suggestions, if any: _____

FOR FILM DEVELOPMENT OFFICE USE ONLY

	Yes	No
Parade Permit Required	()	()
Parade Permit Issue Date _____		
Police Permit Required	()	()
Police Permit Issue Date _____		
Fire Permit Required	()	()
Fire Permit Issue Date _____		
Insurance on File	()	()
Risk Manager Approval Date _____		
Night Filming	()	()
Night Film Approval Date _____		
Additional Parking Required	()	()
Public Works Approval Date _____		
Notice to Adjacent Businesses / Residents Required	()	()
Evidence of Notice Provided Date _____		
Film Permit Approved	()	()
Film Permit Approval Date _____		
Film Permit Denied	()	()
Reason for Denial: _____		

Additional Requests: _____

Other Remarks: _____
