



BUFFALO NIAGARA FILM OFFICE

TIM CLARK - REGIONAL FILM COMMISSIONER

617 Main Street » Suite 200 » Buffalo, NY 14203 » FilmBuffaloNiagara.org
OFFICE 716 218 2926 » FAX 716 675 3307 » E-MAIL Clark@VisitBuffaloNiagara.com

APPLICATION FOR FILM PERMIT

BUFFALO-NIAGARA REGION

PROJECT TITLE _____

PRODUCER NAME _____ DIRECTOR NAME _____

CONTACT NAME _____ CONTACT TITLE _____

CONTACT OFFICE PHONE _____ CONTACT MOBILE PHONE _____

CONTACT EMAIL _____ CONTACT FAX _____

PRODUCTION COMPANY NAME _____

COMPANY STREET ADDRESS _____

CITY, STATE & ZIP CODE _____

NAME OF INSURANCE CARRIER _____ PHONE _____

PROJECT TYPE

- Feature Film
 TV Show
 Commercial
 Still Shoot
 Industrial
 Music Video
 Short
 Student Film
 Other, please explain _____

ESTIMATED NUMBER OF PRODUCTION DAYS _____

ESTIMATED NUMBER OF PREP DAYS _____ ESTIMATED NUMBER OF WRAP DAYS _____

SHOOTING SCHEDULE BY LOCATION (Please attach an additional sheet if necessary)

DATE	LOCATION	START TIME	END TIME

DESCRIBE SCENES (Please attach an additional sheet if necessary) _____

WILL ANY OF THE FOLLOWING OCCUR? IF SO, PLEASE EXPLAIN.

- | | | |
|--|---|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO - Special Effects | <input type="checkbox"/> YES <input type="checkbox"/> NO - Pyrotechnics | <input type="checkbox"/> YES <input type="checkbox"/> NO - Child Actors |
| <input type="checkbox"/> YES <input type="checkbox"/> NO - Stunts | <input type="checkbox"/> YES <input type="checkbox"/> NO - Live Burn | <input type="checkbox"/> YES <input type="checkbox"/> NO - Use of Aircraft |
| <input type="checkbox"/> YES <input type="checkbox"/> NO - Gunfire | <input type="checkbox"/> YES <input type="checkbox"/> NO - Use of Animals | |

DETAILS OF ABOVE _____

WILL YOU BE USING ANY OF THE FOLLOWING EQUIPMENT:

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO - Jib Arm | <input type="checkbox"/> YES <input type="checkbox"/> NO - Tents | Other Equipment (explain) _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO - Dolly Track | <input type="checkbox"/> YES <input type="checkbox"/> NO - Generator | _____ |
| | | _____ |
| | | _____ |

WILL YOU NEED ANY OF THE FOLLOWING:

- YES NO Road Closures YES NO Traffic Control YES NO Pedestrian Control

ESTIMATED NUMBER OF CAST & CREW _____

ESTIMATED NUMBER OF VEHICLES:

Personal Cars _____ Equipment Trucks _____ Passenger Vans _____ Camera Car _____ Picture Cars _____
 Motor Homes _____ Dressing Rooms _____ Other Vehicles (explain) _____

BASE CAMP LOCATION _____

LODGING LOCATION (for out of town crew) _____

WILL YOU BE USING LOCAL CREW OR CAST? YES NO

ADDITIONAL INFORMATION _____

SUBMITTED BY

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____

FAX COMPLETED APPLICATIONS TO (716) 675 3307

This is an application only, and **must be submitted with required insurance documents** prior to approval. Thank you for shooting in the Buffalo-Niagara Region.

<input type="checkbox"/> Approved	INTERNAL USE ONLY	<input type="checkbox"/> Denied
Signed by _____		Date _____