



BUFFALO NIAGARA FILM OFFICE

TIM CLARK - REGIONAL FILM COMMISSIONER

Horizons Plaza, 140 Lower Terrace, Buffalo, NY 14203 - FilmBuffaloNiagara.com
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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 | YES NO - Use of Drones |

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 _____
 DATE _____

TO SUBMIT:

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