

## Film Activity Permit

2875 Browns Bridge Rd., Gainesville, Ga. 30504 770-531-6815

Company Information								
Project Name: Release Date:								
Production Company Name:								
Production Company Permanent Address:								
City:	State:	Zip:						
Temporary Production Office Address:								
City:	State:	Zip:						
Authorized Agent:			Title:					
Office Phone:	ffice Phone: Mobile Phone:							
Email Address:								
Production Web Address:								
Production Contact Information								
Producer:	Pho	ne:	Email:					
Production Manager:	Pho	ne:	Email:					
Location Manager:	Phone:		Email:					
Asst. Location Manager:	Phone:		Email:					
Type of Project								
Feature Film	□ Television	🗌 Film Short	PSA/Public Broadcasting					
Corporate/Industrial	□ Interactive/Gaming	□ Documentary	□ Student Film					
□ Advertising	Still Photography	🗌 Music Video	🗌 Audio Only					
Web Series	Series 🗌 Other:							
Production Information - ALL FIELDS REQUIRED								
Number of Crew: Number of Talent/Cast: Location Type								
	Prep/Assembly Daily Schedule:		Private Property Public Property					
	Production Daily Schedule:		□ Residential □ Street/Right of Way □ Commercial					
Production Address(s):			□ Temporary Structures □ Temporary Signs					
Base Camp Address: Production Activity								
Number of Production Vehicles		<ul> <li>Food Preparation</li> <li>Alcohol Consumption</li> <li>Non-domestic Animals</li> </ul>						
Total No. of Filming Days:No. of Days in Hall County:			□ Guns in Public View       □ Public Nudity         □ Sound Amplification       □ Stunts/Special Effects					



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	Scope of Work								
vity	Describe in de	ail the filming activity that will take pl	ace at the location:						
Film Activity									
Film									
		· · · · · · · · · · · · · · · · · · ·							
Equipment	-	quipment that will be set up on public y track, etc		-					
Equip		y truck, etc							
ffic	₩ Will your production need to hold pedestrian or vehicle traffic at any point during filming?								
Tra	Will your production need to hold pedestrian or vehicle traffic at any point during filming?								
Addit	ional Services								
				<b>-</b>					
	County Sheri		-	☐ Fire Department					
	DNR/Corps o	f Engineers Ranger (If filming on the water	surface, shoreline or public struct	ures on Lake Lanier)					
[	□ Water Permi	Explosives Permit	Street Closure Permit						
Requi	red Attachment	5							
Г	□ Site Plan (sho	wing all locations, basecamp and vehi	cle parking plan)						
I _	Application Fee								
C	Proof of Insu								
		of intended use to nearby residences	and businesses						
L	Proof of auth	orized private/public property use							
Estimated Economic Impact									
Estim	ated expenditure	es while filming in Hall County, Georgia	9						
Lodgi		· · · · · · · · · · · · · · · · · · ·							
	Talent \$	Transport \$	Equipment Ren	tal/Purchase \$					
Other \$ Any mention of local area in project? (road signs, script, ambient environment, credits)									
Terms	and Conditions								
To the best of my knowledge, this application is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for									
providing those materials as specified by the Hall County Business License Office who is acting on behalf of the Hall County Commissioners. I understand that failure to supply all required information will result in the rejection of this application or revocation of a permit. I hereby represent that I have been furnished or otherwise									
have had access to Chapter 5.90 of the Official Code of Hall County, Georgia and expressly agree that is applies to this application and any permit issued pursuant to									
this application and that the terms of that chapter are incorporated herein by reference (including indemnification provision.) I have been authorized by the appli- cant to make this application and agree to its terms and represents on behalf of Applicant. I understand that Applicant cannot depart from the information supplied									
in this application or the permit issued without further approval of the Hall County Board of Commissioners/Hall County Business License Department									
Name of authorized representative of Applicant:									
Signat	cure:			Date:					
Applic	ation Received:	Payment & Attachments Rece	ived: A	pproved:	Notified:				