City Of Key West
P.O. Box 1409
Key West, FL 33041-1409

Portia Navarro
City Manager's Office
pnavarro@keywestcity.com

# Filming Permit

Phone: 305-809-3883
Fax: 305-809-3886

Date Initiated: _____

Name of Applicant: _____

Email Address: _____

Title: _____ Firm: _____

Address: _____

Phone: _____ Fax: _____

Type of Production: _____
Production Dates:

_____

If motion picture, title: _____ (Please submit a script)

Number of people in cast and crew: _____

Type of equipment to be used: _____

Type of vehicle to be used at film sites: _____
(Any vehicle in excess of twenty feet in length and seven feet in width requires parking permit, parking fees apply)

Special services required from city staff: _____

_____

Film locations: _____

_____

Place film crew is staying: _____

Phone number: _____

## Request for Information

Production Company: _____ Date: _____

Contact: _____ Phone: _____

Address:

_____ Fax: _____

_____

Project Title: _____

Filming Date(s) :_____

___ Feature
___ Industrial
___ Other
___ Infomercial
___ Commercial
___ Video

___ Television
___ Show Time
___ Still Photo
___ PSA
___ Catalogue
___ Documentary

___ International
___ _____County
___ Local
___ Regional
___ National
___ CATV

Information Requested:

_____
_____
_____
_____

Number of employees

Local _____ Non-Local _____
Budget: _____
Local Address: _____
_____
# Rooms: _____
Certificate of Insurance Received
Date Sent: _____
Fax: ___ Regular Mail ___ Express Mail ___

Location Contact: _____

Phone: _____
Mobile Phone: _____
Beeper #: _____
# Nights: _____
Yes _____ NO _____

Florida Keys & Key West Film Commission
Rita Brown - Monroe County Film Liaison
1201 White St., Suite 102
Key West, FL 33040-3328
Phone: (305) 293-1800 or 1-800-FILM-KEY
Fax: (305) 296-0788

Portia Navarro - City Manager's Office
City of Key West
P.O. Box 1409
Key West, FL 33041-1409
Phone: (305) 809-3882
Fax: (305)809-3886

Insurance Requirements:

| | | |
|---|---|---|
| * $1,000,000 | General Liability | City to be named as additionally insured |
| * $1,000,000 | Auto Liability | City to be named as additionally insured |
| * $ 50,000 | Auto Property Damage | |
| * $ Statutory | Workers Compensation | |

*The insuring carrier must maintain an A.M. rating of no less that B+ and be of financial size category of V or higher.

Applicant must hold the City harmless from any and all liability for damages arising out of, or related to, your activities in Key West.

Applicant must contact the Florida Keys & Key West Film Industry Liaison Rita Brown at 1-800-FILM- KEY (345-6539).

**AFTER COMPLETION OF THIS FORM, THE CERTIFICATE OF INSURANCE REQUIREMENTS RECEIVED IN THE CITY MANAGER'S OFFICE AND THE RELEASE AND INDEMNIFICATION FORM SIGNED BY AN AUTHORIZED REPRESENTATIVE, A FILM PERMIT WILL BE ISSUED.**

Signature of Applicant:

_____

Title: _____ Date: _____

**Bogdan Vitas**
City Manager

# THE CITY OF KEY WEST

P.O. BOX 1409
KEY WEST, FL 33041-1409

3132 Flagler Avenue
(305) 809-3881
FAX 809-3886
bvitas@keywestcity.com

## RELEASE AND INDEMNIFICATION
## FILM PERMIT

I _____ DBA business as _____ the legal entity or association on whose behalf this application is made, do hereby release the City of Key West, its officers, agents and employees from any and all liability for damages arising out of, or related to the activities for which application for leave to use City property has been submitted; and do hereby further agree, on behalf of said entity or association, to compensate, indemnify, and hold harmless the City of Key West, its officers, agents, and employees from and against any and all damages to personnel or property of the city, and against all claims for damages or injuries to other persons or property of any nature whatsoever, and for defense costs, including attorneys' fees at both trial and appellate levels, arising from the actions or omissions of the person(s) or legal entity(is) on whose behalf the application is submitted, including, but not limited to, the sale and dispensing of alcoholic beverages, or otherwise arising from the actions of their members, licensees, customers, guests, invitee, or participants in the related activities permitted.

| | |
|---|---|
| _____ | _____ |
| Signature of Witness | Signature of Applicant |
| _____ | _____ |
| (Print Name) | (Print Name) |
| _____ | _____ |
| Date | Date |