



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

## Filming Permit

Portia Navarro  
City Manager's Office  
pnavarro@cityofkeywest-fl.gov

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) : \_\_\_\_\_

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Feature     | <input type="checkbox"/> Television  | <input type="checkbox"/> International |
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> Show Time   | _____ County                           |
| <input type="checkbox"/> Other       | <input type="checkbox"/> Still Photo | <input type="checkbox"/> Local         |
| <input type="checkbox"/> Infomercial | <input type="checkbox"/> PSA         | <input type="checkbox"/> Regional      |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> Catalogue   | <input type="checkbox"/> National      |
| <input type="checkbox"/> Video       | <input type="checkbox"/> Documentary | <input type="checkbox"/> 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 Troxel - 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) 809-3883  
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 |

\*The insuring carrier must maintain an A.M. rating of no less than 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 Troxel 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: \_\_\_\_\_



**Jim Scholl**  
City Manager

# THE CITY OF KEY WEST

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

3132 Flagler Avenue  
(305) 809-3888  
FAX 809-3886  
jscholl@cityofkeywest-fl.gov

## 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