



THE CITY OF KEY WEST

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

1300 White Street
(305) 809-3883
FAX 809-3886

Filming Permit

event_request@cityofkeywest-fl.gov

Date Initiated: _____

Name of Applicant: _____

Email Address: _____

Title: _____ Firm: _____

Address: _____

Phone: _____ Fax: _____

Type of Production: _____

Production Dates: _____

If motion picture, title: _____

Number of people in cast and crew: _____

Type of equipment to be used: _____

Type of vehicle to be used at film sites: _____

(any vehicle more than twenty feet in length and seven feet in width requires parking permit, parking fees apply)

Special services required from city staff: _____

Film locations: _____

Key to the Caribbean - Average yearly temperature 77° F.

Places film crew is staying: _____

Phone number: _____

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 insured 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 Chad Newman 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: _____

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	<input type="checkbox"/> _____ County
<input type="checkbox"/> Other	<input type="checkbox"/> Still Photo	<input type="checkbox"/> Local
<input type="checkbox"/> Informercial	<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 _____

Location Contact: _____

Local _____ Non-Local _____

Budget: _____

Phone: _____

Local Address: _____

Mobile Phone: _____

Room _____

Nights: _____

Date Sent: _____

Fax: _____ Regular Mail _____ Express Mail _____

Florida Keys & Key West Film Commission
Chad Newman
Monroe County Film Liaison

1201 White Street
STE. 102
Key West, FL 33040-3328
FAX: 305-296-0788

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Greg Veliz
City Manager

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**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

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