



CITY OF COLUSA

425 Webster Street * COLUSA, CA 95932 * (530) 458-4740 * FAX (530) 458-7555

Application for Permit to Conduct Filming Activity

This permit application is not valid until signed off by the proper departments.

Application Date _____

Film Dates from _____ through _____

SECTION 1 GENERAL APPLICATION PERMIT NUMBER: _____

(Attach additional sheets as needed)

1. Production Company _____

2. Production Title _____

3. On-Site Contact Individual: _____

Phone: _____ Cell Phone: _____

E-Mail _____

4. Individual in Charge of Filming: _____

Phone: _____ Cell Phone: _____

E-Mail _____

5. Primary Contact Address

Address: _____

City _____ State _____ Zip _____

Business Phone: _____

Cell Phone: _____

Pager: _____

Fax _____

E-Mail _____

8. Production Type:

Still

Multimedia

Film

Other _____

Video

10. Film Title / Story Summary:

11. Is this your first time filming in Colusa City? _____

12. How were you referred to Colusa City? _____

13. Insurance Carrier: _____

14. Policy Number(s) _____

(Must provide certificates of insurance and endorsements as outlined in Municipal Code Section 10(A)11.)

15. Total Number of Crew: _____

17. Estimated Room Nights: _____

16. Total Number of Cast: _____

18. Estimated Total Expenditure: _____

19. Please attach to this application a list of each location where you will be filming. For each location provide details of the location, identify the site as private property or City property, the hours of filming, structures/sets to be erected, special effects to be used, , any fires or flammables that will be present, equipment to be used (generators, trucks, cars, RVs, sanitation facilities, etc.) and parking arrangements for the cast and crew. All locations must be included

20. Copy of Colusa County Health Permit Required if food or catering services are used. A signed copy will be required prior to filming.

21. Describe any assistance requested from City or County Agencies and/or Employees:
(The City will do it's best to assist you with multi-jurisdictional coordination).

SECTION 3 PRIVATE PROPERTY PERMISSION FORM(S):

Owner permission must be obtained if filming will occur on or utilize private property, please attach.

NOTE: City Ordinance REQUIRES that all filming done in Colusa provides credits in some manner identifying Colusa, CA as a filming location.

NOTE: You are required to obtain a City of Colusa business license.

Statement of Applicant: I declare that the information set forth above is true and correct and agree to comply with the terms and conditions of the film permit. I further declare that I am the authorize legal representative for the applicant identified in this application.

Signature _____

Date _____

Printed Name _____

For City Use Only (attach additional pages if needed for Conditions)	
Police (signature) _____	Date: _____
Comments/Conditions: _____	
Fire (signature) _____	Date: _____
Comments/Conditions: _____	
Planning (signature) _____	Date: _____
Comments/Conditions: _____	
Building (signature) _____	Date: _____
Comments/Conditions: _____	
City Manager (signature) _____	Date: _____
Comments/Conditions: _____	
Fees Paid before Filming: Application Fee: _____	Business License: _____
Anticipated costs after/during filming: _____	Deposit Required: _____ +