

Film Application

IMPORTANT NOTICE

This application is to be filled out along with a Special Event Application which must be received by the Town of Oliver at least 8 - 12 business days before filming commences. Please read the Special Event Policy before submitting application found at www.oliver.ca.

PRODUCTION INFORMATION

PRODUCTION TITLE

FILM DATE(S)

PRODUCTION COMPANY

MAILING ADDRESS

CITY, PROVINCE	POSTAL CODE
<input type="text"/>	<input type="text"/>

PRIMARY PHONE	EMAIL
<input type="text"/>	<input type="text"/>

LOCATION MANAGER	CELL	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

ASSISTANT LOCATION MANAGER	CELL	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER	CELL	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

TYPE OF PRODUCTION

<input type="checkbox"/> Feature Film	<input type="checkbox"/> Photography	<input type="checkbox"/> Commercial	<input type="checkbox"/> TV Series	<input type="checkbox"/> Music Video
<input type="checkbox"/> Documentary	<input type="checkbox"/> Other			

BRIEF DESCRIPTION OF PRODUCTION

LOCATION

Complete this section for each location scene. If additional locations are required, please use an additional location form.

SPECIFIC LOCATION

DATE

NUMBER OF CREW

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MOVE-IN TIME

MOVE-OUT TIME

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FILMING START TIME

FILMING END TIME

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DETAILED SCENE DESCRIPTION AND REQUIREMENTS.

- Include all equipment and infrastructure that will be on site. (Lights, cameras, audio, power, tents, etc.).
- Site maps with positions of equipment, crew, talent, etc. may be requested.

PROPOSED ACTIVITIES

<input type="checkbox"/> Gun fire	<input type="checkbox"/> Car stunt	<input type="checkbox"/> Vehicle shot	<input type="checkbox"/> Stunts
<input type="checkbox"/> Explosion	<input type="checkbox"/> Fire	<input type="checkbox"/> Smoke	<input type="checkbox"/> Aircraft
<input type="checkbox"/> Animals	<input type="checkbox"/> Fire hydrant/water	<input type="checkbox"/> Other	

TRAFFIC CONTROL

<input type="checkbox"/> Yes (attach map with positions of traffic control people and devices)	<input type="checkbox"/> No		
Street address: _____			
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Intersection	<input type="checkbox"/> Lane	<input type="checkbox"/> Other
<input type="checkbox"/> Closure	<input type="checkbox"/> Traffic Management Company: _____		

PARKING REQUIREMENTS

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of crew vehicles: _____	
Number of Circus vehicles: _____	
Total linear feet of Circus: _____	

DESCRIBE CIRCUS VEHICLES

STATEMENT

I declare the information provided in this application is accurate.

Print name of Representative completing this form	Name of Organization
Signature	Date

Please submit your completed application, in person:

Town of Oliver
6150 Main St
Box 638
Oliver, BC VoH 1To
www.oliver.ca

Or, via email:

admin@oliver.ca

Please direct all questions to the the Corporate Officer at rlougheed@oliver.ca or 250-485-6207.