

## Filming Permit

#### BOROUGH OF SEASIDE PARK

Ocean County, New Jersey
1701 N. Ocean Avenue, Seaside Park, New Jersey 08752
(732) 793-3700 Fax: (732) 793-3737

Please staple all pages together in proper order. Answer all questions fully in neat print writing or attach a word document with the answers following the page the questions correlate to. The more detail and information provided can expedite the review process. The processing fee for this application is: For Profit: \$200.00 \_\_\_\_\_ Non-Profit: \$50.00 \_\_\_\_ Fed. ID No.\_\_\_\_ Please make payable by check, cash or money order to The Borough of Seaside Park. Name of Individual Completing this Application: Type of Production (circle one) Telephone Number (Work) A. Student B. Minor (1 to 29 people) Telephone Number (Cell) C. Major (30+ people) Email Address: Address of Company/Organization: Street City, State Zip Location(s) Desired: List All Dates and Times: \_\_\_\_\_ Set Up Time (please write the earliest time): \_\_\_\_\_\_ Break Down Time (please write the latest time): \_\_\_\_\_ Rain or Cancellation Dates: \_\_ OFFICIAL USE ONLY

Official Cold Official					
<u>APPLICATION</u>	<u>PAYMENT</u>	HOLD HARMLESS	<u>INSURANCE</u>	<u>ADDITIONAL</u>	
				<u>COMMENTS</u>	

# Application for Filming

Please answer all question fully and in neat legible print writing or attach additional pages after each question. If any questions do not pertain to you, please write N/A in the space provided.

1)	Who is the main contact person for the days of shooting?  A. First and Last Name			
	B. Position/Title			
	C. Company/Business Name			
	D. Cell Phone			
	E. Email			
2)	Select an option below: A. Advertisement B. Commercial (product name)			
3)	Will Seaside Park Police assistance be needed for security, escorts, crowd control, or traffic control?  A. Yes  B. No			
4)	If yes, please describe in detail the extent of any Seaside Park Police assistance.			
5)	If you are not requesting assistance from the Seaside Park Police Department what are your security arrangements? Please note, any armed security or outside security source must be approved by the Chief of the Seaside Park Police Department.			
6)	Please attach a description of the scenes you will be filming along with a description of what you will be using including but not limited to, cameras, equipment, special effects, firearms, animals, number of people in the cast, number of people in the crew, number of automobiles along with their license plate numbers (if applicable) etc. If this is for a commercial, provide the name and description of the product.			

#### HOLD HARMLESS AND INDEMINIFICATION AGREEMENT

#### **BETWEEN**

BOROUGH OF SEASIDE PARK, a municipal corporation of the State of New Jersey, having offices at 1701 North Ocean Avenue, Seaside Park, NJ 08752

#### **AND**

Outside Organization utilizing Municipal Property or Facilities					
Address (Not Post Office Box)					
Telephone Number					
Organization Type (Individual(s), Partnership, Corporation (Profit), Corporation (Not-for-Profit), Association, Limited Liability Company, Club, Public Entity)					
In consideration of the use of municipal property or facilities on					
undersigned Outside Organization agrees to indemnify and hold harmless the Borough of Seaside Park, its					
officers, agents and/or employees from any and all liability, claims, costs, including reasonable attorney's fees,					
arising out of the use of municipal property or facilities by this Outside Organization.					

The undersigned understands and acknowledges that this hold harmless and indemnification agreement requires that Seaside Park be indemnified from any losses or damages resulting from the acts or omissions from any guest, participant, visitor, or other person attending the event referred to in this agreement. This hold harmless and indemnification agreement shall I also pertain to any claims due to Seaside Park's negligence. The undersigned further agrees to release any claim that they may now have or have in the future against Seaside Park relating to the use of municipal property or facilities, including claims due to Seaside Park's negligence.

The undersigned further agrees to furnish Seaside Park with a Certificate of Insurance naming the Borough of Seaside Park as an insured party. The Certificate of Insurance must evidence the provision of general liability, bodily injury and property damage coverage with minimum limits of liability not less than \$1,000,000 single incident/\$2,000,000 aggregate.

### Certificate of Insurance BOROUGH OF SEASIDE PARK

Applicant must attach a Certificate of Insurance, **directly after this page**, which shows proof of insurance coverage for general liability, bodily injury, and property damage with minimum limits of liability no less than \$1,000,000 single incident and \$2,000,000 aggregate. The Certificate must name:

#### THE BOROUGH OF SEASIDE PARK

1701 N. Ocean Avenue

Seaside Park, New Jersey 08752

as additionally insured. Attach the Certificate of Insurance and fill out the information below as well:

Name of Insurance Company:				
Address of Insurance Company:				
	Street		City/State	Zip
Policy Number:				
Coverage Amount(s):				
Expiration Date of Policy:				
Insurance Agent's Information				
Name:		Phone Number:		
Address:				
Street		City/Sta	ate	Zip

## SPECIAL CONDITIONS

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Applicant's First and Last Name	understand that The Borough of Seaside Park has the right to
review the application submitted above and	determine if there will be any conditions added before issuing a
permit. I understand that if conditions arise	e, I, the applicant, will be required to enter into an Agreement
separate from the initial application and per	rmit with the Borough, which will state all the terms and
conditions for the agreement. I understand	that I, the applicant, am responsible for the cost of additional
manpower, supplies, cleanup, police assistar	nce, etc. In the event that after filming ends and there is additiona
work done by the Seaside Park Police Depar	rtment, Seaside Park Department of Public works, etc. I the
applicant understand that I will be held resp	ponsible for the additional costs and will be billed accordingly.
X	X
Sign Above	Date