

**APPLICATION TO FILM
IN THE NEW ENGLAND NORTH WEST REGION**

Applicant Information		
Applicant's Name: _____		
Position: _____		
Production Company: _____		
Address: _____ _____		
ACN: _____ ABN: _____		
Email: _____		
Phone: _____ Fax: _____ Mobile: _____		
On-site Production Company representative contact details:		
Production Manager: _____ Mobile: _____		
Location Manager: _____ Mobile: _____		
Production Details		
Type of Production (tick one):		
<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Documentary	<input type="checkbox"/> TV Drama
<input type="checkbox"/> Feature Film	<input type="checkbox"/> Corporate Video	<input type="checkbox"/> Short Film
<input type="checkbox"/> Music Video	<input type="checkbox"/> Student Film	<input type="checkbox"/> Other (please specify): _____
Title of Production (or name of product if TVC): _____ _____		
Location (if more than one please attach a list): _____ _____		
Date/s of Use: _____ Time/s of Use: _____		
Date/s of Use: _____ Time/s of Use: _____		
Date/s of Use: _____ Time/s of Use: _____		
No. of Essential Parking Spaces: _____ No. of Cast & Crew: _____		
Construction Details (supply full details of any proposed temporary sets/major dressing etc): _____ _____		
Special Requirements (e.g. cherrypickers, lifts, wind machines, SFX, etc): _____ _____		
Dangerous Substances (list all dangerous substances or articles to be taken on to the location): _____ _____		

Office Use Only	
Fee \$ _____	
Approved <input type="checkbox"/>	
Land Description	
Operational <input type="checkbox"/>	
Community <input type="checkbox"/>	
Crown <input type="checkbox"/>	
Private <input type="checkbox"/>	
Traffic <input type="checkbox"/>	
DA Approval <input type="checkbox"/>	
BA Approval <input type="checkbox"/>	
Police <input type="checkbox"/>	
Fire Brigade <input type="checkbox"/>	
Ambulance <input type="checkbox"/>	
RTA <input type="checkbox"/>	
Waterways <input type="checkbox"/>	
Risk Management <input type="checkbox"/>	
APPROVAL TO FILM	
_____ Signature Authorised Council Representative	

Parking + Traffic Management

Please attach a list of production vehicles by type, registration and size that require parking. Please attach a parking plan which should also show catering van and meals area.

Please supply details of any proposed traffic management. State whether Police or RTA accredited personnel will control. If RTA accredited persons please provide names and details of accreditation.

Applicant's Declaration

I declare that I am authorized to sign on behalf of the Production Company specified in this application and that this information is accurate and correct.

Name: _____

Signature: _____

Date: _____

Attachments Required

- Proof of Public Liability Insurance Cover to a minimum amount of \$10 million
- Authorised Safety Report (where production utilises special effects or equipment)
- Proof of Consent of Owner of Land (where production involves filming on non-Council land)
- Design Layout Plan (where temporary structures are to be erected)
- Traffic Management Plan (for road closures, pedestrian and cycling access, and parking where vehicle numbers exceed 20)

Conditions of Approval

1. The permission is granted for the licence period. In the event that filming is not completed within this time, the Producer shall apply to extend the licence period.
2. The Producer agrees to indemnify and hold the Council harmless against and from any and all liability and loss, which the Council may suffer by reason of any accidents or other damage to the Property or bodily injury including death, caused by the negligence of any of its employees on or about the Property.
3. The Council agrees to notify the Producer in writing within fourteen days of completion of the Producer's use of the Property of any damage claimed to arise from the Producer's use of the Property and to allow the Producer and its representatives access to the Property to assess and (where appropriate) rectify any such damage.
4. The Producer warrants to effect Public Liability Insurance for a sum no less than \$10 million.
5. The Producer shall have the right to represent the Property in the Production and trailers, film clips, stills, advertising and publicity material under any name (whether real or fictional) and in any manner.
6. The Council shall be acknowledged in the screen credits of the Production where such credits exist.
7. The Council hereby expressly disclaims any right or interest in the Production including copyright therein and acknowledges that the Producer has the unfettered right (without payment of further fees) to exhibit and license other to exhibit and to otherwise exploit in all media throughout the world all or any part of those scenes of the Production photographed or recorded at the Property.

PLEASE NOTE: If the information on this application is inaccurate or insufficient it may lead to the cancellation of an approval at any time.

COUNCIL APPROVAL

In consideration of payment by the Producer to the Council of the Location Fee, permission is granted to the Producer to use the Property for the purpose of photographing and recording scenes.

For the Production:

Name (please print): _____

Title: _____

Signature: _____

Special Conditions:

Location Fee: _____

Signed on behalf of the Council:

Name (please print): _____

Designation: _____

Signature: _____

**ONCE THIS FORM HAS BEEN SIGNED IT WILL CONSTITUTE YOUR FILM PERMIT.
PLEASE KEEP THESE PAGES ON LOCATION AT ALL TIMES**

SAMPLE COMMUNITY NOTIFICATION LETTER

(This letter should be prepared on the Applicant's letterhead)

Sample

(date)

Dear Resident,

We wish to advise that we have received approval from Council to film **(name of production)** a **(type of production)** at **(location address.)**

We propose to film on **(date/s)** and will be working from **(unit arrival time)** to **(wrap)**.

We will be filming **(give a detailed description of sequences to be filmed including any traffic control, special effects etc. Please include as much information as possible so that residents are fully informed)**.

Our production unit consists of **(number of vehicles)** which will be parked **(advise where you intend to park)**. We will attempt to ensure that any inconvenience to you is kept to a minimum.

Should you have any queries please call **(location representative)** on **(telephone number)** and he/she will be pleased to assist you.

Thank you for your cooperation.

(signed by applicant's representative)
(type name and title)

NOTE: If notice is short it may be advisable to "doorknock" to deliver these letters rather than leave them in mailboxes. It is suggested that as much information as possible be given to residents so that they are fully informed as to what is happening.