

LOUISVILLE PARKS AND RECREATION
MOTION PICTURE, TELEVISION,
COMMERCIAL, SPECIAL EVENT
ANCILLARY PERMIT

LOUISVILLE PARKS AND RECREATION RESERVATIONS OFFICE

1297 Trevilian Way
Louisville KY 40213

PO Box 37280
Louisville KY 40233-7280

Phone: 502/574-7275
Fax: 502/456-3269
Email: parks@louisvilleky.gov

The permit will be issued to the applicant with the intent to film/video on streets or property subject to the jurisdiction of Louisville Parks and Recreation for the times and locations designated below. The permit must be in possession of the applicant at all times while on location.

Production Company: _____ Date: _____

Producer: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

On-site (Local) Representative: _____ Title: _____

Local Address: _____ Local Phone: _____ Mobile: _____

Email of On-site Representative: _____

Load In Date (MM/DD/YYYY): _____ Load In Time (a.m. or p.m.): _____

Load out date: _____ Load Out Time: _____

Production Title: _____

Type of Production: Feature TV Series TV Movie Commercial Music Video Documentary

Other (describe): _____

Director: _____ Production Manager: _____

(No. of) Large Trucks: ____ Other Trucks: ____ Vans: ____ Mtr Homes/Drs Rms ____ Camera Cars: ____ Pic Vehicles: ____ Cast/Crew Cars: ____

Vehicles above are permitted to park in any available legal spaces in the immediate vicinity of the listed locations.

LOCATION #1 Address: _____ Date: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes No If yes, describe*: _____ No. of Cast/Crew _____

LOCATION #2 Address: _____ Date: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes No If yes, describe*: _____ No. of Cast/Crew _____

LOCATION #3 Address: _____ Date: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes No If yes, describe*: _____ No. of Cast/Crew _____

LOCATION #4 Address: _____ Date: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes No If yes, describe*: _____ No. of Cast/Crew _____

LOCATION #5 Address: _____ Date: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes No If yes, describe*: _____

No. of Cast/Crew _____

Are you requesting a street or sidewalk closure or restriction? ** Yes No

Will parking in the area need to be restricted or prohibited during filming? Yes No If yes, list specific dates/times: _____

Will pyrotechnics be involved? Yes No If yes please download, complete and attach the Pyrotechnics Application (additional fee).

Will you be doing any B-roll filming? Yes No If yes, provide exact locations/areas:* _____

Will animals be involved? Yes No If yes, list number and types of animals:* _____

Will military or police-related uniforms or regalia be used? Yes No

Will any real or artificial weapons or firearms be used? Yes No

Will there be any high-speed driving, crashes or traffic-related filming involved? Yes No

Could any of your shots be considered a public nuisance or cause for protest? Yes No

SIGNAGE (if applicable; if not, enter "NA")

Placement for "No Parking" signs:

List streets and specific areas that will require signs: _____

List specific times/hours that you wish to restrict parking: _____

List specific days/dates that you wish to restrict parking: _____

List any special requests pertaining to signage: _____

TRAFFIC CONTROL (if applicable; if not, enter "NA")

Select appropriate security service: Off-Duty Police Officers Private Security

Off-Duty Officer Contact: _____ Phone: _____

Private security Contact: _____ Phone: _____

SECURITY (if applicable; if not, enter "NA")

Total number of private security personnel or off-duty law enforcement officers on-site: _____

Organization providing security: _____

Contact: _____ Phone: _____

Describe your project's security plan: _____

*Use the blank "Additional Information" page at the end of this document if needed to fully describe special effects to be used, B-roll filming (if in a large area, upload a map with exact area noted), all animals that may be used, or to further expand upon any entry on the application.

** Complete for each street or sidewalk closure (for additional closures within the permitted area, attach an additional sheet with information below).

CLOSURE #1

Check all that apply to your project:

- Parking Lane Lane Closure Full Street Closure Sidewalk Closure

Date/s for work to be performed: From _____ to _____. Time for work to be performed: From _____ to _____.

Location of street or sidewalk closure (for example "north of E. Breckinridge Street between S. Hancock and S. Clay"; or street address):

CLOSURE #2

Check all that apply to your project:

- Parking Lane Lane Closure Full Street Closure Sidewalk Closure

Date/s for work to be performed: From _____ to _____. Time for work to be performed: From _____ to _____.

Location of street or sidewalk closure:

CLOSURE #3

Check all that apply to your project:

- Parking Lane Lane Closure Full Street Closure Sidewalk Closure

Date/s for work to be performed: From _____ to _____. Time for work to be performed: From _____ to _____.

Location of street or sidewalk closure:

CLOSURE #4

Check all that apply to your project:

- Parking Lane Lane Closure Full Street Closure Sidewalk Closure

Date/s for work to be performed: From _____ to _____. Time for work to be performed: From _____ to _____.

Location of street or sidewalk closure:

The applicant agrees to indemnify Louisville Metro Government and to be solely and absolutely liable upon any and all claims, suits and judgments against the City and/or the applicant for personal injuries and property damages arising out of or occurring during the activities of the applicant, his (its) employees or otherwise. The applicant further agrees to comply with all pertinent provisions of Kentucky laws, rules and regulations. With justification provided in writing, this permit may be revoked at any time based upon the circumstances.

The applicant must submit a Certificate of Insurance providing proof of a commercial General Liability Insurance Policy, written on an occurrence basis for bodily injury, personal injury, and property damage, including products/completed operations liability, with a minimum limit of liability of \$1,000,000 per occurrence/\$2,000,000 aggregate. The event producer and its vendors must list Louisville/Jefferson County Metro Government as an additional insured on all commercial General Liability policies.

Signature, Production Company Representative, Title

APPLICATIONS MUST BE SUBMITTED FOURTEEN (14) WORKING DAYS PRIOR TO START DATE.



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ADDITIONAL INFORMATION: