

MOTION PICTURE,
TELEVISION, COMMERCIAL
SPECIAL EVENTS
ANCILLARY PERMIT

Louisville Metro Emergency Services
Office of Special Events
410 S. 5th Street, Ste. 100
Louisville, KY 40202
(502) 572-3467 Fax (502) 572-3498
doug.sweeney@louisvilleky.gov

PERMIT NO: _____

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

Production Company: _____ Date: _____

Producer: _____ Email Address _____

Street Address: _____ City: _____ State: _____ Zip: _____

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

Local Address: _____ Local Phone: _____ Mobile: _____

Email Address 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 Prod: Feature () TV Series () TV Movie () Commercial () Music Video () (Artist) _____ Documentary ()

Other (describe) _____ Director: _____ Prod. Mgr. _____

No. of Lg. Trucks _____ Other Trucks _____ Vans _____ Mtr. Hms/Drs. Rms _____ Camera Cars _____ Pic Vehicle _____ Cast/Crew Cars _____

(The vehicles above are permitted to park in any available legal spaces in the immediate vicinity of the listed locations.)

Location # 1 Address: _____ Dates: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes () No () Describe* _____ No. of Crew/Cast: _____

Location # 2 Address: _____ Dates: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes () No () Describe* _____ No. of Crew/Cast: _____

Location # 3 Address: _____ Dates: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes () No () Describe* _____ No. of Crew/Cast: _____

Location # 4 Address: _____ Dates: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes () No () Describe* _____ No. of Crew/Cast: _____

Location # 5 Address: _____ Dates: _____ Time: _____

Summary of Scenes: _____

Special Effects: Yes () No () Describe* _____ No. of Crew/Cast: _____

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 parking meters need to be bagged? YES () NO () If yes, please provide meter numbers and/or exact locations: _____

Will any pyrotechnics be involved? YES () NO () If yes, please download, complete and attach the pyrotechnic application (additional fee).

Will you be doing any B-roll filming? YES () NO () If yes, provide exact locations/area** _____

Will you be utilizing or filming in any area parks? YES () NO () If yes, please contact Louisville Metro Parks, Waterfront Park, or Parklands for permission***

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 ()

Will you be using private property, and if so do you have permission? YES () NO ()

Could any of your shots be considered a public nuisance or cause for protest? YES () NO ()

Projected Days (Prep, Shoot, Wrap): _____

Projected number of hotel rooms and total nights: _____

Total number of crew: _____ Number of Louisville crew: _____

Total number of talent: _____ Principals: _____ Extras: _____ Louisville talent: _____

Projected dollar amount of payroll tax revenue for Louisville Metro Government? _____ Have you been approved for incentives by Kentucky? YES () NO ()

Projected total expenditures (dollars left in Louisville – lodging, food, taxes, etc) _____

In the event shooting is delayed for any reason (weather, illness, shoot overruns)

list your choice of an alternate date and times: _____

SIGNAGE (If applicable; if not, enter “N/A”)

Placement for “NO PARKING” signs:

- List streets, block numbers and specific areas that will require signs _____

- List specific times/hours that you wish to restrict parking: _____
- List specific dates/days that you wish to restrict parking: _____
- List any special requests pertaining to signage: _____

TRAFFIC CONTROL (If applicable; if not, enter “N/A”)

Select appropriate security service:

() Off-Duty Police Officers () Private Security

Off-duty officer contact name: _____ **Best Phone #:** _____

Private security contact name: _____ **Best Phone #** _____

SECURITY (If applicable; if not, enter “N/A”)

- Total number of private security personnel or off-duty law-enforcement officers on-site: _____
- Organization providing security: _____
- Contact name: _____ Phone # _____
- Describe your project’s security plan? _____

* Use the blank “Additional Information” page if needed to fully describe special effects to be used, any B-roll filming (if a large area, upload a map with exact area noted. See example in handbook), to fully list and describe any animals that might be used, or to further expand upon any entry on this application.

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

CLOSURE #1

Mark X for 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 of work: From _____ To _____

Location(s) of street or sidewalk closure (e.g. north lane of E. Breckinridge Street, between S. Hancock St. and S. Clay St., or street address)

CLOSURE #2

Mark X for 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 of work: From _____ To _____

Location(s) of street or sidewalk closure (e.g. north lane of E. Breckinridge Street, between S. Hancock St. and S. Clay St., or street address)

CLOSURE #3

Mark X for 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 of work: From _____ To _____

Location(s) of street or sidewalk closure (e.g. north lane of E. Breckinridge Street, between S. Hancock St. and S. Clay St., or street address)

CLOSURE #4

Mark X for 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 of work: From _____ To _____

Location(s) of street or sidewalk closure (e.g. north lane of E. Breckinridge Street, between S. Hancock St. and S. Clay St., or street address)

*** Louisville Metro Parks, Reservation Office	Waterfront Development Corp.	21 st Century Parks (Parklands)
1080 Amphitheater Road	129 River Road	471 West Main Street, Suite 202
Louisville, KY 40214	Louisville, KY 40202	Louisville, KY 40202
(502) 386-5865	(502) 574-3768	(502) 584-0350

The applicant agrees to indemnify Louisville Metro Government and to be solely and absolutely liable upon any and all claims, suits and judgements 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.

Production Company Representative, Title

APPLICATIONS MUST BE SUBMITTED SEVEN (7) WORKING DAYS PRIOR TO START DATE.

Additional Information



LOUISVILLE METRO SPECIAL EVENT
CLEAN UP & RECYCLING ADDENDUM

Event Name: _____ Date: _____
Official name of festival or event (name used to advertise event)

Primary Contact: _____
Person who should be contacted regarding the application request

Primary Contact Information: _____
Day Phone Cell Phone Evening Phone
* _____
Email Fax

SOLID WASTE MANAGEMENT AND RECYCLING SERVICES

Please ensure your event is litter-free. All property adjacent to the event (i.e. streets, right-of-ways, sidewalks, steps, yards and alcoves) must be free of waste, recycling (i.e. paper and plastic) and compost/recovery (i.e. food and cooking oil) material once your event is over. Recycling is mandatory for all events. The following requirements must be met at your event:

- 1. Recycling containers are available at a minimum 1:1 ratio with Waste containers;
- 2. Recycling and Waste containers are clearly labeled, easily distinguishable, and placed beside one another;
- 3. Recycling containers must accept (at a minimum) cardboard, mixed paper, plastic bottles and cups, aluminum cans, and glass bottles.

Cleaning Services will be provided by: Contracted Company (complete subsection 1)
 Event Organizers (Complete Subsection 2)
 Metro Solid Waste Management Services (complete subsection 3)

Section 1: Contracted with Private Company

Service Provider and Disposal Information:

Recycling Provider _____ **Waste Provider** (leave blank if same as Recycling Provider)
Company Name: _____ Company Name: _____
Phone: _____ Phone: _____

Section 2: Conducting Clean up as part of Event

If you are not using a service provider and will dispose of your own recycling and Waste, please list the location(s) where you will dispose of recycling and Waste. *Note: This only applies to events that are not hiring a service provider.*

Section 3: Contracting with Metro Solid Waste Management Services

If you would like Louisville Metro to provide dumpsters, trash containers, and/or recycling containers, please fill out the following information:

Number of Waste Units: dumpsters _____ wire baskets _____ cardboard boxes _____ carts _____ Number of trash liners: _____
Number of Free Recycling Units: dumpsters _____ cardboard boxes _____ carts _____ Number of recycling liners _____
Drop-off date: ___/___/___ Time: ___:___M Pick-up date: ___/___/___ Time: ___:___M
Exact location where containers should be dropped: _____

Schedule Street Sweeping

Request sweeping services _____ before event _____ after event

(Attach site map if necessary)

To learn more about recycling for special events, link [Special Event Recycling and Waste Reduction Best Practice Guide](#).