

MOTION PICTURE,  
TELEVISION, COMMERCIAL  
SPECIAL EVENTS  
ANCILLARY PERMIT

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

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**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: \_\_\_\_\_

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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 ( )

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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) \_\_\_\_\_

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

***list your choice of an alternate date and times:*** \_\_\_\_\_

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**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? \_\_\_\_\_  
\_\_\_\_\_

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\* 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)

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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)

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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)

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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)

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*** Louisville Metro Parks, Reservation Office	Waterfront Development Corp.	21 <sup>st</sup> 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.

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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](#).