



## CITY OF HUNTINGTON PARK

Community Development Dept. • Planning Division  
6550 Miles Avenue, Huntington Park, CA 90255  
Tel. (323) 584-6210 • [planning@hpca.gov](mailto:planning@hpca.gov)

# FILM AND STILL PHOTOGRAPHY PERMIT APPLICATION

**FILING FEE:** \$265.00 plus \$10.00 per day thereafter

\*Minimum of **7 days** to process application for Minor Filming

\*Minimum of **14 days** to process application for Major Filming

(Minor Filming includes filming to take place within all private property, no special pyrotechnics, and will take within the span of one day. Major Filming includes filming with the public right-of-way, streets, or street closures, use of special equipment, etc.)

**PERMIT NO.** \_\_\_\_\_

**1. FILM/STILL PHOTOGRAPHY COMPANY:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Federal Tax Id Number: \_\_\_\_\_ Email: \_\_\_\_\_

**2. AGENT:** (Agent is required to provide a letter of authorization from the film company)

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**3. LOCATION MANAGER:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Emergency Contact:** (Name and Number) \_\_\_\_\_

**5. TYPE OF FILMING/STILL PHOTOGRAPHY:**

☐ Commercial ☐ Feature Film ☐ TV Series ☐ TV Movie ☐ Reality TV ☐ Documentary ☐ PSA

☐ Music Video ☐ Student Film ☐ *Nudity/Partial Nudity/Adult Entertainment*

☐ Other \_\_\_\_\_

**6. FILM/STILL PHOTOGRAPHY PROJECT TITLE:** \_\_\_\_\_

**7. ADDRESS / LOCATION OF ACTIVITY:** (Submit written authorization from property owner for all locations being occupied) \_\_\_\_\_

**8. BASE CAMP/PARKING ADDRESS:** (Include number of vehicles. If the base camp or parking location is off-site, a parking agreement between the filming company and property owner shall be provided. In addition, a path of travel map from the base camp/parking location to the filming location will need to be submitted.)

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**9. PROVIDE THE FOLLOWING INFORMATION:** (Attach additional sheets if necessary.)

	Filming Dates	Set Up Time	Film Start & End Time	Clean Up Time	Public/Private Property?
1.					
2.					
3.					

**10. DESCRIPTION OF FILMING/STILL PHOTOGRAPHY:** (Describe all activities, number of special displays, tents, entertainment, stages, or other equipment used, etc. If more space is needed please attach a separate sheet of paper) \_\_\_\_\_

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**11. CAST/CREW SIZE:** (Include the number of expected crew, extras, and talent): \_\_\_\_\_

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**12. EQUIPMENT:** (Submit a full list equipment proposed to be utilized) \_\_\_\_\_

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**13. CATERING: Is any catering proposed for during filming?**

☐ Yes ☐ No If yes, provide the name of the catering company. Please note, catering will require approval from the Health Department: \_\_\_\_\_

**14. PYROTECHNIC: Is the use of any pyrotechnics used during filming?**

☐ Yes ☐ No If yes, list the pyrotechnics proposed to be used: \_\_\_\_\_

**15. STREET CLOSURE: Are there any street closures proposed during filming?** (Street closures will require the submittal of a traffic control plan for review and approval)

☐ Yes ☐ No If yes, provide the streets proposed to be closed off: \_\_\_\_\_

**Disclaimer:**

- *Submittal of the application after the required minimum days cannot be guaranteed adequate time for departmental review and approval. Please submit applications based on the scope of filming.*
- *Please be advised, after submittal of application additional information may be required, including, but not limited to, additional contact information, clarification of scope of filming, parking agreement, etc.*
- *All film permits are subject to conditions of approval and/or additional fees from the departments. Additional conditions and/or fees will be provided once application has been submitted.*

**CERTIFICATE AND AFFIDAVIT OF APPLICANT:** I/We understand and agree to abide by all of the Film Permit regulations of the City of Huntington Park and any other conditions imposed for the event requested. I/We certify that all statements made on this application are true and complete. I/We understand that any false statement may result in denial of the requested permit or revocation of any issued permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE**

Date Submitted: \_\_\_\_\_

Received By: \_\_\_\_\_

Filing Fee: \_\_\_\_\_

Property Owner Approval Required? ☐ No ☐ Yes

**Departmental/Division Approvals Required:**

☐ Building and Safety ☐ City Clerk ☐ Engineering ☐ Parks & Recreation  
☐ Planning ☐ Police Department ☐ Public Works ☐ Finance Collections

**Outside Agency Approvals Required:**

☐ L.A. County Fire Dept. ☐ L.A. County Health Dept. ☐ Dept. of Alcoholic Beverage Control (ABC)



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6550 Miles Avenue, Huntington Park, CA 90255  
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## DEPARTMENTS / AGENCIES REVIEW CHECKLIST

### FILM PERMIT APPLICATION

PERMIT NO. \_\_\_\_\_

The Community Development Department requires proof of approval from the following departments/agencies that are checked:

- ☐ Los Angeles County Fire Department  
**Fire Prevention Division**  
3161 E. Imperial Hwy.  
Lynwood, CA 90262  
(310) 603-5258

☐ Approved      ☐ Not Approved      ☐ No Approval  
Necessary  
☐ Approved w/ Conditions - Comments: \_\_\_\_\_  
\_\_\_\_\_  
Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Los Angeles County Health Department  
**Environmental Health Specialist**  
5850 S Main Street, Room 2257  
Los Angeles, CA 90003  
(323) 235-7009

☐ Approved      ☐ Not Approved      ☐ No Approval  
Necessary  
☐ Approved w/ Conditions - Comments: \_\_\_\_\_  
\_\_\_\_\_  
Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ State Dept. of Alcoholic Beverage Control  
**Duty Investigator**  
3530 Wilshire Blvd., Suite 1110  
Los Angeles, CA 90010  
(213) 736-2005

☐ Approved      ☐ Not Approved      ☐ No Approval  
Necessary  
☐ Approved w/ Conditions - Comments: \_\_\_\_\_  
\_\_\_\_\_  
Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Huntington Park Police Department  
**Watch Commander**  
6542 Miles Avenue  
Huntington Park, CA 90255  
(323) 584-6254

☐ Approved      ☐ Not Approved      ☐ No Approval  
Necessary  
☐ Approved w/ Conditions - Comments: \_\_\_\_\_  
\_\_\_\_\_  
Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ Huntington Park City Manager's Office  
**City Manager**  
6550 Miles Avenue  
Huntington Park, CA 90255  
(323) 584-6223

☐ Approved      ☐ Not Approved      ☐ No Approval  
Necessary  
☐ Approved w/ Conditions - Comments: \_\_\_\_\_  
\_\_\_\_\_  
Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

# FILM PERMIT APPLICATION

PERMIT NO. \_\_\_\_\_

The Community Development Department requires proof of approval from the following departments/agencies that are checked:

- ☐ Huntington Park Office of the City Clerk  
**City Clerk**  
6550 Miles Avenue, Room 148  
Huntington Park, CA 90255  
(323) 584-6230

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
_____		
Signature: <b>X</b> _____ Date: _____		

- ☐ Huntington Park Planning Division  
**Community Development Director**  
6550 Miles Avenue, Room 145  
Huntington Park, CA 90255  
(323) 584-6251

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
_____		
Signature: <b>X</b> _____ Date: _____		

- ☐ Huntington Park Finance Department  
**Finance Manager**  
6550 Miles Avenue, Room 127  
Huntington Park, CA 90255  
(323) 584-6237

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
_____		
Signature: <b>X</b> _____ Date: _____		

- ☐ Huntington Park Building Division  
**Building Official**  
6550 Miles Avenue, Room 145  
Huntington Park, CA 90255  
(323) 584-6315

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
_____		
Signature: <b>X</b> _____ Date: _____		

- ☐ Huntington Park Public Works Dept.  
**Public Works Director / City Engineer**  
6550 Miles Avenue, Room 145  
Huntington Park, CA 90255  
(323) 584-6253

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
_____		
Signature: <b>X</b> _____ Date: _____		

- ☐ Huntington Park Parks and Rec. Dept.  
**Parks and Recreation Director**  
3401 E. Florence Avenue  
Huntington Park, CA 90255  
(323) 584-6218

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> No Approval Necessary
<input type="checkbox"/> Approved w/ Conditions - Comments: _____		
_____		
Signature: <b>X</b> _____ Date: _____		



## INSURANCE REQUIREMENTS

The City of Huntington Park requires that applicants must submit to the Office of the City Clerk proof of Liability Insurance in the following amounts.

Coverage shall be at least as broad as:

- **General Liability** – Minimum Limits of: *(Pending Event)*
  - **\$1,000,000** per occurrence and **\$2,000,000** general aggregate;
  - **\$2,000,000** per occurrence and **\$4,000,000** general aggregate; or
  - Other: \_\_\_\_\_

for bodily injury, personal injury and property damage, including operations, products and completed operations

- **Automobile Liability** – if vendor has no owned autos, Code 8 (hired) and Code 9 (non-owned), with limits of no less than **\$1,000,000** per accident for bodily injury and property damage. (Note – required only if auto is used in performance of work)
- **Workers Compensation** – required by the State of California, with statutory limits, and employer's liability insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease. (Note – required only if vendor has employees)

*\*Special Events serving/selling alcohol must also include **Liquor Liability** (limits will vary depending on event type)*

The General Liability policy is to contain, or to be endorsed to contain the following:

- The City of Huntington Park, its officers, officials, employees, and volunteers are to be covered as additional insureds.

Special Event Holder or Permittee shall hold harmless, defend and indemnify Entity and its officers, officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the Entity.

Certificate Holder:

- City of Huntington Park, 6550 Miles Avenue, Huntington Park, CA 90255

Acceptability of Insurers:

- Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A: VII, unless otherwise acceptable to the Entity.

A typed legible name of the Authorized representative must accompany the signature on the certificate of insurance and/or the true and certified copy of the policy

**THE ENDORSEMENT PAGE MUST ACCOMPANY THE ACORD FORM  
CERTIFICATE OF LIABILITY.**

SUBJECT TO CHANGE ACCORDING TO EVENT



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Agent or Broker Name & Address	CONTACT NAME: PHONE (A/C, No. Ext): FAX (A/C, No.): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC #
INSURED	Insured Name & Address	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC OTHER:		Policy Number	Current Policy Period		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPROP AGG
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY HIRER AUTOS ONLY		Policy Number	Current Policy Period		COMBINED SINGLE LIMIT (EA accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	OCCUR CLAIMS-MADE				EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER INCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	Policy Number	Current Policy Period		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

"The City of Huntington Park, its officers, officials, employees, and volunteers are to be covered as additional insureds."

CERTIFICATE HOLDER	CANCELLATION
City of Huntington Park 6550 Miles Avenue Huntington Park, CA 90255	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <b>SIGNATURE</b>

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Must be in ACORD 25 (2016/03) or ACORD 25 (2014/01) any other form will **NOT** be acceptable

DATE

Must have a Contact Name & Phone number or email address

Insurance Company Name(s)

**General Liab.**  
Each Occurrence: \$2,000,000  
Damage to Rented Premises: \$1,000,000  
Med Exp: \$5,000  
Personal & Adv Injury: \$1,000,000  
General Aggregate: \$4,000,000  
Products: \$1,000,000

Combined Single Limit: \$1,000,000

Each Accident: \$1,000,000

Must mark either a "Y" or "X"

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**State Or Governmental Agency Or Subdivision Or Political Subdivision:**

"The City of Huntington Park, its officers, officials, employees, and volunteers are to be covered as additional insureds."

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.