



CITY OF HUNTINGTON PARK

Community Development Dept. • Planning Division
6550 Miles Avenue, Huntington Park, CA 90255
Tel. (323) 584-6210 • planning@h pca.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.)

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) _____

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

12. EQUIPMENT: (Submit a full list equipment proposed to be utilized) _____

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:

<input type="checkbox"/> Building and Safety	<input type="checkbox"/> City Clerk	<input type="checkbox"/> Engineering	<input type="checkbox"/> Parks & Recreation
<input type="checkbox"/> Planning	<input type="checkbox"/> Police Department	<input type="checkbox"/> Public Works	<input type="checkbox"/> Finance Collections

Outside Agency Approvals Required:

<input type="checkbox"/> L.A. County Fire Dept.	<input type="checkbox"/> L.A. County Health Dept.	<input type="checkbox"/> Dept. of Alcoholic Beverage Control (ABC)
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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

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

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

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

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

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

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

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

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

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

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

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ 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.**



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 (Area No. Ext): E-MAIL ADDRESS:	DATE (MM/DD/YYYY)	FAX (Area No.):
INSURED	Insured Name & Address		INSURER A:	INSURER(S) AFFORDING COVERAGE	
			INSURER B:	NAIC #	
			INSURER C:		
			INSURER D:		
			INSURER E:		
			INSURER F:		

Must have a Contact Name & Phone number or email address

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>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.</p>						
INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WND	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$
	GENL. AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ex. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	DED. <input type="checkbox"/> RETENTION \$					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PARTNER/CO-OWNER/CO-EXECUTIVE OFFICER/EMPLOYEE EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	Policy Number	Current Policy Period		Each Accident: \$1,000,000

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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
<p>"The City of Huntington Park, its officers, officials, employees, and volunteers are to be covered as additional insureds."</p>					

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

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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

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.