VILLAGE OF BAXTER ESTATES

315 Main Street, Port Washington, NY 11050

Phone: (516) 767-0096 Fax: (516) 767-0058 <u>clerk@baxterestates.org</u>

APPLICATION FOR A FILMING PERMIT

Applications must be submitted no later than 10 days prior to the commencement of filming. All paperwork and fees must be submitted together.

Please enclose the following payment with your application:

- Certificate of General Liability Insurance naming the Village of Baxter Estates as additional insured.
- Fees:
 - o \$50.00 Application fee
 - o \$1,000.00 For the first day of filming
 - o \$750.00 For every day thereafter

Name of Filming Company:		
Address of Filming Company:		
Name and Phone Number(s) of Applicant:		
Set Manager Name and Phone Number:		
Purpose & Use of Filming:		
Specific Location of each property in the Village of Baxter Estates to be used in the film:		
Dates & times each property will be used (include set-up & break-down time):		

Property Owner Name:	Phone Number:
Address:	
I,, owner of the p	roperty known as,
give my full consent to the filming by	, on the
aforementioned dates and times. I understa	nd the rules, regulations and ordinances of the Village
of Baxter Estates and will comply with the	requirements.
	Owner's Signature
•	am the applicant and that I have read and understood
-	104 – Filming, and I understand the rules, regulations
_	tates and will comply with the requirements. I certify
that the information in this application and	supporting documentation is true and correct.
	Applicant's Signature

Hours permitted for filming:

Monday to Friday 8:00AM to 11:00PM Saturday and Sunday 10:00AM to 11:00PM