



Date of Request: _____

Company: _____

Name of Applicant: _____

Production Date(s): _____

Project Title: _____

Production Type: _____

Description of Production: _____

Production Manager Name & Cell Phone: _____

Location Manager Name & Cell Phone: _____

Address/City/Zip Code: _____

Email Address: _____

PRODUCTION INFORMATION – please list additional locations

| | | |
|-----------|-------|--------------------------------------|
| Date: | Time: | Location (include set-up/breakdown): |
| | | |
| Activity: | | |
| | | |
| Date: | Time: | Location: (include set-up/breakdown) |
| | | |
| Activity: | | |
| | | |
| | | |

Total Personnel: _____ Total Vehicles and/or Equipment: _____
Number and size of Trucks: _____
Number and size of Motor Homes: _____
Number and size of Vehicles: _____
Other: _____

Parking spaces needed for vehicles and equipment: _____

Location of parking spaces: _____

Is a street closure required? Yes: _____ No: _____

If **YES**, please describe: _____

(All street closures need City Council Approval)

Police Required: _____ Fire Required: _____

Will sidewalks or streets be blocked or obstructed? Yes: _____ No: _____

If **YES**, please describe how pedestrians will be allowed to pass: _____

(Possible encroachment permit required)

INSURANCE REQUIREMENTS:

The City of Carmel-by-the-Sea requires liability coverage of One Million Dollars (\$1,000,000) or more. ALL property and locations that are to be utilized/insured must be listed and reflect the City's interest in the insured property.

The Policy must read as follows: The City of Carmel-by-the-Sea, its public officials, officers, agents and employees are named as additionally insured in respect to <EVENT> on <DATE>. This information is typed in the "Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions. **A Separate, "Additionally Insured" endorsement page, with the same working as above is also required.**

If applicable, proof of Workers Compensation is also required. The policy must specify commencement and expiration dates for coverage of the event. NAME/ADDRESS OF INSURED must read: City of Carmel-by-the-Sea, PO Box CC, Carmel, CA 93921. The name of the insurance company writing the policy, policy number, address, phone and fax must be included. The insurance Company must be a company doing business in California and must be rated A+ or better. The rating of the company must be attached to the Certificate of Liability/Additionally Insured Endorsement. Proof of Workers Compensation if applicable.

*****PLEASE ATTACH A COPY OF YOUR PROOF OF INSURANCE TO THIS APPLICATION*****

Depending upon the type and location of the production the following may be required:

_____ Prior notification of production to affected area.

_____ Garbage and Recycling Plan - Per Municipal Code Section 8.74, the use of single-use carryout plastic bags is prohibited from use at any business, restaurant, corporate or individual event. Cups, plates, or any type of food or liquid containers made of Styrofoam are not permitted. Only compostable items may used.

_____ Alcoholic Beverage Control permit required.

_____ Monterey County Health Department Permit is required for any events where food will be cooked on site, or premade and handed out to the general public and/or invited guests.

_____ **Encroachment Permit is required if you are placing any temporary objects/structure in the public right of way.**

FEES:

Film Permit: \$590.00 per day
Encroachment Permits: \$145.00 per location
Beach Rental: \$500.00 per day
Park Rental: \$500.00 per day
Street Rental: \$500.00 per day
Parking Stalls: \$100.00 per stall per day (except during Car Week, any Pro-Am golf event, and the last two weeks of December where the stall price is \$200.00 per stall per day.)

DEPOSIT:

Beach Event: \$500.00
Park Rental: \$500.00
Street Rental: \$500.00

- Additional fees for temporary encroachment permits, coastal development permits, portable toilets, barricades in addition to those owned by the City, shuttles, and waste management diversion, may also apply and will be charged at the market rate.
- Overtime needs for film productions events will be determined on a case-by-case basis and determined by City staff.

BUSINESS LICENSE REQUIRED: Per Carmel Municipal Code, MC 5.04.020 It is unlawful for any person, whether as a principal or agent, clerk or employee, either for himself or for any other person, or for any body, corporation, or otherwise, to commence or carry on any kind of lawful business, trade, calling, profession or occupation with the City without having first applied for and procured a license for the City to do so without complying with any and all regulations of such business, trade, calling, profession or occupation contained in this title.

CONDITIONS OF APPROVAL: Approval contingent upon submittal of all requested documents, submittal of appropriate insurance coverage and payment of fees stipulated by the City of Carmel-by-the-Sea (Policy C89-45, C89-47, C16-01).

AFFIDAVIT OF APPLICANT(S)

Note: This AFFIDAVIT OF APPLICANT(S) must be signed by all parties, including applicant(s) and all service providers (including, but not limited to, any and all caterers, event planners, contractors/vendors that will provide support services for and/or at the production).

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and that I have read, understand and agree to abide by the rules and regulations governing the proposed film production under the Carmel-by-the-Sea Municipal Code. I understand that this application is made subject to the rules and regulations established by the city Council and/or City Administrator or the City Administrator’s designee. I agree to abide by these rules, and further certify that, I, on behalf of the Host Organization, am also authorized to commit that organization and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the film production to the City of Carmel-by-the-Sea. I understand that submitting this application acts as a request, not a guarantee.

Print Name of Applicant/Organizer

Address

Email Address

Contact number/Cell

Signature

Print Name of Applicant/Organizer/Service Provider

Address

Email Address

Contact number/Cell

Signature

EMAIL YOUR COMPLETED APPLICATION TO: Communityactivities@ci.carmel.ca.us

QUESTIONS: Call 831-620-2020

SEND YOUR COMPLETED APPLICATION TO: Attn: Community Activities Department
City of Carmel-by-the-Sea
Post Office Box CC
Carmel-by-the-Sea, CA 93921

OFFICIAL USE ONLY:

Approved: _____ Date: _____

Signature: _____/Community Activities Department

Signature: _____/ Carmel Police Department (if Necessary)

Yes/No: Council Action (if Necessary) _____

Yes/No: Insurance Approved: _____

Notification sent: _____ Date: _____