

**Company Information**

Project Name: \_\_\_\_\_ Release Date: \_\_\_\_\_  
 Production Company Name: \_\_\_\_\_  
 Production Company Permanent Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Temporary Production Office Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Production Web Address: \_\_\_\_\_

**Production Contact Information**

Producer: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Production Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Location Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Asst. Location Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Project**

- |                                               |                                             |                                      |                                                  |
|-----------------------------------------------|---------------------------------------------|--------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Feature Film         | <input type="checkbox"/> Television         | <input type="checkbox"/> Film Short  | <input type="checkbox"/> PSA/Public Broadcasting |
| <input type="checkbox"/> Corporate/Industrial | <input type="checkbox"/> Interactive/Gaming | <input type="checkbox"/> Documentary | <input type="checkbox"/> Student Film            |
| <input type="checkbox"/> Advertising          | <input type="checkbox"/> Still Photography  | <input type="checkbox"/> Music Video | <input type="checkbox"/> Audio Only              |
| <input type="checkbox"/> Web Series           | <input type="checkbox"/> Other: _____       |                                      |                                                  |

**Production Information - ALL FIELDS REQUIRED**

Number of Crew: \_\_\_\_\_ Number of Talent/Cast: \_\_\_\_\_  
 Prep/Assembly Dates: \_\_\_\_\_ Prep/Assembly Daily Schedule: \_\_\_\_\_  
 Production Date(s): \_\_\_\_\_ Production Daily Schedule: \_\_\_\_\_  
 Production Address(s): \_\_\_\_\_  
 Base Camp Address: \_\_\_\_\_  
 Number of Production Vehicles: \_\_\_\_\_  
 Total No. of Filming Days: \_\_\_\_\_ No. of Days in Oakwood: \_\_\_\_\_

**Location Type**

- |                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Private Property     | <input type="checkbox"/> Public Property     |
| <input type="checkbox"/> Residential          | <input type="checkbox"/> Street/Right of Way |
| <input type="checkbox"/> Commercial           |                                              |
| <input type="checkbox"/> Temporary Structures | <input type="checkbox"/> Temporary Signs     |

**Production Activity**

- |                                               |                                                 |
|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Food Preparation     | <input type="checkbox"/> Alcohol Consumption    |
| <input type="checkbox"/> Non-domestic Animals |                                                 |
| <input type="checkbox"/> Guns in Public View  | <input type="checkbox"/> Public Nudity          |
| <input type="checkbox"/> Sound Amplification  | <input type="checkbox"/> Stunts/Special Effects |

**Scope of Work**

Film Activity

Describe in detail the filming activity that will take place at the location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Equipment

Describe any equipment that will be set up on public property, including details on size, use, amperage of generators, size of jib arm, dolly track, etc... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Traffic

Will your production need to hold pedestrian or vehicle traffic at any point during filming? \_\_\_\_\_  
 \_\_\_\_\_

**Additional Services**

- City Police       State Police       County Sheriff       Fire Department  
 DNR/Corps of Engineers Ranger *(If filming on the water surface, shoreline or public structures on Lake Lanier)*  
 Water Permit       Explosives Permit       Street Closure Permit

**Required Attachments**

- Site Plan (showing all locations, basecamp and vehicle parking plan)  
 Application Fee  
 Proof of Insurance  
 Notifications of intended use to nearby residences and businesses  
 Proof of authorized private/public property use

**Estimated Economic Impact**

Estimated expenditures while filming in Oakwood, Georgia

Lodging \$ \_\_\_\_\_      Meals \$ \_\_\_\_\_      Local Labor \$ \_\_\_\_\_  
 Local Talent \$ \_\_\_\_\_      Transport \$ \_\_\_\_\_      Equipment Rental/Purchase \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

Any mention of local area in project? *(road signs, script, ambient environment, credits)* \_\_\_\_\_

**Terms and Conditions**

To the best of my knowledge, this application is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for providing those materials as specified by the City Clerk's Office who is acting on behalf of the Oakwood Mayor and City Council. I understand that failure to supply all required information will result in the rejection of this application or revocation of a permit. I hereby represent that I have been furnished or otherwise have had access to Chapter 23 of the Official Code of the City of Oakwood, Georgia and expressly agree that it applies to this application and any permit issued pursuant to this application and that the terms of that chapter are incorporated herein by reference (including indemnification provision.) I have been authorized by the applicant to make this application and agree to its terms and represents on behalf of Applicant. I understand that Applicant cannot depart from the information supplied in this application or the permit issued without further approval of the LLCVB.

Name of authorized representative of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

Signature:

Date: