City of Beacon

Application for Permit to Film

Chapter 117 of the City Code of the City of Beacon addresses filming within the City of Beacon. Please review this chapter of the code before filling out this application form.

Please return all completed applications:

Office of the City Administrator, One Municipal Plaza, Beacon, NY 12590
Phone: 845-838-5010
Email: cityofbeacon@cityofbeacon.org
FAX: 845-838-5012

*Proof of insurance is required in order for an application to be considered*

APPLICANT INFORMATION:

Organization Name: __________________________

Applicant Name: ____________________________

Address: ____________________________

City: ___________ State: ___________ Zip Code: ___________

Phone Number: ____________________________

Alternate Phone Number: ____________________________

Email Address: ____________________________

Have you applied for a filming permit with the City of Beacon in the past? _____YES _____NO

LOCATION INFORMATION:

Please include specific information

☐ Street closure
☐ Parking restriction
☐ Sidewalk obstruction
☐ Other (please explain): ____________________________

Dates and Times Requested: ____________________________
Address(s) Requested: _____________________________________________________________

Owner(s) of neighboring business/property  (*list all that apply, attach separately if necessary): _____________________________________________________________

Address of neighboring properties: ____________________________________________

City: __________________________ State: __________ Zip Code: __________________________

Contact Information: ___________________________________________________________

PRODUCTION INFORMATION:

Hours of Filming Requested (including time of set up and take down of equipment): __________________________________________

Production Type (refer to Chapter 117 of City Code for definitions):

☐ Major Commercial Production
☐ Motion Picture
☐ Still Photography
☐ Other (please explain): __________________________________________________________

Use Plan: (*attach separate sheet if necessary) Please describe, in detail, the production including days and hours of operation, neighboring businesses that may be affected in any way, parking plans, storage for equipment, security measures, personnel, etc. Images should be attached separately.
PLEASE NOTE: The City of Beacon in its discretion may impose additional requirements prior to the issuance of this permit as are required by the nature of the use applied for. Any costs associated with these additional requirements will be incurred by the permittee. Proof of Insurance may be required for events.

I and/or the organization I represent agree to indemnify, defend, and hold harmless the City of Beacon, its officials, agents and employees from and against any and all claims, demands, losses and expenses, including legal fees arising in and from my activities and/or those of the organization I represent during the term of the use of the City facilities/property. I and/or the organization I represent agree to pay all reasonable costs of damage and/or vandalism to City facilities used in relation to the event.

Signed ________________________________ Date ________________________________

For Office
Use Only

Request: Approved ______  Denied ______

Signed: ________________________________ Date: ________________________________

City Administrator
# City of Beacon – Filming Fees

*Please circle all that apply*

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<tr>
<th>Administrative:</th>
<th>Filming Activity:</th>
<th>Private Property/Day</th>
<th>Public Property/Day</th>
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<td>Cleanup Deposit</td>
<td>Public Service Teaching</td>
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