



CITY OF AZUSA

P. O. Box 1395
213 E. Foothill Blvd., Azusa, CA 91702-1395
Attn: Business License Division - (626) 812-5249

*Thank you for doing
business in Azusa*

APPLICATION FOR FILM PRODUCTION PERMIT

Name of Applicant _____ Name of Business _____ Name of Film _____ Address _____ _____ Phone No. _____ Fax No. _____ Cell Phone # _____ Email Address _____ Film Dates _____ Film Hours _____			Business License No. _____ Production Type: <input type="checkbox"/> Still <input type="checkbox"/> Film <input type="checkbox"/> Video Classification: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Documentary <input type="checkbox"/> Feature <input type="checkbox"/> TV
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LOCATION(S)

ACTIVITY

Parking: _____

Special Effects: _____

Total Personnel: _____ **Insurance Company:** _____

PERMITTEE HEREBY AGREES TO ENSURE COMPLIANCE WITH THE CONDITIONS OF THE PERMIT, AGREES TO OBTAIN PRIOR CITY APPROVAL FOR DEVIATIONS FROM THE INFORMATION PROVIDED HEREIN AND UNDERSTANDS THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN THE IMMEDIATE CANCELLATION OF PRODUCTION.

Please include \$193 Application Fee Plus \$4 State CASp Fee; Business License Tax is \$338 per day; City Property is \$1510 per day. Enter tax amount and total due in boxes below and sign.

Application Fee	Business License Tax Per Day	City Property Fee Per Day	State CASp Fee	Total Due
\$ _____	\$ _____	\$ _____	\$ 4.00	\$ _____

I hereby make application for a City of Azusa Business License and declare under the penalty of making a false certificate that the foregoing is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF AZUSA.