

Michael R. Bloomberg,  
Mayor  
Katherine L. Oliver,  
Commissioner



1697 Broadway  
New York, NY 10019  
tel: (212) 489-6710  
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**OFFICIAL  
MOTION PICTURE -  
TELEVISION PERMIT**

PERMIT NO. \_\_\_\_\_

This permit is issued to the applicant to film or televise on streets or property subject to the jurisdiction of the City of New York at the times and locations designated below. The permit must be in the possession of the applicant at all times while on location. For additional assistance call the Permit Division: (212) 489-6710 Ext. 250. Police Unit: (212) 489-6710, x219.

**NOT VALID UNLESS SIGNED BY MAYOR'S OFFICE FILM COORDINATOR. PERMIT FORMS MUST BE TYPED. HANDWRITTEN FORMS ARE NOT ACCEPTED.**

Date Of Application: \_\_\_\_\_

1. Company: \_\_\_\_\_ Production Contact: \_\_\_\_\_

2. Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ 3. Permit Type (choose one): \_\_\_\_\_

Complete this application. If a shooting or rigging permit, all locations should be requested on the ["Schedule A" form](#).

Dates: Shooting (mm/dd/yy) - From: \_\_\_\_\_ To: \_\_\_\_\_ Rigging (mm/dd/yy) - From: \_\_\_\_\_ To: \_\_\_\_\_

Scouting (mm/dd/yy) - From: \_\_\_\_\_ To: \_\_\_\_\_ Times From: \_\_\_\_\_ To: \_\_\_\_\_

4. Animals, firearms, special effects or unusual scenes: \_\_\_\_\_

5. Child Performers (16 years or under): No  Yes  If yes, specify child's age and activity on ["Schedule A" form](#)

6. Equipment format (choose one): \_\_\_\_\_ #in cast & crew: \_\_\_\_\_

No. of Trucks 24' and above: \_\_\_\_\_ No. of Trucks below 24': \_\_\_\_\_ No. of Autos: \_\_\_\_\_

List all production vehicle plate numbers on the [Drop/Add list](#)

7.  Feature Film  TV Movie  TV Series/Special  Commercial  Industrial  Other - Identify: \_\_\_\_\_

Title: \_\_\_\_\_ Publicist: \_\_\_\_\_

Director: \_\_\_\_\_ Producer(s): \_\_\_\_\_

Prod. Mgr. \_\_\_\_\_ Location Mgr./ Cell Phone: \_\_\_\_\_

8. If TV commercial name product: \_\_\_\_\_

*Permits are not issued until the insurance requirements are fulfilled. An original certificate must be on file. [Click here for information](#).*

9. Insurance Broker: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_ Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The applicant agrees to indemnify The City of New York and to be solely and absolutely liable upon any and all claims, suits and judgments against the City and/or the applicant for personal injuries and property damages arising out of or occurring during the activities of the applicant, his (its) employees or otherwise. The applicant further agrees to comply with all pertinent provisions of New York laws, rules and regulations. This permit may be revoked at anytime.

FOR PARKING REGULATIONS, REFER TO FACT SHEET

\_\_\_\_\_  
Date Signature of Representative Title

**DO NOT WRITE BELOW THIS LINE**  
The Mayor's Office Seal must be embossed on original copy