

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 _____

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 |

Film Activity Permit

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

County Sheriff
 State Police
 City Police
 Fire Department
 DNR/Corps of Engineers Ranger
 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

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 Meriwether County Business License Office who is acting on behalf of the Meriwether County Commissioners. I understand that failure to supply all required information will result in the rejections of the application or revocation of a permit. I hereby represent that I understand the Official Code of Meriwether County, Georgia and expressly agree that it applies to this application and any permit issued pursuant to this application and the terms incorporated herein. I have been authorized by the applicant to complete this application and agree to its terms and represent on behalf of said applicant. I understand the applicant cannot depart from the information supplied in this application or the permit issued without further approval of the Meriwether County Board of Commissioners/Meriwether County Business License Department.

Printed Name of Authorized Representative of Applicant: _____

Signature: _____ Date: _____

