

## CITY OF HENDERSON POLICE DEPARTMENT

#### PATRICK MOERS

Chief of Police



### **Application for Film Permit/Checklist**

Office (702) 267-5015 Fax (702) 267-5001

#### Incomplete applications will not be accepted. Checklist must be returned with application.

Please note that the application package must be received not less than 30 or more than 180 days prior to the filming date.

If the filming includes the use of pyrotechnics "The person in charge must be licensed by the state Fire Marshal." In order to obtain a film permit in the City of Henderson, you will need to provide the following:  $\Box$ **Application for Film Permit**  $\Box$ Current proof of Certificate of Liability Insurance, the minimum amount being \$1,000,000 per incident (naming "City of Henderson" as Additional Insured). Current proof of Worker's Compensation Coverage. П Letter of Authorization (notarized or on company letterhead) to sign application on behalf of the company or individual (If application is submitted by other than owner). **Permit Fee:** \$125.00 per calendar month or portion thereof (Make check payable to: City of Henderson).  $\Box$ Complete pyrotechnics plan (if pyrotechnics are being used). Complete barricade plan (If filming will be in a City right-of-way). The following agencies must be contacted should filming involve State highways, aircraft, or any other movement of oversize equipment on State highways: Department of Transportation Permits, 123 East Washington Avenue, Las Vegas, Nevada, 89101, (702) 385-6500 Department of Transportation - Oversized Permits, 1263 South Stewart Street, Carson City, Nevada, 89712, (775) 888-7410 Federal Aviation Administration (FSDO), 7181 Amigo St. Suite 180, Las Vegas, Nevada, 89119, (702) 269-1445 Nevada Highway Patrol, 2601 East Sahara Avenue, Las Vegas, Nevada, 89104, (702) 486-4101

Filming Permit Office Hours: Monday - Thursday, 7:00 am - 5:00 p.m.

Nevada Film Office, 555 East Washington Avenue Suite 5400, Las Vegas, Nevada, 89101, (702) 486-2711

Fax Number: (702) 267-5001



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### **Application for Film Permit**

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| Company Name:                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |                       |                                                              | Company Phone: |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------|----------------|--------|
| Company Address:                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                       |                                                              |                |        |
| Local Contact/Location Manager:                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | <b>Contact Phone:</b> |                                                              | Cell Phone:    |        |
|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | Contact Fax:          |                                                              | Email:         |        |
| Dates of Filming:                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                       |                                                              |                |        |
| Needs: Road Closure(s) Driving Shots Driving w/Traffic Flow Dolly Track External Dialogue                                                                                                                                                                                                                                                                           | Lane Restriction(s) Noise (gunshots, etc.) Intermittent Traffic Control (3-5 min max) Pyrotechnics/Flames Crane |                       | Pedestrian Disruption Fire Department Standby Security Other |                |        |
| Police Escort  Location(s) of Filming:                                                                                                                                                                                                                                                                                                                              | Scaffolding/Platform Needs (List # from above)                                                                  |                       |                                                              | Date           | Hours  |
| Nature of Filming: Give a concise description of the filming to be conducted. Be certain that all phases of the filming to be conducted are described. Any misrepresentation in the description by the applicant may be sufficient cause for the permit to be rejected or revoked. Please indicate any agencies portrayed in the script and how they are portrayed. |                                                                                                                 |                       |                                                              |                |        |
| Impacts:                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                       |                                                              |                |        |
| Number of:                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                       |                                                              |                |        |
| Cast and crew members on site                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |                       |                                                              |                |        |
| Cars Trucks                                                                                                                                                                                                                                                                                                                                                         | Vans Camera Cars                                                                                                | Motor Ho              | omes                                                         | Ancillary Ve   | hicles |
| Certification  (I) (We), the undersigned have answered all questions in the above application, and to the best of my (our) belief all answers are true and correct. (I) (We) further understand that disclosure of any false, misleading, or incomplete answers in the above could result in automatic denial or revocation of the permit, if already issued.       |                                                                                                                 |                       |                                                              |                |        |
| Signature of Applicant:                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                       |                                                              | Date:          |        |