

# Film Application

**IMPORTANT NOTICE**

This application is to be filled out along with a Special Event Application which must be received by the Town of Oliver at least 8 - 12 weeks business days before filming commences. Please read the Special Event Policy before submitting application found at [www.oliver.ca](http://www.oliver.ca).

**PRODUCTION INFORMATION**

PRODUCTION TITLE

FILM DATE(S)

PRODUCTION COMPANY

MAILING ADDRESS

CITY, PROVINCE	POSTAL CODE
<input type="text"/>	<input type="text"/>

PRIMARY PHONE	EMAIL
<input type="text"/>	<input type="text"/>

LOCATION MANAGER	CELL	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

ASSISTANT LOCATION MANAGER	CELL	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER	CELL	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TYPE OF PRODUCTION**

<input type="checkbox"/> Feature Film	<input type="checkbox"/> Photography	<input type="checkbox"/> Commercial	<input type="checkbox"/> TV Series	<input type="checkbox"/> Music Video
<input type="checkbox"/> Documentary	<input type="checkbox"/> Other			

**BRIEF DESCRIPTION OF PRODUCTION**

**LOCATION**

Complete this section for each location scene. If additional locations are required, please use an additional location form.

**SPECIFIC LOCATION**

DATE

NUMBER OF CREW

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MOVE-IN TIME

MOVE-OUT TIME

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FILMING START TIME

FILMING END TIME

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**DETAILED SCENE DESCRIPTION AND REQUIREMENTS.**

- Include all equipment and infrastructure that will be on site. (Lights, cameras, audio, power, tents, etc.).
- Site maps with positions of equipment, crew, talent, etc. may be requested.

PROPOSED ACTIVITIES

<input type="checkbox"/> Gun fire	<input type="checkbox"/> Car stunt	<input type="checkbox"/> Vehicle shot	<input type="checkbox"/> Stunts
<input type="checkbox"/> Explosion	<input type="checkbox"/> Fire	<input type="checkbox"/> Smoke	<input type="checkbox"/> Aircraft
<input type="checkbox"/> Animals	<input type="checkbox"/> Fire hydrant/water	<input type="checkbox"/> Other	

TRAFFIC CONTROL

<input type="checkbox"/> Yes (attach map with positions of traffic control people and devices)	<input type="checkbox"/> No		
Street address: _____			
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Intersection	<input type="checkbox"/> Lane	<input type="checkbox"/> Other
<input type="checkbox"/> Closure	<input type="checkbox"/> Traffic Management Company: _____		

PARKING REQUIREMENTS

<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of crew vehicles: _____	
Number of Circus vehicles: _____	
Total linear feet of Circus: _____	

DESCRIBE CIRCUS VEHICLES

**STATEMENT**

I declare the information provided in this application is accurate.

Print name of Representative completing this form	Name of Organization
Signature	Date

Please submit your completed application, in person:

Town of Oliver  
6150 Main St  
Box 638  
Oliver, BC VoH 1To  
www.oliver.ca

Or, via email:

[admin@oliver.ca](mailto:admin@oliver.ca)

Please direct all questions to the the Corporate Officer at [dvaykovich@oliver.ca](mailto:dvaykovich@oliver.ca) or 250-485-6207.