

FOR TOWN USE ONLY:
Application Number _____

REQUEST TO FILM IN TOWN OF OSSINING

(To be filed by Applicant)
(The Town of Ossining has the right to accept or reject this application)

Name of Company or Organization wishing to film: _____

Address: _____

Contact Person: _____

Telephone Number(s): _____

Email: _____

Location(s) of Filming and Owner of the Property: _____

Do you have written permission from property owners? Yes No N/A

If applicable, please provide a copy of the written permission from the property owner (an easy-print template is available on the Town website).

Number of Days filming to take place: _____

Date of filming: _____

Between the hours of: _____ and _____

Description of type of filming, i.e. motion picture, TV, advertising: _____

If Motion Picture, describe type of film: _____

Anticipated Rating: _____

Film Budget: _____

Indicate Equipment you will be bringing to film site: _____

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Please indicate whether the following special conditions apply to this production. Check all that apply.

<input type="checkbox"/> Traffic impediments due to shooting or production vehicles	<input type="checkbox"/> Offsite staging areas (i.e. catering, holding, etc.)	<input type="checkbox"/> Portable bathrooms on site
<input type="checkbox"/> Use of fire/fireworks /pyrotechnics	<input type="checkbox"/> Use of drones or aerial photography	<input type="checkbox"/> Fire hydrant use
<input type="checkbox"/> Loud shouting or screaming	<input type="checkbox"/> Confetti or glitter	<input type="checkbox"/> Other
<input type="checkbox"/> N/A		

Please elaborate on the “special conditions” items listed above, as needed: _____

Estimated number of people on site: _____

AUXILIARY HELP

Will you need any of the following services?

Police (including for crowd control, road closure, etc.): Yes No N/A

Fire Department (required for any scenes requiring pyrotechnics): Yes No N/A

Highway or Parks Department (sweep streets/sidewalks, clean-up): Yes No N/A

Other: _____

INSURANCE

Certificate of insurance is required, with the Town of Ossining listed as a certificate holder and as an additional insured. Please give the following information:

Name of Insurance Company: _____

Address: _____

Policy #: _____

Please provide a copy of your certificate of insurance.

SIGNATURE

By entering your electronic signature below, you attest the information provided in this application is complete and correct, and this request represents a good-faith effort to film in the Town of Ossining in compliance with all the policies, procedures, and requirements deemed necessary by the Town.

Signature: _____ Date: _____

We request that film cast and crews consider our local businesses for their craft service needs. We are happy to provide a list of local restaurants and cafes for your convenience.