

Berkeley Film Permit Application

Film@visitberkelev.com / (510) 549-7040 / fax (510) 644-2052

Submission date:__

Submission of Permit Application

Please email or fax a copy of this document for preliminary review.

A Film Office representative will contact you to review your request and assist you with your application and final costs. Film permits will not be processed until all required documents and payment and have been received in accordance with the film permit guidelines.

CONTACTS	
Production Company Name:	
Company Address:	City:
State: Zip:	Country: Phone:
Permit Contact:	Title:
Contact Phone#	Contact Email:
Location Mgr	Phone:
Director:	Producer:
On Location Contact:	On Location Cell:
PROJECT DETAILS	
Title or Product (required):	
Estimated Berkeley Budget (require	red): List Any "Name" Talent:
	TION APPLICATION - Complete Exhibit A NG PERMIT - Complete Exhibit B
TECHNOLOGY FEE: A 5% technology FEE: \$22.00	ology fee will be applied to the total of the entire film permit
Please check one:	full must be received prior to issuing the Film Permi sterCard (Complete Exhibit C) Check (Make payable to City of Berkeley)
Company Representative:	Title: