



# Village Of South Blooming Grove

Incorporated on July 14, 2006

Blooming Grove, New York 10914

## Filming Permit

File number	DATE/DAY OF FILMING	TYPE OF LOCATION (Commercial / Residential / Store / Office)	ADDRESS OF FILMING LOCATION:
PERMIT Taken By: (Village Clerk or Deputy)		NAME OF FILMING BUSINESS	FILMING Business mailing address:
<b>FILM INFORMATION (SHOW TITLE):</b>			
<b>LOCATION TO BE FILMED:</b>			
<b>Person requesting this permit (Last Name / First):</b>			
ADDRESS:			PHONE #
E-MAIL ADDRESS:			CELLPHONE #
<b>PERSON RESPONSIBLE FOR THE FILMING AT THE LOCATION (Last Name / First):</b>			<b>TITLE:</b>
ADDRESS:			PHONE #
E-MAIL ADDRESS:			CELLPHONE #
<b>Second responsible person on site of filming:</b>			
NAME:			PHONE #
ADDRESS:			E-MAIL ADDRESS:
<b>TYPE OF EQUIPMENT: (CHECK ONLY ONES THAT APPLIES)</b>			
A) CARS / TRUCK etc.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	B) POLICE VEHICLE
C) WATER CRAFT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	D) FIRE VEHICLES
E) ANIMALS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	F) AMBULANCES
G) PLANE / HELICOPTER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	H) OTHER (EXPLAIN BELOW)
OTHER TYPE (WILL THERE BE SIMULATED GUN FIRE OR FIRE(S):			
<b>A PERMIT MUST BE PREPARED FOR EACH AND EVERY LOCATION. THIS PERMIT IS GOOD FOR ON LOCATION.</b>			
<b>NOTIFICATION AND COPIES SENT TO:</b>			
NAME	NOTIFIED	NAME	NOTIFIED
POLICE:	Y <input type="checkbox"/> N <input type="checkbox"/>	BLDG DEPT:	Y <input type="checkbox"/> N <input type="checkbox"/>
AMBULANCE:	Y <input type="checkbox"/> N <input type="checkbox"/>	COUNTY E911:	Y <input type="checkbox"/> N <input type="checkbox"/>
FIRE DEPT:	Y <input type="checkbox"/> N <input type="checkbox"/>	OTHER:	Y <input type="checkbox"/> N <input type="checkbox"/>
DATE			
PERMIT ISSUED:	Y <input type="checkbox"/> N <input type="checkbox"/>	PERMIT #:	

ANY ADDITIONAL NAMES, INFORMATION, SHALL BE REPORTED ON AN ADDITIONAL FORM (VSBG-07/10)