

**FLORIDA'S SPACE COAST
APPLICATION FOR FILM LIAISON ASSISTANCE AND
USE OF COUNTY PROPERTY
ORDINANCE 94-13**

Permit No:

Date:

The applicant agrees to have a representative on site at all times empowered with authority over the filming director, crews and all aspects of their operation and empowered to act for the applicant.

Name of Applicant:

Title:

Firm:

Address:

Email:

Telephone:

Fax:

Local Contact:

Local address (if different from above):

Local Telephone:

Type of Production:

Feature Film

TV movie/special

TV series/pilot

TV_

Commercial Stills

Stills Industrial

PSA

Documentary

Other

Filming Dates on Space Coast:

Location(s)

Date:

Time:

Describe your production activity:

III. EXPENSES / FEES

The applicant agrees to pay, in advance, the county and each municipality, for any services provided by them at their usual rates and any other permit fees that may be applicable to the particular production as required by Brevard County.

INDEMNITY AGREEMENT

1. IN CONSIDERATION of the County of Brevard allowing and permitting

a(n) _____ (“Indemnitor”), having its principal place of business at _____,

to conduct lawful activities related to the *commercial print and/or film industry* for the calendar year 20____, Indemnitor agrees to indemnify and save harmless the Brevard County, its officials and employees and for and on account of the County to make defense against any and all claims, actions, demands, suits, liabilities, damages and payments, in tort or in contract, including, without limitation, accidents, liabilities, or loss for injuries to or deaths of persons or damages to property caused by any act or failure to act of Indemnitor in any way relating to its preparation, operations or other activities within the Brevard County relating to all *photo shoots and/or filming*, regardless of whether the same are on or off premises owned by the Brevard County and shall extend to all locations within the County of Brevard.

2. INDEMNITOR shall, on or before _____, 20____, as a condition precedent to being allowed to conduct their activities, deliver to the Film Commissioner’s Office at the Space Coast Office of Tourism, 150 Cocoa Isles Blvd. #401, Cocoa Beach, FL 32931, Certificates of comprehensive general liability insurance with minimum coverage of one million (\$1,000,000) Dollars per occurrence per person and accident. Coverage shall include contractual liability.

IN WITNESS WHEREOF the Indemnitor has executed this Agreement this day of _____, 20____.

BY: _____
Indemnitor (Signature of Authorized Representative)

BY: _____
Space Coast Film Commissioner

BY: _____
Space Coast Office of Tourism
Executive Director

For Film Office Use:

Approval Required

Approval

Signature Routing to:

Risk Management

Parks & Recreation

Road & Bridge

Fire/Public Safety

Sheriff's Dept.

Other

Estimated Charges:

For further information contact:

Meagan Happel, Public Relations Manager & Film Commissioner

150 Cocoa Isles Blvd
#401
Cocoa Beach, FL 32931

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