

**TOWN OF MILTON
FILMING
SPECIAL USE PERMIT
APPLICATION INSTRUCTIONS**

Please follow the instructions below to complete the attached permit application.

1. A check for \$150.00 (non- refundable) must be enclosed with the Town of Milton Filming Special Use Permit Application. Money orders or checks should be made payable to the Town of Milton.
2. Complete all spaces on the application and sign the bottom of the second page of the application. Add additional pages for film site set up diagrams, road closure plan, vehicles and anything else that you need to expand on. The more detail the better.
3. Upon receipt of your completed application and fee your Event/Film Coordinator will forward your information to all appropriate parties including, Select Board, Milton Police Department, Fire Department and/or applicable Town Departments for review. We will then determine if there are any additional costs for your filming. If additional costs do apply, you will receive an invoice for this amount which must be paid prior to your event.
4. You must secure and submit a Certificate of Liability Insurance. The Town of Milton must be named as additional insured for the date and location of your event with a minimum amount of liability of 1 million dollars. Please submit the attached Filming Special Use Permit Application to the Town of Milton immediately and forward your insurance certificate to the Town of Milton upon receipt.
5. The Event/Film coordinator is the Town Administrator
Phone: 617-898-4845 Fax: 617-698-6741
6. Film credits must read: "Town of Milton, Massachusetts".
7. Applications should be mailed to:
Town Administrator
Milton Town Hall
525 Canton Avenue
Milton, MA 02186

IMPORTANT INFORMATION

- **Alcohol cannot be consumed or given away on Town of Milton property – Code 304 of Massachusetts Regulation 12.06 – *Alcoholic Beverages Prohibited***
- **No alcohol or tobacco sponsors are allowed**
- **Setting up tents, staging, scaffolding, certain inflatables will require approval from the Town of Milton**

TOWN OF MILTON
FILMING
SPECIAL USE PERMIT APPLICATION
FILMING AND PHOTOGRAPHY SPECIAL USE PERMIT
APPLICATION

Event Date(s): _____

Permit# _____

Check# _____

Working Film Title: _____

Company/Organization Name: _____

Application Name: _____

Address: _____ City/State/Zip: _____

Primary Contact Name: _____

Day Phone #: _____ Evening Phone #: _____

Fax #: _____ Cell Phone #: _____

Email Address: _____ Production Website: _____

LOCATION REQUESTED: _____

(Filming site set up maps, road closure plan, etc. **MUST** accompany the application)

Number of Crew: _____ Number of Actors/Models: _____

TYPE OF EVENT (CHECK ALL THAT APPLY)

TV _____ Documentary _____ Student _____
Movie _____ Commercial _____ Other _____

	<u>DATE(S)</u>	<u>STARTING TIME</u>	<u>COMPLETION TIME</u>
Date 1:			
Date 2:			
Date 3:			

List Equipment Being Used:

Storyline/Nature of Project:

DESCRIBE YOUR FILMING AS MUCH AS POSSIBLE: ATTACH SITE UP MAPS (INCLUDING CAMERA POSITIONS AND FILMING DESCRIPTIONS), ROAD AND LANE CLOSURE PLAN, ETC.

Please indicate whether the following items pertain to your event:

VEHICLE INFORMATION:

Commercial Yes _____ No _____ Location(s)

Vehicle Use

Where will the Vehicles Be Parked?

ELECTRICITY / POWER:

Does Your Filming Require Electricity/Power? If yes – what is the source?

ROAD / LANE CLOSURE: **

Road Closure:

Yes _____ No _____ Location(s): _____

Lane Closure: Yes _____ No _____

Locations: _____

****There Will Be a Fee Associate**

INSURANCE INFORMATION

All Filming and Photoshoot Permits Require a Certificate of Liability Insurance. The certificate must name the **Town of Milton, Massachusetts** as the additional insured for the date and location of your event. Your certificate should be

Please read and understand the following Cancellation Policy: To cancel the event either before or after the permit is issued, you must notify this office in writing at least two business days (48 hours) prior to the event. If an event needs to be cancelled and it is less than two business days prior to the event, the permittee will be responsible for contacting the Milton Police and the Select Board. The telephone numbers will be provided on

SIGNATURE OF APPLICANT **DATE**

APPLICANT _____ **DATE** _____
(Applications will not be processed without a signature)
Printed name of applicant _____