

**City of Hermosa Beach  
Film Permit Application**

Community Resources Department  
710 Pier Ave. Hermosa Beach, CA 90254  
PHONE: 310.318.0280  
FAX: 310.372.4333



Date Received: _____	Permit # : _____
Staff Initial: _____	Issue Date: _____

Please note the following:

1. This request **DOES NOT** constitute a permit to film in Hermosa Beach.
2. All applications will be reviewed within 7 business day to determine the length of time required to process.
3. A completed application and application fee are required to be submitted before application will be reviewed.
4. See attached list of days filming is not permitted on public or private property.
5. No more than one film permit will be issued for each allowable day of filming.

APPLICANT INFORMATION	
Applicant (Company Name): _____	
Address: _____	Telephone: _____
	Fax: _____
	E-mail: _____
Location Manager: _____	Cell: _____
Asst. Location Manager: _____	Cell: _____
Director: _____	Phone: _____
Producer: _____	Phone: _____
FILMING DETAILS	
Type of Production:	
<input type="checkbox"/> Feature <input type="checkbox"/> Commercial <input type="checkbox"/> TV Series <input type="checkbox"/> Music Video <input type="checkbox"/> Documentary <input type="checkbox"/> Student <input type="checkbox"/> Still Photo <input type="checkbox"/> Other: _____	
Filming Activity:	
Any activity not selected on application but engaged in at location will not be permitted and is cause to revoke permit.	
<input type="checkbox"/> Int. Dialogue <input type="checkbox"/> Wet Down <input type="checkbox"/> Street Closure <input type="checkbox"/> Camera on Sidewalk <input type="checkbox"/> Camera on Street <input type="checkbox"/> Nudity <input type="checkbox"/> Ext. Dialogue <input type="checkbox"/> Drive w/ traffic <input type="checkbox"/> Amplified Sound <input type="checkbox"/> Running Shots <input type="checkbox"/> Stunts or Special Effects <input type="checkbox"/> Drive By's <input type="checkbox"/> Drive Ups/Away <input type="checkbox"/> Other: _____	

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

# Hermosa Beach Film Permit Application

PERSONNEL / VEHICLES	
# of Cast members: _____	# of Crew members: _____
<p>*PARKING PLAN MUST BE ATTACHED</p> <p>*NO PARKING signs must be posted 48 hours in advance of your call time.</p> <p>*Any equipment not selected on application will not be permitted and if used on location will give cause to revoke permit.</p> <p style="text-align: center;">List Quantities</p> <p>Personal Cars: _____ Catering: _____ Port-a-potties: _____ Semi-Trucks: _____ Motor Homes: _____</p> <p>Generators: _____ Trailers: _____ Picture Cars: _____ Cub Trucks: _____ Vans: _____</p> <p>Condors: _____ Camera Trucks: _____ Other: _____</p>	
LOCATION # 1	
Address or Intersection: _____	Date(s): _____ to _____ *Time: _____ to _____ *Please indicate time in military format (i.e. 0700-1800)
Structure Type: _____	Open to public? <input type="checkbox"/> yes <input type="checkbox"/> no
Summary of Scene(s):   	
*Special Effects: <input type="checkbox"/> yes <input type="checkbox"/> no FX# _____ Name: _____	
<input type="checkbox"/> Squibs/bullet hits <input type="checkbox"/> Explosion <input type="checkbox"/> Fire Effects <input type="checkbox"/> Sparks <input type="checkbox"/> Stunts <input type="checkbox"/> Gunfire <i>Automatic or Single Shot</i> Hours Requested: _____ to _____ <b>*FRONT &amp; BACK COPY OF SPECIAL EFFECTS LICENSE REQUIRED WITH APPLICATION</b>	
LOCATION # 2	
Address or Intersection: _____	Date(s): _____ to _____ *Time: _____ to _____ *Please indicate time in military format (i.e. 0700-1800)
Structure Type: _____	Open to public? <input type="checkbox"/> yes <input type="checkbox"/> no
Summary of Scene(s):   	
*Special Effects: <input type="checkbox"/> yes <input type="checkbox"/> no FX# _____ Name: _____	
<input type="checkbox"/> Squibs/bullet hits <input type="checkbox"/> Explosion <input type="checkbox"/> Fire Effects <input type="checkbox"/> Sparks <input type="checkbox"/> Stunts <input type="checkbox"/> Gunfire <i>Automatic or Single Shot</i> Hours Requested: _____ to _____ <b>*FRONT &amp; BACK COPY OF SPECIAL EFFECTS LICENSE REQUIRED WITH APPLICATION</b>	

*Hermosa Beach Film Permit Application*

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**FOR CITY USE ONLY**

Community Resources Department: \_\_\_\_\_  
*Signature* *Date*

Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

Police Department: \_\_\_\_\_  
*Signature* *Date*

Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

Fire Department: \_\_\_\_\_  
*Signature* *Date*

Recommendations:  
\_\_\_\_\_  
\_\_\_\_\_

**FEES:**

Application/Processing: \_\_\_\_\_

Location: \_\_\_\_\_

Business License: \_\_\_\_\_

Police Personnel: \_\_\_\_\_

Fire Personnel: \_\_\_\_\_

Parking: \_\_\_\_\_

**TOTAL** \_\_\_\_\_

- Attachments:*
- Location Agreement(s)
  - Parking Plan
  - Insurance Certificate
  - Special Effects License
  - Signatures