



# Croton-on-Hudson

Village Board of Trustees  
Stanley H. Kellerhouse Municipal Building  
1 Van Wyck Street  
Croton-on-Hudson, NY 10520  
Tel: 914-271-4781, Fax: 914-271-2836

## Film Permit

### Instructions:

1. Application must be submitted at least three days prior to the date the filming is to take place for a one-day shoot and five days for any shoots of more than one day and up to five days. Activity related to the filming process that will exceed five days, must be submitted to the Village Manager at least 14 days prior to the date filming will take place.
2. A certificate of insurance must be submitted with the application for any filming permit involving the use of public property for the purpose of making films, naming the Village of Croton-on-Hudson as an additional insured.
3. Fee must be submitted with the application when applicable.

Date: \_\_\_\_\_

### Applicant:

Company: \_\_\_\_\_

Company Representative: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date(s) of Previous Application(s) from Applicant, if any: \_\_\_\_\_

### Filming:

Kind of Filming (i.e. motion picture, television, advertising): \_\_\_\_\_

Describe type of film and expected rating; type of show; or products: \_\_\_\_\_

Budget: \_\_\_\_\_

Estimated Number of People on Site: \_\_\_\_\_

Estimated Number of Truck, Vans and/or Cars on Site: \_\_\_\_\_

Do you have written permission from property owners?  Yes  No

**Location(s):** (List properties and roads, if more space is required attach an additional sheet)

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### Equipment on site:

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**Describe any special effects:**

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**Date(s) of Filming:** (If filming will take more than five days, attach additional sheet with schedule and review Village Code § 157)

Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Locations: \_\_\_\_\_

Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Locations: \_\_\_\_\_

Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Locations: \_\_\_\_\_

Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Locations: \_\_\_\_\_

Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ Locations: \_\_\_\_\_

**Insurance Information:** (Certificate must be attached)

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Auxiliary Help:** (Explain needs as required)

Police: (crowd control, road closures, etc.) \_\_\_\_\_

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Dept. of Public Works: (street cleaning, barriers, clean-up) \_\_\_\_\_

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Parks: \_\_\_\_\_

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Other: \_\_\_\_\_

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The applicant agrees to indemnify the Village of Croton-on-Hudson and to be solely and absolutely liable upon any and all claims, suits and judgments against the Village and/or the applicant for personal injury and/or property damage arising out of or occurring during the activities of the applicant, his/her/its employees or otherwise. The applicant further agrees to comply with all pertinent provisions of New York laws, rules and regulations. This permit may be revoked at any time.

Company Name: \_\_\_\_\_

Applicant Name: (print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

