



1221 ELMWOOD PARK BLVD, SUITE 403  
JEFFERSON, LA 70123  
OFFICE (504) 736-6094  
FAX (504) 736-6778  
DROTOLO@JEFFPARISH.NET

## **PROCEDURES FOR FILMING PERMIT APPLICATION**

---

### **RETURN IN PERSON, BY MAIL, EMAIL OR FAX TO CITIZENS AFFAIRS:**

- Completed Permit Application
- Check/money order in the amount of one-hundred dollars (\$150) made payable to **Jefferson Parish Pooled Cash**
- Certificate(s) of Insurance
- Other documentation needed to illustrate permission(s) gained from required entities

**LIABILITY INSURANCE:** Film Permit applicants must provide a “**CERTIFICATE OF INSURANCE**” for comprehensive general liability. Insurance company must have an “A” or “B:” rating.

- a. Must have general liability insurance of at least one million dollars (\$1,000,000)

Certificates should state the following:

**CERTIFICATE HOLDER:** The Parish of Jefferson, its Districts, Departments & Agencies under the direction of the Parish President & Parish Council

**ADDITIONAL INSURED:** Same as the Certificate Holder  
**DESCRIPTION:** Name of Production Company  
Addresses and dates of filming

### **\* NOTICE \***

Submittal of this initial application shall not be construed as permission to film at individual locations in unincorporated Jefferson Parish. Individual location permits must be submitted to the Office of Film Jefferson a minimum of 5-10 business days prior to filming (depending on type of filming), and approval of such permits must be obtained, prior to beginning any film activities in the parish. Location permits must be accompanied by documentation evidencing approval by all relevant agencies if film activity is of the extraordinary type.



## PERMIT APPLICATION REQUEST

### GENERAL PERMIT INFORMATION

Production Title	Production Type (if other please specify)
<input type="text"/>	<input type="text"/>

### PRODUCTION DATES

Start Date	End Date
<input type="text"/>	<input type="text"/>

### BUDGET (REQUIRED)

Production Budget
<input type="text"/>
Est. Jefferson Parish Spending
<input type="text"/>

### INSURANCE COMPANY

Company Name
<input type="text"/>

### LOCATION MANAGER

Name	
<input type="text"/>	
Cell Phone	Office Phone
<input type="text"/>	<input type="text"/>
Fax	
<input type="text"/>	
Email	
<input type="text"/>	

### DIRECTOR

Name	
<input type="text"/>	
Cell Phone	Office Phone
<input type="text"/>	<input type="text"/>
Fax	
<input type="text"/>	
Email	
<input type="text"/>	

### PRODUCTION COMPANY

Company Name	
<input type="text"/>	
Primary Phone	Secondary Phone
<input type="text"/>	<input type="text"/>
Fax	
<input type="text"/>	
Address	
<input type="text"/>	
City	State
<input type="text"/>	<input type="text"/>
Zip	
<input type="text"/>	

### PRODUCER

Name	
<input type="text"/>	
Cell Phone	Office Phone
<input type="text"/>	<input type="text"/>
Fax	
<input type="text"/>	
Email	
<input type="text"/>	

### PRODUCTION SUPERVISOR

Name	
<input type="text"/>	
Cell Phone	Office Phone
<input type="text"/>	<input type="text"/>
Fax	
<input type="text"/>	
Email	
<input type="text"/>	

**HOLD HARMLESS AND INDEMNIFICATION OF JEFFERSON PARISH**

---

I, \_\_\_\_\_ REPRESENTATIVE OF \_\_\_\_\_ ,  
DO HEREBY AGREE TO SAVE AND HOLD HARMLESS AND INDEMNIFY THE PARISH OF JEFFERSON AND/OR  
ITS DEPARTMENTS AND/OR ITS EMPLOYEES, FROM ANY AND ALL LIABILITY, AND ANY CLAIM, LOSSES,  
DAMAGES, COSTS, INCLUDING ATTORNEY FEES, SUITS AND JUDGMENTS ON THE ACCOUNT OF INJURIES  
OR PROPERTY DAMAGE RESULTING FROM ACTIVITIES RELATED TO THE EVENT.

---

SIGNATURE OF APPLICANT

---

DATE

**TERMS AND CONDITIONS**

---

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT, AND  
I AM AWARE THAT MY SUBMISSION OF ANY FALSE INFORMATION OR OMISSION OF ANY PERTINENT  
INFORMATION RESULTING IN THE FALSE REPRESENTATION OF A MATERIAL FACT MAY SUBJECT ME TO CIVIL  
AND/OR CRIMINAL PENALTIES FOR FILING OF FALSE PUBLIC RECORDS. FINALLY, I UNDERSTAND THAT THIS  
APPLICATION AND INFORMATION SUBMITTED WITH IT SHALL NOT BE RETURNABLE TO THE APPLICANT.

---

PRINT NAME

---

TITLE

---

SIGNATURE OF APPLICANT

---

DATE

**RULES AND REGULATIONS**

---

I HEREBY CERTIFY THAT I HAVE RECEIVED AND REVIEWED A COPY OF THE OFFICE OF FILM JEFFERSON  
RULES AND REGULATIONS. BY SIGNING THIS I AGREE TO COMPLY WITH THE REQUIREMENTS SET FORTH IN  
THE "RULES AND REGULATIONS". FAILURE TO COMPLY WITH THE REQUIREMENTS CAN RESULT IN A  
REVOCATION OF MY PERMIT.

---

PRINT NAME

---

TITLE

---

SIGNATURE OF APPLICANT

---

DATE