City of Shreveport/Northwest Louisiana
Filming Permit Application

Date: __________________________ Project Title: __________________________________________

Production Co.: __________________________ Production type: ____________________________

Address: ______________________________ Location Mgr: ________________________________

City: ________________________________ Other Contact: ________________________________

State: _______ Zip Code_________ Production Budget: $ _________ Total personnel: ______

Phones: ____________________________ Cell: ____________________________ Fax: ______________

Dates of production: __/__/____ to __/__/____ # of production days__________

Total # of R/T airline flights from LAX to Shreveport or DFW ________________

Total # of motel/hotel nights________ (# of crew X # of nights)

Please check the following if applicable:

___ Street Closures

___ Special/ other: __________________________

___ Intermittent traffic control

___ Parking meter bagging

___ Use of drones

___ Pyrotechnics/fire

___ Use of City buildings

Other services needed, please explain: _________________________________________________

________________________________________

Insurance Company: _____________________________ Additional insured received: ______

NOTE: A list of all locations must be provided at the time of permitting at least 2 weeks prior to
production. (Any location changes during production must be communicated and approved)

Applicant agrees to all of City terms and conditions

Production Company Representative: __________________________ Date __/__/____

City Film & Media Representative: __________________________ Date __/__/____

Contact: Arlena Acree - Director of Film, Media, and Entertainment  Ph: 318-673-7515
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