

# Shreveport-Bossier Film Office – Film Permit Application

Date: \_\_\_\_\_ Project title: \_\_\_\_\_

Production Co: \_\_\_\_\_ Production type: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Production Budget: \$ \_\_\_\_\_ Total crew/personnel/cast: \_\_\_\_\_

Location Mgr: \_\_\_\_\_ Cell: \_\_\_\_\_

Ofc Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Dates of production: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

# of production days \_\_\_\_\_ Total # of motel/hotel nights \_\_\_\_\_

Please check the following if applicable: Street Closures \_\_\_\_\_

Special/ other: \_\_\_\_\_ Intermittent traffic control \_\_\_\_\_

Parking meter bagging \_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Film & Media Representative:

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact: Arlena Acree, Film Liaison - (318) 464-1429

Please complete and email this form back to: [arlena@shreveport-bossierfilm.com](mailto:arlena@shreveport-bossierfilm.com)