

EXHIBIT N

DATE RECEIVED _____
PERMIT # _____
CUSTOMER # _____
(FOR ADMINISTRATIVE PURPOSES ONLY)

Town of Palm Beach | Town Clerk's Office
360 S County Rd, Palm Beach, Florida 33480
Phone: (561) 805-5416
Email: TownClerk@townofpalmbeach.com

COMMERCIAL MOTION PICTURE FILMING PERMIT APPLICATION

NOTE: If there is any change that would alter the information given in this application while it is pending, the applicant shall notify the Town Clerk's Office within 48 hours of such change.

NAME, ADDRESS, AND CONTACT INFORMATION OF PERSON, FIRM OR CORPORATION APPLYING FOR PERMIT:

NAME: _____
ADDRESS: _____
CITY STATE ZIP
PHONE: _____ EMAIL: _____

NAME, ADDRESS, AND CONTACT INFORMATION OF THE PERSON WHO WILL BE IN CHARGE OF THE FILMING ACTIVITY:

NAME: _____
ADDRESS: _____
CITY STATE ZIP
PHONE: _____ EMAIL: _____

PLEASE DESCRIBE THE PROPOSED DATE AND TIME FOR EACH FILMING LOCATION (USE SEPARATE SHEET IF NECESSARY):

DATES	TIMES	SPECIFIC LOCATIONS

PLEASE DESCRIBE THE SPECIFIC FILMING ACTIVITIES THAT WILL TAKE PLACE AT EACH LOCATION IF UTILIZING PUBLIC PROPERTY (USE SEPARATE SHEET IF NECESSARY):

PLEASE STATE THE NUMBER OF PERSONNEL AND NUMBER AND TYPE OF VEHICLES AND SPECIFIC FILMING EQUIPMENT WHICH WILL BE INVOLVED IN THE CONDUCT OF THE FILMING ACTIVITIES FOR EACH PROPOSED LOCATION (USE SEPARATE SHEET IF NECESSARY):

AUTHORIZATION

Please review [Chapter 22, Article IV. Commercial Motion Picture Making](#) prior to application submission and contact the Town Clerk's Office at (561) 227-6300 with any questions. Before a permit is issued, the applicant must pay an administrative processing fee. The Town Clerk's office will be in contact with payment instructions.

I have read the provisions of the Town Code of Ordinances relating to the regulation of filming commercial motion pictures and agree to abide by all provisions set forth therein.

PRINTED NAME: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

DRAFT