IRVINE POLICE DEPARTMENT

Print Form

FILM PERMIT

MIKE HAMEL
CHIEF OF POLICE

A Film Permit is required when filming for commercial, non-profit, or student purposes, including still photography, on public or private property within the City of Irvine. Activities that generally do not require a Film Permit include news media, family video/photos for private use, or filming entirely within a dedicated film studio (no animals involved).

A $50 (non-refundable) application fee will be charged upon receipt of the application. A Film Permit requires a City business license ($51 maximum fee) and a Commercial General Liability Certificate insurance. Student film activities may be exempt from the business license requirement with valid proof of enrollment. Insurance requirements may be waived if activities are conducted completely on private property. Based on your project, other City permits may be required such as Public Facility or Animal Services permits (see Section C below for additional contact information).

Submit your Film Permit Application at least three days prior to your expected film date. However, major filming productions or filming within a public park may require up to three weeks to review. Please use the information below as a checklist to assemble the materials required for your Film Permit. Applications can be mailed to: City of Irvine, Attn: Film Permits, P.O. Box 19575, Irvine, CA 92623-9575.

SUBMITTAL REQUIREMENTS

SECTION A: REQUIRED DOCUMENTS

- ☐ Special Event/Film Permit Application Fee form
- ☐ Film Permit Application, including Idemnification Agreement
- ☐ City Business License Application
- ☐ Evidence of comprehensive general liability insurance with a minimum limit of $1,000,000 **naming the City of Irvine as additional insured** and **a General Liability Endorsement** (required if filming occurs on public property); see attached sample insurance certificate.

SECTION B: CHECK PAYABLE TO THE CITY OF IRVINE

- ☐ Business License fee is required prior to the issuance of a Film Permit
- ☐ Community Services fee, if applicable

SECTION C: ADDITIONAL INFORMATION

Based on your specific filming activities, one or more City Departments may need to review your Film Permit. Please specify in you Film Permit Application if your project involves any of the following:

- Aerial Work (Airplane/Helicopter)
- Animals
- Car Scenes
- Fighting
- Pyrotechnics/Explosives
- Site Security
- Traffic Control Measures
- Use of Large Tents/Stages
- Use of Temporary Electrical Hook-ups
- Weapons or Weapon-like Paraphernalia

If you are planning to use public facilities (such as parks, athletic fields, community centers, or picnic shelters) a Community Services Public Facility Permit will be required. For more information on what public facilities are available, how to apply, or to speak with a Community Services representative, visit cityofirvine.org/parks or call 949-724-6620.

For more information on obtaining a Business License, contact 949-724-6310 or visit cityofirvine.org/business.

If you are planning to film at the Orange County Great Park (OCGP), contact the Great Park permits staff at 949-724-7429.

Some areas of the City may require non-City permits or permission. These areas include: University of California, Irvine Valley College, Irvine Unified School District, Orange County Parks (Irvine Regional Park, William Mason Regional Park) or Orange County Libraries (University Park Library, Heritage Park Library, and Katie Wheeler Library). Please email PSSpecialEvents@cityofirvine.org for additional information.

CERTIFICATE OF INSURANCE SAMPLE

Please note that failure to provide a Certificate of Insurance and Policy Endorsement amounts to a violation of City ordinance, and may be grounds for the denial of your Film Permit Application.

CERTIFICATE OF INSURANCE

005550

DATE (MM/DD/YY)
07/03/2002

PRODUCER:

UNFORM INSURANCE COMPANY
P.O. Box 12345
Any city, Any state 12345-6789

INSURED:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A
COMPANY B
COMPANY C
COMPANY D

COVERAGES:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF BOTH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OOCUR ☐ OWNER & CCNT PROT ☐ LIABILITY ARISTING OUT OF ATHLETIC PARICIPATION	ABC 1234 567	07/03/2002	07/03/2003	PRODUCTS COMP OF AGG	$ 1,000,000
				PERSONAL & ADV INJURY	$ 1,000,000
				EACH OCCURRENCE	$ 1,000,000
				FIRE DAMAGE	$ 50,000
				MEDICAL	$ 5,000
AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ RENTED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT	$
				BODILY INJURY (Per person)	$
				BODILY INJURY (Per inc)	$
				PROPERTY DAMAGE	$
DAMAGE LIABILITY ☐ ANY AUTO				AUTO ONLY – EA ACCIDENT	$
				OTHER THAN AUTO ONLY	$
				EACH ACCIDENT	$
				AGGREGATE	$
EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM	ABC1234	07/03/2002	07/03/2003	EACH OCCURRENCE	$ 1,000,000
				AGGREGATE	$ 1,000,000
					$
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				☐ STATUTORY LIMITS	
				EACH ACCIDENT	$
				DISEASE – POLICY LIMIT	$
				DISEASE – EACH EMPLOYEE	$
OTHER					

POSITION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS
EVENT: IRVINE MARATHON DATE: 07/03/2002 SANC: #1234
Certificate holder is additional insured for this sanctioned event

CERTIFICATE HOLDER

CITY OF IRVINE AND ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND REPRESENTATIVES
ONE CIVIC CENTER PLAZA
P.O. BOX 19575
IRVINE, CALIFORNIA 92623-9575

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AS CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT

AUTHORIZED REPRESENTATIVE
John Doe
UNIFORM INSURANCE COMPANY

SAMPLE

ADDITIONAL INSURED POLICY ENDORSEMENT SAMPLE

Please note that failure to provide a Certificate of Insurance and Policy Endorsement amounts to a violation of City ordinance, and may be grounds for the denial of your Film Permit Application.

INSURANCE SERVICES OFFICE, INC.
P.O. BOX 12345
Any City, Any State 12345-6789
(555) 555-5555

POLICY NUMBER: **12345-67890** COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

CG 20 26 11 85 Page 1 of 1

Copyright, Insurance Services Office, Inc., 1984

SAMPLE

IRVINE POLICE DEPARTMENT

SPECIAL EVENT/FILM PERMIT APPLICATION FEES

MIKE HAMEL
CHIEF OF POLICE

APPLICANT INFORMATION

APPLICANT NAME			COMPANY NAME
ADDRESS			PHONE
CITY	STATE	ZIP	EMAIL

EVENT INFORMATION

EVENT NAME	EVENT DATE
	-

EVENT DESCRIPTION

ACTUAL EVENT LOCATION(S)

FOR PS USE ONLY

REQUESTOR: _____ DATE: _____

DEPARTMENT: _____

DESCRIPTION/EXPLANATION OF CHARGES:

SPECIAL EVENT PERMITS	FILM PERMITS
SPECIAL EVENT PERMIT APPLICATION FEE ($150)	FILE PERMIT APPLICATION FEE ($50)
EXPEDITED PROCESSING FEE ($10/day)	EXPEDITED PROCESSING FEE ($10/day)
BUSINESS LICENSING FEE	BUSINESS LICENSING FEE
VENDOR FEES	VENDOR FEES
TOTAL:	**TOTAL:**

INVOICE DISTRIBUTION: ☐ MAIL TO CUSTOMER ☐ OTHER; PLEASE EXPLAIN: _____

☐ EMAIL TO CUSTOMER

FOR FM USE ONLY

ACCOUNT#: 0140140399-3605 ENTERED DATE: _____ CUST#: _____

INVOICE#: _____ DIV CODE: _____

IRVINE POLICE DEPARTMENT

FILM PERMIT APPLICATION

MIKE HAMEL
CHIEF OF POLICE

DATE

APPLICANT INFORMATION

APPLICANT NAME			CONTACT NAME
ADDRESS			PHONE
CITY	STATE	ZIP	EMAIL

PROJECT INFORMATION

PRODUCTION TITLE
ACTIVITY

PROPOSED FILMING DATE(S)		LOCATION(S)
PROPOSED FILMING TIME(S)		
TOTAL NUMBER OF DAYS	TOTAL NUMBER OF PERSONNEL	

FOR CITY USE ONLY

CLEARANCES

AGENCY/DEPT	REQ	CLEARED BY	DATE
ALCOHOLIC BEVERAGE CONTROL	☐		
ANIMAL SERVICES	☐		
BUILDING & SAFETY	☐		
IRWD	☐		
COMMUNITY SERVICES	☐		
OCFA	☐		
OC GREAT PARK	☐		
ORANGE COUNTY HEALTH DEPT	☐		
ORANGE COUNTY TRANSIT DIST	☐		
PUBLIC SAFETY	☐		
PUBLIC WORKS	☐		
REGULATORY AFFAIRS (PS)	☐		
RISK MANAGEMENT	☐		
TRANSPORTATION SERVICES	☐		
ZONING (CD)	☐		

REQUIRED INSPECTIONS

INSPECTION TYPE	REQ	CLEARED BY	DATE
ANIMAL SERVICES	☐		
BUILDING/STRUCTURAL	☐		
ELECTRICAL	☐		
MECHANICAL	☐		
OCCUPANCY	☐		
OCFA	☐		
OFFSITE GRADING/CONSTRUCTION	☐		
ORANGE COUNTY HEALTH DEPT	☐		
PLUMBING	☐		
SPECIAL REQUIREMENTS	☐		

APPROVAL TO FILM? ☐ **YES** ☐ **NO**

SIGNATURE DATE

SPECIAL EVENTS COORDINATOR NAME

ITEM CHECKLIST

PLEASE CHECK AND PROVIDE A BRIEF DESCRIPTION OF EACH ITEM THAT WILL BE HOSTED AT YOUR EVENT

ITEM	YES/NO	BRIEF DESCRIPTION
ALCOHOLIC BEVERAGES	☐Y ☐N	
ANIMALS	☐Y ☐N	
AUTOMOBILES/TRUCKS	☐Y ☐N	
BICYCLES/FOOT RACES	☐Y ☐N	
BLOCK PARTY	☐Y ☐N	
BUILDINGS/STRUCTURES	☐Y ☐N	
CAMPGROUNDS/RV AREAS	☐Y ☐N	
CITY PROPERTY OR FACILITY USED	☐Y ☐N	
CONCESSIONS	☐Y ☐N	
DANCE/PARTY/CONCERT	☐Y ☐N	
ELECTRICAL/MECHANICAL/PLUMBING	☐Y ☐N	
EMERGENCY ACCESS REQUIRED	☐Y ☐N	
FILM PRODUCTION	☐Y ☐N	
FLAMMABLE MATERIALS	☐Y ☐N	
FOOD SUPPLIES/SALES	☐Y ☐N	
LIGHTING/ILLUMINATION	☐Y ☐N	
MEDICAL/FIRST AID STATIONS	☐Y ☐N	
ONSITE GRADING/CONSTRUCTION	☐Y ☐N	
PARKING	☐Y ☐N	
POLICE/SECURITY PROTECTION	☐Y ☐N	
PYROTECHNICS (FIREWORKS)	☐Y ☐N	
RIDES	☐Y ☐N	
SANITATION	☐Y ☐N	
SIGNS/BANNERS/BALLOONS	☐Y ☐N	
STREET/LANE CLOSURES	☐Y ☐N	
TENTS	☐Y ☐N	
WATER SUPPLY USED OR AFFECTED	☐Y ☐N	

INDEMNIFICATION AGREEMENT

I, _____ (hereinafter called the "Applicant") agree to indemnify the City of Irvine (hereinafter called the "City"), its officers, and employees, against and will hold and save them and each of them harmless from and all action, claims, damages to persons, property, penalties, obligations, or liabilities that may be asserted or claimed by any person, firm, entity, corporation, political subdivision, or other organization arising out of the willful or negligent acts, errors, or omission of the applicant, its agents, employees, subcontractors, or invitees.

A. The Applicant will pay all costs and expenses incurred in connection with any of the said claims, damages, penalties, or obligations or liabilities, including attorney's fees incurred in connection therewith.

B. The Applicant will promptly pay any judgement rendered against the City, its officers, or employees for any said claims, damages, penalties, or obligations or liabilities; and the Applicant agrees to save and hold the City, its officers, and employees harmless therefrom.

C. In the event the City, its officers, or employees is made a party to any action or proceeding filed or prosecuted against the Applicant for said claims, damages, penalties, or obligations or liabilities, the Applicant agrees to pay to the City, its officers, or employees, any and all costs and expenses incurred by the City, it officers, or employees in such action or proceeding, including but not limited to reasonable attorney's fees.

D. The Applicant shall maintain a Commercial General Liability Policy with limits of liability not less than $1,000,000 per occurrence and the policy shall be endorse to name the City of Irvine and its employees, representatives, officers, and agents (collectively hereinafter the "City and City Personnel") as additional insured. This insurance is primary and non-contributing with any other valid and collectible insurance or self-insurance available to the City.

Fully executed this _____ day of _____ in the year of _____ , by:

_____
SIGNATURE

_____
PRINT NAME

_____
TITLE

_____
DATE

BUSINESS LICENSE REQUIREMENTS

One of the key elements of any successful event is making sure your event complies with all City and State regulations. The City of Irvine's Municipal Code, Section 4-6-207, states any person (or entity) who wishes to conduct business activity in Irvine must first obtain a City business license. The following information is provided to assist you with complying with the business license requirement.

Promoter - The promoter is the person(s) who(m) organizes the event. The promoter must have a City of Irvine business license. If the promoter does not have a current and valid business license, a new application and payment must be submitted immediately. Applications can be downloaded from the City's website at *cityofirvine.org* or obtained at the Irvine Police Department.

Contracted Businesses - Any business, located in Irvine or in another city, who is involved with the event by providing a service (DJ, porta potty, caterer, tent rental/set up, security company, etc.) must have a current City of Irvine business license. If the business is already licensed by the City, please provide the business license number to the promoter. Any business that does not have a current license must submit a new application and payment prior to the event.

How to Comply - It is the promoter's responsibility to collect and submit vendor information to Regulatory Affairs. When submitting contracted business and event vendor information, include a business name, business address, business phone number, contact name, and business description (please use the provided, Contracted Business and Event Vendor Information form). Regulatory Affairs staff will verify and calculate vendor fees and notify you, as soon as possible, regarding the appropriate amount due.

If at any time during the Film Permit Application process you have a question pertaining to business licensing, please contact Regulatory Affairs at 949-724-7128.

CONTRACTED BUSINESS AND EVENT VENDOR INFORMATION

EVENT NAME	FILMING DATE(S)
	-

CONTRACTED BUSINESS OR EVENT VENDOR NAME	BUSINESS LICENSE#	EXP DATE	CONTACT NAME	COMPLETE ADDRESS AND SUITE	CITY	PHONE	DESCRIPTION OF PRODUCT OR SERVICE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							

I hereby certify, under penalty of perjury, the vendor information on this form is true and correct.

APPLICANT SIGNATURE _____ PRINT NAME _____ TITLE _____ DATE _____

FOR REGULATORY AFFAIRS USE ONLY TOTAL DUE: _____ DATE PAID: _____