



# FILM PERMIT

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 \$92 (non-refundable) application fee will be charged upon receipt of the application. A Film Permit requires a City of Irvine business license 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 entirely on private property and does not require the presence of Irvine Police Department personnel. Based on your project, other City permits may be required such as Public Facility or Animal Services permits (see Section B below for additional contact information).

Submit your Film Permit Application at least one week prior to your expected film date. However, major filming productions or filming within a public park may require up to four weeks to review. Please use the information below as a checklist to assemble the materials required for your Film Permit. For assistance, please contact Facility Reservations at [reservations@cityofirvine.org](mailto:reservations@cityofirvine.org) or 949-724-6620.

## SUBMITTAL REQUIREMENTS

### SECTION A: REQUIRED DOCUMENTS

- Film Permit Application, including Idemnification Agreement
- City of Irvine Business License: For more information and to apply, visit [cityofirvine.org/business-licensing](http://cityofirvine.org/business-licensing)
- Evidence of comprehensive general liability insurance with a minimum limit of one (1) million general liability and two (2) million aggregate. "City of Irvine, Great Park Corporation, its Officers, Employees, Agents, Volunteers, and Representatives" must be named as the certificate holder and on the General Liability Endorsement.

### SECTION B: ADDITIONAL INFORMATION

Based on your specific filming activities, one or more City departments may need to review your Film Permit and collect applicable fees. Please indicate in your application if your project includes any of the following activities, as additional requirements and supporting documentation may be required:

- Aerial Work (Airplane/Helicopter/Drone)
- 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](http://cityofirvine.org/parks) or call 949-724-6620.

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 City Libraries (University Park Library, Heritage Park Library, and Katie Wheeler Library).

## 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/business-licensing](http://cityofirvine.org/business-licensing) or obtained from the Community Development Department located at the Irvine Civic Center on the first floor.

**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 Business Licensing. 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). Business Licensing 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 Business Licensing at 949-724-7128.

## CERTIFICATE OF INSURANCE SAMPLE

Please note that failure to provide the appropriate certificate of insurance with a separate endorsement page listing the City of Irvine as additionally insured may result in rejection of application. Please reference both pages attached.



## CITY OF IRVINE Community Services Department

One Civic Center Plaza, Irvine, Ca 92606-5208  
Phone (949) 724-6620 • Fax (949) 724-6608

Internet: [www.cityofirvine.org](http://www.cityofirvine.org) • E-Mail: [reservations@cityofirvine.org](mailto:reservations@cityofirvine.org)

**Please note that failure to provide the appropriate certificate of insurance with a separate endorsement page listing the City of Irvine as additionally insured may result in rejection of application. Please reference both pages attached.**

| CERTIFICATE OF INSURANCE   |               |                                    |                                     | 005550  |    | DATE (MM/DD/YYYY)<br>07/03/2008 |  |
|--|---------------|------------------------------------|-------------------------------------|---|----|---------------------------------|--|
| PRODUCER:<br><br>UNIFORM INSURANCE COMPANY<br>P.O. Box 12345<br>Any city, Any state 12345-6789   |               |                                    |                                     | 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.        |    |                                 |  |
| INSURED:   |               |                                    |                                     | COMPANIES AFFORDING COVERAGE  |    |                                 |  |
|  |               |                                    |                                     | COMPANY A   |    |                                 |  |
|  |               |                                    |                                     | COMPANY B   |    |                                 |  |
|  |               |                                    |                                     | COMPANY C   |    |                                 |  |
|  |               |                                    |                                     | COMPANY D   |    |                                 |  |
| COVERAGES:<br>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/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS  |    |                                 |  |
| GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> OWNER & CCNT PROT<br><input type="checkbox"/> LIABILITY ARISING OUT OF ATHLETIC PARTICIPATION   | ABC 1234 567  | 01/01/2023                         | 12/31/2024                          | GENERAL   | \$ | 2,000,000                       |  |
|  |               |                                    |                                     | PRODUCTS COMP OF AGG  | \$ |                                 |  |
|  |               |                                    |                                     | PERSONAL & ADV INJURY   | \$ |                                 |  |
|  |               |                                    |                                     | EACH OCCURRENCE   | \$ | 1,000,000                       |  |
|  |               |                                    |                                     | FIRE DAMAGE   | \$ |                                 |  |
|  |               |                                    |                                     | MEDICAL   | \$ |                                 |  |
| AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> RENTED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |               |                                    |                                     | COMBINED SINGLE LIMIT   | \$ | 1,000,000                       |  |
|  |               |                                    |                                     | BODILY INJURY (Per person)  | \$ |                                 |  |
|  |               |                                    |                                     | BODILY INJURY (Per inc)   | \$ |                                 |  |
|  |               |                                    |                                     | PROPERTY DAMAGE   | \$ |                                 |  |
| DAMAGE LIABILITY<br><input type="checkbox"/> ANY AUTO  |               |                                    |                                     | AUTO ONLY - EA ACCIDENT   | \$ |                                 |  |
|  |               |                                    |                                     | OTHER THAN AUTO ONLY  | \$ |                                 |  |
|  |               |                                    |                                     | EACH ACCIDENT   | \$ |                                 |  |
|  |               |                                    |                                     | AGGREGATE   | \$ |                                 |  |
| EXCESS LIABILITY<br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM  | ABC 1234 567  |                                    |                                     | EACH OCCURRENCE   | \$ |                                 |  |
|  |               |                                    |                                     | AGGREGATE   | \$ |                                 |  |
| WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY   |               |                                    |                                     | <input type="checkbox"/> STATUTORY LIMITS   | \$ |                                 |  |
|  |               |                                    |                                     | EACH ACCIDENT   | \$ | 1,000,000                       |  |
|  |               |                                    |                                     | DISEASE - POLICY LIMIT  | \$ |                                 |  |
|  |               |                                    |                                     | DISEASE - EACH EMPLOYEE   | \$ |                                 |  |
| OTHER  |               |                                    |                                     |   |    |                                 |  |
| POSITION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS   |               |                                    |                                     |   |    |                                 |  |
| CERTIFICATE HOLDER<br><br>CITY OF IRVINE, GREAT PARK CORPORATION, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND REPRESENTATIVES ONE CIVIC CENTER PLAZA PO BOX 19575 IRVINE, CA 92623-9575   |               |                                    |                                     | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AS CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT |    |                                 |  |
|  |               |                                    |                                     | AUTHORIZED REPRESENTATIVE<br><br><i>John Doe</i><br>UNIFORM INSURANCE COMPANY   |    |                                 |  |

ADDITIONAL INSURED POLICY ENDORSEMENT SAMPLE

Please note that failure to provide the appropriate certificate of insurance with a separate endorsement page listing the City of Irvine as additionally insured may result in rejection of application. Please reference both pages attached.



CITY OF IRVINE
Community Services Department

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

POLICY NUMBER: ABC1234567

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:

City of Irvine, Great Park Corporation its Officers, Employees, Agents, Volunteers, and Representatives
One Civic Center Plaza
PO Box 19575
Irvine, Ca 92623-9575

(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.



# FILM PERMIT APPLICATION

DATE

## APPLICANT/BUSINESS INFORMATION

|                         |       |     |              |
|-------------------------|-------|-----|--------------|
| APPLICANT/BUSINESS 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     |             |

### FOR CITY USE ONLY

#### CLEARANCES

#### REQUIRED INSPECTIONS

| AGENCY/DEPT                | REQ                      | CLEARED BY | DATE | INSPECTION TYPE   | REQ                      | CLEARED BY | DATE |
|----------------------------|--------------------------|------------|------|---|--------------------------|------------|------|
| ALCOHOLIC BEVERAGE CONTROL | <input type="checkbox"/> |            |      | ANIMAL SERVICES   | <input type="checkbox"/> |            |      |
| ANIMAL SERVICES            | <input type="checkbox"/> |            |      | BUILDING/STRUCTURAL   | <input type="checkbox"/> |            |      |
| BUILDING & SAFETY          | <input type="checkbox"/> |            |      | ELECTRICAL  | <input type="checkbox"/> |            |      |
| BUSINESS LICENSING         | <input type="checkbox"/> |            |      | MECHANICAL  | <input type="checkbox"/> |            |      |
| IRWD                       | <input type="checkbox"/> |            |      | OCCUPANCY   | <input type="checkbox"/> |            |      |
| COMMUNITY SERVICES         | <input type="checkbox"/> |            |      | OCFA  | <input type="checkbox"/> |            |      |
| OCFA                       | <input type="checkbox"/> |            |      | OFFSITE GRADING/CONSTRUCTION  | <input type="checkbox"/> |            |      |
| OC GREAT PARK              | <input type="checkbox"/> |            |      | ORANGE COUNTY HEALTH DEPT   | <input type="checkbox"/> |            |      |
| ORANGE COUNTY HEALTH DEPT  | <input type="checkbox"/> |            |      | PLUMBING  | <input type="checkbox"/> |            |      |
| ORANGE COUNTY TRANSIT DIST | <input type="checkbox"/> |            |      | SPECIAL REQUIREMENTS  | <input type="checkbox"/> |            |      |
| PUBLIC SAFETY              | <input type="checkbox"/> |            |      | <b>APPROVAL TO FILM?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |                          |            |      |
| PUBLIC WORKS               | <input type="checkbox"/> |            |      | SIGNATURE   |                          |            | DATE |
| RISK MANAGEMENT            | <input type="checkbox"/> |            |      |   |                          |            |      |
| TRANSPORTATION SERVICES    | <input type="checkbox"/> |            |      | SPECIAL EVENTS COORDINATOR NAME   |                          |            |      |
| ZONING (CD)                | <input type="checkbox"/> |            |      |   |                          |            |      |

# FILM PERMIT APPLICATION

## 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            | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| ANIMALS                        | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| AUTOMOBILES/TRUCKS             | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| BICYCLES/FOOT RACES            | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| BLOCK PARTY                    | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| BUILDINGS/STRUCTURES           | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| CAMPGROUNDS/RV AREAS           | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| CITY PROPERTY OR FACILITY USED | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| CONCESSIONS                    | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| DANCE/PARTY/CONCERT            | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| ELECTRICAL/MECHANICAL/PLUMBING | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| EMERGENCY ACCESS REQUIRED      | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| FILM PRODUCTION                | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| FLAMMABLE MATERIALS            | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| FOOD SUPPLIES/SALES            | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| LIGHTING/ILLUMINATION          | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| MEDICAL/FIRST AID STATIONS     | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| ONSITE GRADING/CONSTRUCTION    | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| PARKING                        | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| POLICE/SECURITY PROTECTION     | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| PYROTECHNICS (FIREWORKS)       | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| RIDES                          | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| SANITATION                     | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| SIGNS/BANNERS/BALLOONS         | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| STREET/LANE CLOSURES           | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| TENTS                          | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |
| WATER SUPPLY USED OR AFFECTED  | <input type="checkbox"/> Y <input type="checkbox"/> N |                   |

# FILM PERMIT APPLICATION

## INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ (hereinafter called the "Applicant") agree to indemnify the City of Irvine (hereinafter called the "City"), Great Park Corporation, 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, its 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 endorsed to name the City of Irvine, Great Park Corporation, its officers, employees, agents, volunteers, and representatives, (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

# CONTRACTED BUSINESS AND EVENT VENDOR INFORMATION

| EVENT NAME                                  |                      |             |              |                               |      |       | FILMING DATE(S)                      |
|---|----------------------|-------------|--------------|-------------------------------|------|-------|--------------------------------------|
| CONTRACTED BUSINESS OR<br>EVENT VENDOR NAME | BUSINESS<br>LICENSE# | EXP<br>DATE | CONTACT NAME | COMPLETE ADDRESS<br>AND SUITE | CITY | PHONE | DESCRIPTION OF<br>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 \_\_\_\_\_

|  |                  |                  |
|--|------------------|------------------|
| <b>FOR BUSINESS LICENSING USE ONLY</b> | TOTAL DUE: _____ | DATE PAID: _____ |
|--|------------------|------------------|