



## The Niagara Parks Commission Film and Photograph Application Form

### General Information

Date:		Applicant/Agent:	
Company:		Title:	
Address:		Address: (if different)	
City:		City:	
Province:		Province:	
Postal Code:		Postal Code:	
Phone & ext:		Cell Phone:	
Email address:			
Insurance Co:			

### Project Details

Project Name:

Client:

#### Type of Project

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Stills, editorial           | <input type="checkbox"/> Stills, advertising | <input type="checkbox"/> Stills, other        | <input type="checkbox"/> Stock Video/Photo |
| <input type="checkbox"/> Feature Film                | <input type="checkbox"/> TV Movie            | <input type="checkbox"/> TV Series/Plot       | <input type="checkbox"/> Documentary       |
| <input type="checkbox"/> Travelogue                  | <input type="checkbox"/> Commercial          | <input type="checkbox"/> Music Video          | <input type="checkbox"/> Infomercial       |
| <input type="checkbox"/> Public Service Announcement | <input type="checkbox"/> Industrial/Survey   | <input type="checkbox"/> Other, explain below |  |

Other:

Camera/Film Equipment:

Sound: ☐ No ☐ Yes, explain:

Summary of scene(s) and imagery: (Provide script/storyboards)

### Site Information

Total number of days on site:  Shooting:  Prep:  Strike down:

Night work: ☐ No ☐ Yes

Shooting Schedule by Location:

Date	Location	Start Time	End Time

Set dressing or other structures proposed: ☐ No ☐ Yes, explain:

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Electrical needs, explain: \_\_\_\_\_ Generator: ☐ No ☐ Yes, size: \_\_\_\_\_  
Lighting: ☐ None ☐ Reflectors only ☐ Yes, explain: \_\_\_\_\_

Road Closures: ☐ No ☐ Yes, provide details below

Road: \_\_\_\_\_ Date: \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Running Shots                     | <input type="checkbox"/> Driving Shots              | <input type="checkbox"/> Drive-bys            |
| <input type="checkbox"/> Tow Shots                         | <input type="checkbox"/> Drive-ups and Away         | <input type="checkbox"/> Wet Down Road        |
| <input type="checkbox"/> Camera/Equipment on Road Shoulder | <input type="checkbox"/> Camera/Equipment on Median | <input type="checkbox"/> Other, explain below |

Other: \_\_\_\_\_

**To request set construction, off-road activity, trail use, or interior use of building, attach detailed information including proposed site plan.**

### Operational Information

Number of Personnel and Vehicles:

Total Cast & Crew: _____	Personal Cars: _____
Large Trucks: _____	Other Trucks: _____
Vans: _____	Camera Car: _____
Picture Cars: _____	Motor Homes: _____
Dressing Rooms: _____	Other Vehicles, explain: _____

Base Camp Location: \_\_\_\_\_

Catering Requirements (NPC provides all catering on property unless otherwise approved): \_\_\_\_\_

### Special Activities (Please provide health and safety details in accordance with proposed activities)

Children: ☐ None Number of Children: \_\_\_\_\_ Age Range: \_\_\_\_\_

Animals: ☐ None Yes, explain: \_\_\_\_\_

Trainer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Aircraft/Drone: ☐ None Yes, explain: \_\_\_\_\_

Special Effects: \_\_\_\_\_

Effects Technician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_ Permit No.: \_\_\_\_\_

Stunts (explain): \_\_\_\_\_

Stunt Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Any other unusual or hazardous activities, explain: \_\_\_\_\_

**Attach pages to provide additional information for permit consideration.**

Person on-site responsible for company's adherence to all terms & conditions of Film Permit:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cell: \_\_\_\_\_

Person on-site responsible for coordinating activities with the Niagara Parks Police:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cell: \_\_\_\_\_

Person at the company office to contact for follow-up information and billing:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby state that I have read and understand the Commercial Filming and Photography Policy, that the above information given is complete and correct, and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant/ production company and the project described above.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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Everyone involved with filming or photography shall ensure safe working conditions on set at all times.

Applications or questions may be sent to:

Sarah Wood

swood@niagaraparks.com

(905) 329-5527 x 3280

For more information, please read the Film, Photography, Recording and Drone Use Guidelines Document. Information provided in the application will be used to determine whether a permit will be issued. Approved permits will not be issued until a copy of insurance and the permit and/or other applicable fees has been received. Permit fees are non-refundable.

**NOTE:** This is an application only and does not serve as permission to conduct a project or any other use of the Niagara Parks property. If your request is approved, a permit containing the terms and conditions will be issued to the person designated on the application. The permit must be signed and returned to the park prior to the start of the project.