

FILM PERMIT QUESTIONNAIRE

All film shoot events shall be scheduled with at least 2-weeks advance notice of filming date. This time allows for the appropriate review and coordination for your shoot.

CONTACT & ORGANIZATION INFORMATION

Organization Name:		
Address:		
City:	State:	Zip Code:
Website:		
Contact Name:		
Email Address:	Fax Number:	
Organization Type (check all that apply	y):	
□ Individual not affiliated with SFSU	□ SFSU Student	Educational Institution
Government	□ For-profit	□ Non-profit*
*If non-profit, is it also tax exempt?	YES 🗖 NO (IRS deterr	mination letter will be needed)
What is mission statement of the orga	nization?	

Can the organization provide the University with a Certificate of Liability Insurance and Additional Insured Endorsement form, per the University's requirements? \Box YES \Box NO (If not, the option to purchase direct from SF State is available)

FILM SHOOT INFORMATION

Film Shoot Date(s)/Time(s):			
Set-up Dates/Times:			
Film Name:			
What is the purpose of the film shoot (i.e. educational, school project, commercial, non-commercial,			
etc.):			
Is the film shoot for a SF State class? \square YES \square NO			
If yes, please provide the course name and number, professor's name, email, and phone number. An email from the professor validating the project will be required.			
Professor's Name:	Phone Number:		
Email Address:	-		



What type of media will the film/photography be shown (i.e. TV, private use, web, class project, social, Organization's website, client's website, etc.):

How many people will be involved in the film shoot (include crew and actors):

Do you expect any high profile individuals? □ YES □ NO

If yes, who?

Will there be minors at the in the shoot? \Box YES \Box NO

If yes, provide the age range of the minors to attend.

Note: Organization may be required to obtain and clear appropriate background check prior to film shoot date. If background checks are required for your organization/coordinators please allow additional time (2-3 weeks) for results in advance of your film shoot date.

What type of equipment will be used? (i.e. boom mic, video stabilizers, drones, mounting poles, etc.):

Will food be served during the film shoot \Box YES \Box NO (if yes, please list vendor name and information)

Vendor Name:______ Vendor Phone Number: ______

Will alcohol be served at the at the film shoot? \Box YES \Box NO

Will there be any financial transactions or anything sold at this film shoot? \Box YES \Box NO

Will there be additional vendors, concessionaires, exhibitors, fireworks, carnival rides, inflatables, live music or news media?
VES
NO

If yes, please list:

Is there a university sponsor for this film shoot? (For example: A college or department that will be financially responsible should there be a loss?)
YES
NO

If yes, please list college/department, dean, director or chair name, email and phone:

College/Department: Dean/Director/Chair: _____ Phone Number: ______

Email: _____

VENUE INFORMATION

What venue types are you looking for (i.e. classrooms, theatres, event space, outdoor spaces/fields, gyms, etc.?) Please list all locations requested and how many.