



City of Ketchum
Parks & Recreation

OFFICIAL USE ONLY
Date Received
Fee Received
Assigned Permit No.

FILM PERMIT APPLICATION GUIDELINES

Return completed application and payment by mail or hand delivery to Ketchum Parks & Recreation Department, P.O. Box 2315, 900 Third Ave. N., Ketchum, ID 83340. If you have questions, please contact Special Events Coordinator Sharon Arms at sarms@ketchumidaho.org or (208) 726-7820 x106.

1. Application

- An applicant will be required to submit a permit request at least 15 business days prior to the date on which such person desires to conduct a permit required activity. If such filming activity interferes with traffic or involves potential public safety hazards, an application may be required at least 30 business days in advance.

2. Insurance Requirements

- General Liability - \$1 Million
- Additional Insured Endorsement
- Hold Harmless
- Indemnification

3. Notification

- A written notification shall be distributed to the adjacent property owners or businesses by the applicant(s) at least 48 hours prior to filming if the following conditions occur:
 1. Impact to on-street parking
 2. Filming on public right-of-way such as street, sidewalk, etc.
 3. Use of any equipment that will generate noise
 4. Or, as it is determined by the city of Ketchum

4. Private Property

- An applicant is required to obtain the property owner's permission, consent, and/or lease for use of property not owned or controlled by the city. If filming will take place on private property, the production company must obtain written permission from the property owner.

5. Public Property

- If filming will take place on public (city owned) property and will affect pedestrian or vehicular traffic, the production company must notify the Ketchum Police Department and hire staff to be assigned to the site.
- If filming will take place on a city street, an MUTCD traffic control plan is required.

APPLICATION FEE	
NOTE: No Fee for Student Projects	\$200.00
LOCATION FEES	
Motion: City Property	\$400/day
Still: City Property	\$200/day
ADDITIONAL FEES	
Safety and Public Works Personnel Services	
Location Modification/Unusual Use of City Facilities	
Other Fees May Apply	
CLIENT/PRIMARY PRODUCTION COMPANY	
Company:	Phone:
Name of Applicant:	Phone:
Address:	Email:
LOCAL INFORMATION	
Local Agency:	
Contact Name:	
Phone:	Email:
FILMING LOCATIONS	
#1 Area Requested:	
Date:	Time: _____ am to _____ pm
#2 Area Requested:	
Date:	Time: _____ am to _____ pm
#3 Area Requested:	
Date:	Time: _____ am to _____ pm
#4 Area Requested:	
Date:	Time: _____ am to _____ pm
FILMING INFORMATION	
<input type="checkbox"/> Non-Profit <input type="checkbox"/> Government Agency <input type="checkbox"/> Private/Commercial <input type="checkbox"/> Still Photography <input type="checkbox"/> Video/Filming	
# of Cargo Vans/Motorhomes:	# of Crew:
# of Models/Actors/Actresses:	

DESCRIPTION OF PROJECT

Description of set up.

Describe cameras, equipment, props, etc. that will be used.

Will any set up remain overnight? If so, please provide the name of the security company you will be using including days and hours they will be present.

Provide a description of the production and attach necessary additional information.

PURPOSE

State the purpose for this permit:

- Commercial
- Advertisement
- Public Service Announcement
- Catalog Shoot
- Other

INSURANCE REQUIREMENTS

Attach a certificate of public liability insurance. Every applicant, at its sole cost and expense, shall obtain and maintain in full force and effect throughout the entire term of the licensed special/filming event public liability insurance in the amount of one million dollars (\$1,000,000.00) per person and one million dollars (\$1,000,000.00) per accident. In addition, every applicant, at its sole cost and expense, shall obtain and maintain public liability insurance for property damage in the amount of one million dollars (\$1,000,000.00). Certificates of such insurance shall be filed concurrently with the application for the special/filming event and will include an endorsement stating that the City of Ketchum is named as an additional insured and that said insurance will not be canceled or altered by the insurance company or applicant without ten (10) days prior written notice of such intended alteration or cancellation to the City. Current certificates of such insurance shall be kept on file at all times during the term of the special/filming event.

Have you done the following?

- City of Ketchum named as an additional insured.
- General liability policy with a minimum \$1 million per person and \$1 million per accident.
- Public liability insurance for property damage in the amount of \$1 million.
- Copy provided to Special Event Coordinator.

Signature of Applicant: _____ Date: _____

INDEMNIFICATION AGREEMENT

_____ (hereafter referred to as "Applicant"), agrees that Applicant shall indemnify and save and hold harmless the City of Ketchum, (hereafter referred to as "City"), City's officials, agents and employees from and for any and all losses, claims, actions, judgments for damages, or injury to persons or property and losses and expenses caused or incurred by Applicant, its servants, agents, employees, guests, and business invitees and not caused by or arising out of the tortious conduct of City or its officials, agents or employees. In addition, Applicant shall maintain and specifically agrees that it will maintain, throughout the course of the " Filming" liability insurance in which City shall be named insured in the minimum amount of one million dollars (\$1,000,000.00). The limits of insurance shall not be deemed a limitation of the covenants to indemnify and save and hold harmless City from and for all such losses claims, actions, or judgments for damages or liability to persons or property. Applicant shall provide City with a Certificate of Insurance evidencing Applicant's compliance with the requirements of this paragraph and file such proof of insurance with the special events coordinator.

DATED this _____ day of _____, 20 _____.

Signature of Applicant: _____

STATE OF IDAHO

County of Blaine

On this _____ day of _____, 20 _____, before me, a Notary Public in and for the State of Idaho, personally appeared _____, known to me or proved to me upon satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

Notary Public: _____

Residing at: _____

Commission expires: _____