Read the Guidelines before completing this form

**Assessment timeframe:** Five working days.

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| Title of product/production: |       |
| [ ]  Photography  | [ ]  Film |

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| **Applicant Details** |
| Name of Production Company:      |
| Postal Address:      |
| Suburb:       | State:      | Postcode:      |
| Contact Person:      | Position:       |
| Phone:       | Alternate Phone:      |
| Email:      | Fax:      |
| Web Site:       | ABN:      |
| **Billing Details (if different from above):**  |
| Contact Person:      | Position Title:      |
| Phone:       | Email:       |
| Billing Address:      |
| Suburb:       | State:      | Postcode:      |

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| **Description:** |
| Detailed description of the activity:  |       |
| Type of filming (TV Series, Student film, TVC, etc) |       |
| Number of: | Crew/cast:       | Production trucks:      | Production cars:      |

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| **Date(s) and Time(s):** |
| Date(s) of Filming: | Start:       | Finish:       |
| Times: | Start:       | Finish:       |
| Date(s) of Filming: | Start:       | Finish:       |
| Times: | Start:       | Finish:       |
| Alternative dates (if applicable): |       |

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| **Location:**  |
| Activity Location(s):  |       |
| Melways Ref:  |       |
| Unit Base (if applicable):  |       |
| Are any of these locations on private property?  |       |

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| **Site Plan:** Mark any of the following that will be on the permitted site  |
| Type:  | Details:  |
| **[ ]** Marquees or Tents |       |
| **[ ]** Vehicles / trucks |       |
| **[ ]** Amplified music / sound  |       |
| **[ ]** Lighting equipment  |       |
| **[ ]** Other  |       |

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| **6. Traffic and Pedestrian Management:** *Plans will be required if there is any disruption to traffic, parking or pedestrian safety concerns.*  |
| [ ]  Traffic Management Plan required  | [ ]  Pedestrian Management Plan required  |
| What road(s) are to be affected? |       |
| Times:  | Close:       | Open:       |
| Name of traffic/security/safety Company (if applicable): |
| Other details:  |       |
| If your activity requires parking permits contact Parking Enforcement parkenf@portphillip.vic.gov.au or Assist - 9209 6777 |

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| **Safety:**  Does your filming involve any of the following? |
|  | Details  |
| **[ ]** Stunts |  |
| **[ ]** Firearms |  |
| **[ ]** Other safety concerns:  |  |
| If there are any safety concerns, approval from Victoria Police Film & Television Office) will be required. A copy of this approval will need to be provided.  |

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| **12. Supporting Documentation Checklist:** *Please ensure all relevant documentation is sent with your application. Late documentation submission will result in delays in assessing your application.* |
| **All Applications:** |
| [ ]  Application Form  |
| [ ]  Copy of Certificate of Currency |
| [ ]  Site Plan |
| [ ]  Map indicating location of parked vehicles |
| [ ]  Resident/Trader Notification Letter |
| **Where required:** |
| [ ]  Traffic Management Plan |
| [ ]  Pedestrian Management Plan |
| [ ]  Risk Management Plan |
| [ ]  Approval from the Victoria Police Film & Television Office (if filming involves roadways or firearms) |
| [ ]  Letter requesting a fee waiver (see Filming Guidelines for eligibility). |
| [ ]  Occupancy Permit/Siting Approval (Large Temporary Structures or Fencing) |
| [ ]  Other approvals e.g. Parks Victoria, VicRoads |
| [ ]  Parking Permit application – sent to Parking Enforcement parkenf@portphillip.vic.gov.au or 9209 6285 |

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| **14. Agreement**  |
| I declare that I am an authorised person to apply for the Film Permit and that all information in this application is true and correct. **I** acknowledge that I have read and accepted the conditions for filming in the City of Port Phillip. I  agree  to  comply  with  all  permit conditions, local  laws and  all  relevant  legislation. I declare that all details provided are accurate and this activity will be organised and managed as described unless advised otherwise by the City of Port Phillip and/or its authorities. I understand that this Film Application does not constitute event approval. |
| Name:       | Position:       |
| Signature:       | Date:       |
| **Privacy Notification**The City of Port Phillip is collecting the personal information requested on this form for the purpose of determining permission for filming within the City of Port Phillip. The personal information will be used solely by the City of Port Phillip for this primary purpose and the directly related secondary purpose of sending you any further information relating to this process. The applicant understands that the personal information provided is for these purposes and that they may apply to council for access and/or amendment of the information. |

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| **LODGEMENT DETAILS****Email:** filmunit@portphillip.vic.gov.au | **Enquiries:**Arts Administrator+61 3 9209 6217 |
| **Post:** Private Bag No 3PO St Kilda 3182 | **Deliver:** St Kilda Town Hallcnr Brighton Rd & Carlisle StSt Kilda Vic 3182 |
| Further information may be found on the City of Port Phillip website:[www.portphillip.vic.gov.au/filming\_in\_port\_phillip.html](http://www.portphillip.vic.gov.au/filming_in_port_phillip.html) |