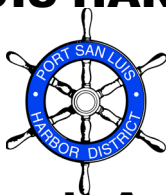


PORT SAN LUIS HARBOR DISTRICT



Film Permit Application

Production Information

Production Company: _____

Mailing Address:

(Number, Street, City, State and Zip Code)

Office phone: _____

Mobile phone: _____

Contact name: _____

Title: _____

Contact email: _____

Type of Production: _____

Title of Production: _____

Describe Activities: _____

of Crew _____

of Cast _____

of Extras _____

of Animals _____

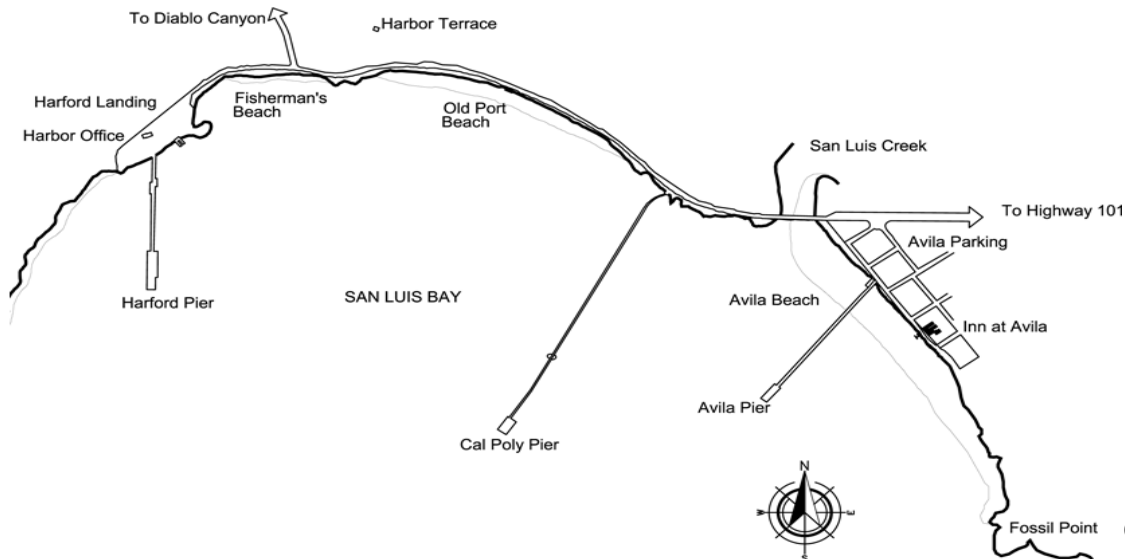
Identify location below and on map.

Avila Beach - East of Pier

Avila Beach - West of Pier

Olde Port Beach

Other: _____



PORT SAN LUIS HARBOR DISTRICT

Schedule and Fees

Set-Up Day: _____	Set-Up Time: _____ to _____
Shoot Day(s): _____	Shoot Time: _____ to _____
Break-Down Day: _____	Break-Down Time: _____ to _____

Additional Information

<p>Are you aware that all events held on Port San Luis Harbor District property require liability insurance coverage?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>You must check Yes and submit a Certificate of Insurance for Event Liability coverage including bodily injury and property damage in the amount of \$1,000,000 naming Port San Luis Harbor District, 3950 Avila Beach Dr., PO Box 249, Avila Beach, CA 93424, as an additional insured with a \$2,000,000 aggregate.</p>
<p>Are you aware that Port San Luis Harbor District prohibits alcohol on the beach?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>You must check Yes or your application will be denied. It is your responsibility to ensure associated production members abide by this rule. Violation may result in immediate eviction and a misdemeanor citation.</p>
<p>Are you aware that Port San Luis Harbor District prohibits use of amplified music?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>You must check Yes. See previously provided rules & regulations for more information. Violation may result in immediate eviction and a misdemeanor citation.</p>
<p>Describe equipment that will be used on-site:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe equipment, dimensions, and number. The District may require that any equipment not identified be immediately removed from District property.</p>
<p>Vehicles:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Describe number of vehicles, and where equipment will be parked.</p>
<p>Have you read and do you understand the District rules, regulations and information previously provided? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>You must read the rules, regulations and information and check Yes or your application will be denied.</p>

PORT SAN LUIS HARBOR DISTRICT

Activities, areas of use, dates and times of filming, will not be modified without express written approval of the Harbor Manager or designee. All areas of District property not specifically included in this agreement are off-limits to cast and crew.

This film permit is for non-exclusive use. District tenants, public, staff and visitors will not be restricted.

Areas of production company use are to be kept continually free of trash.

Applicant agrees to investigate, defend, indemnify and hold harmless Port San Luis Harbor District, its officers, employees and agents from and against any and all loss, damage, liability, claims, demands, detriments, costs, charges, expense (including attorney's fees) and causes of action of any character which the District, its officers, employees and agents may incur, sustain or be subjected to on account of loss or damage to property or the loss of use thereof and for bodily injury to or death of any persons (including but not limited to the employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected to the occupancy, enjoyment and use of any District premises under this agreement to the extent permitted by law.

Applicant: (Print name) _____

Signature of Applicant: _____ Date _____

Signature of Authorized Agent (if different): _____ Date _____

For questions, contact:

Kristen Stout
 Business Manager
 Port San Luis Harbor District
 PO Box 249
 Avila Beach, CA 93424

Phone: 805-595-5400 ext. 13
 Email: kristens@portsanluis.com

For Harbor District Office Use Only

Proof of Insurance Received <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Reviewed By
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Reason	Payment Received: \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash Receipt/Permit # _____ Date: _____

PORT SAN LUIS HARBOR DISTRICT

Film Permit Payment Form

Fees

Film Permit	\$291
Location Fee	
Other:	
TOTAL DUE	

Payment Options

<input type="checkbox"/> Check # _____ made payable to: PSLHD
Credit Card:* <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AmEx # _____ *a 2.25% service fee applies to all credit card payments CVV _____ Exp. _____
Name on Card: _____
Billing address: _____
Authorized Signature: _____
<input type="checkbox"/> Cash - Accepted in person at 3950 Avila Beach Dr., Avila Beach, CA, Monday thru Friday between 8 a.m. – 12:00p.m. or 1:00 p.m. – 4:30 p.m.

Authorization for Violation Payment

The District does not collect a security deposit. In lieu of a security deposit, the District requires the applicant to authorize charges to applicant's credit card. Applicant shall be notified in writing, at the address provided above, of any and all violations of District Rules and Regulations. Amounts charged to applicant's credit card will equal the labor and materials required to rectify the impact to the District for such violation. The applicant will be notified no later than 30 days following the production.

_____ *I understand, accept, and authorize the District to charge the credit card account*
Initial *identified below for any and all violations of Port San Luis Harbor District Rules and Regulations.*

_____ *I further understand that I am responsible for violations of guests and service providers*
Initial *and I agree to be charged for any such violations committed by guests and service providers.*

Signature of Applicant or Authorized Agent: _____

Date _____

<input type="checkbox"/> Use same credit card information as provided in Payment Options section.
Credit Card:* <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AmEx # _____ *a 2.25% service fee applies to all credit card payments CVV _____ Exp. _____
Name on Card: _____
Billing address: _____
Authorized Signature: _____