

BUSINESS LICENSE APPLICATION - FILM

PLEASE TYPE OR PRINT CLEARLY

1400 Fifth Avenue San Rafael, CA 94901

Phone: (415) 485-3051 Fax: (415) 485-3100

| | | | | | | Official Use | Only | |
|--|---------------------------|--------------------|----------------|---------------|--------------------------------------|-------------------------|---------------|--|
| Business Name _ | | | | | Busir | ness License No. | | |
| Owner Name _ | | | | | | - | | |
| Business Location _ | | | | | | allon Bate | | |
| (not P.O. Box) | | St | ateZ | <u></u> | | | | |
| Bus. Phone () _ | Bus. | Fax () | | | | | | |
| Mailing Address (if different) | | | | | | | | |
| City _ | | S1 | ate Z | <u></u> | | | | |
| Ownership: Corpo | ration LLC LF | Partnership | ole Propri | etorrust | Та | x Status: For Prof | it Non-Profit | |
| Federal I. D. No. | | State I. D. No. | | | Pr | oof of non-profit state | ıs required | |
| CONFIDENTIAL INFORMA | ATION - OWNER/PARTNI | ER/CORPORATE OFF | CER & LOCAL C | CONTACT | | | | |
| Owner Name | Title | | | | Phone () | | | |
| Home Address | | | | | | Cell Phone (|) | |
| City | | State | e | Zip | | | | |
| Driver License No. | | | Social Se | ecurity No. | _ | | | |
| LOCAL CONTACT: | | | | | | | | |
| Name | | | | Title | | Phone () | | |
| Home Address | | | | | | Call Dhana / |) | |
| City | | | e | | | | | |
| Driver License No. | | | Social Se | ecurity No. | _ | | | |
| completed applicat | ion. Fax No. (415) 4 | 85-3100 | · | Card Type | | g information and ma | | |
| Cardholder Numbe | dholder Number Expiration | | | | | | | |
| Issua | ance of this license i | s contingent upon | San Rafael F | Police Depart | ment and | Fire Inspector appro | val. | |
| Date and Time of Filming | | | | TAV: | TAX: \$300 PER DAY (Public Property) | | | |
| | | | | | \$200 PER DAY (Private Property) | | | |
| Location/Address of | f Filming | | | _ | 7 | | ,, | |
| | | | | _ No. of [| Days | @\$ | per day | |
| | | | | _ DISAB | ILITY ACC | ESS FEE: \$1.00 | | |
| No. of Employees | Part Time | Full Time | | (unless tax | (unless tax-exempt) | | | |
| NOTE: A copy of insurance coverage for \$2,000,000 naming the City of San Rafael as additionally insured must be provided. | | | | | L AMOUN | T DUE \$ | | |
| I declare under pena | alty of perjury that to | the best of my kno | wledge the inf | ormation con | tained abo | ve is true and correct | | |
| Legal Signature | | | | | | Title | | |
| Print Name | | | | | | Date | Date | |
| | Than | k you for doing | business in | the City of | San Ra | fael! | | |

GENERAL REQUIREMENTS & INFORMATION



Business Licenses

Phone: (415) 485-3051 Fax: (415) 485-3100

Business License Tax Required for Filming in City:

Public Property: \$300 per day Private Property: \$200 per day Public and Private (same day): \$300 per day

Advance Notice

Minimum for simple project without road closures or special or major effects (FX)

One Week

Minimum for project with large scale activities such as major FX or road closures

Three Weeks

Police Requirements & Fees

Fire Requirements & Fees

Contact: Traffic Sergeant

(415) 485-3034

Contact: Fire Prevention & Inspection

(415) 485-3308

Insurance Requirements

Commercial general liability policy (with endorsement naming City of San Rafael as additional insured) in the amount of \$1 million per occurrence, \$2 million aggregate

Disability Access

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.

The Department of Rehabilitation at www.rehab.cahwnet.gov.

The California Commission on Disability Access at www.ccda.ca.gov.

| DIRECTORY OF ADDITIONAL INFORMATION • | | | | | | |
|--|---|------------------------------|--|--|--|--|
| CITY OF SAN RAFAEL | BUSINESS INFORMATION | CLOSEST AIRPORT | | | | |
| Event Coordinator Brian Auger Phone: (415) 485-3465 www. sanrafaelfilm.com | Chamber of Commerce Phone: (415) 454-4163 Fax: (415) 454-7039 | San Francisco (SFO) 15 Miles | | | | |
| | VISITOR INFORMATION | CLOSEST METROPOLIS | | | | |
| City Manager Jim Schutz Phone: (415) 485-3075 | Marin County Visitors Bureau (866) 925-2060 | San Francisco | | | | |
| City Mayor Gary Phillips Phone: (415) 485-3074 | | 12 Miles | | | | |
| Parking Services Phone: (415) 458-5333 | | | | | | |