

## Town of Kearny 402 Kearny Avenue

Kearny, NJ 07032 Phone 201-955-7400 Fax 201-991-0608 www.kearnyusa.com

## **APPLICATION FOR FILMING**

To: Town Clerk, Town of Kearny
Fire Chief, Town of Kearny
Police Chief, Town of Kearny
Mayor, Town of Kearny
Department of Public Works, Town of Kearny
Neglia Engineering
New Jersey Motion Picture & Television Commission

Date of application:			
I hereby apply for a FILMIN	G ON PUBLIC LANDS permit is	ssued in the name of:	
Company name:			_
Business address:			
Contact person:			
Telephone #:	Fax #:	Email:	
Date(s) of filming: ( 7 day li	mit ):		
Hours of filming:			
Location of filming (describ	be in detail for each day of filming	g):	
Number of vehicles associa more than three (3) vehicles		rked on public streets and location thereof (provide sketched	1 map if



Applica	ant						
<u> </u>	s a for profit organization an	d is applying to film	in the Town of Kear	rny			
	s a non profit organization						
Will residents or businesses be affected by filming? A copy of letter (s) to be sent to affected individuals(s) and addresses of same must accompany this application					Yes	No	
Are existing power lines to be utilized?				Yes	☐ No		
Will traffic be affected as a result of filming? (If yes, an off-duty police officer i required)			fficer is	Yes	☐ No		
I HEREBY APPLY FOR A PERMIT AND TENDER THE:  FILMING FEE OF \$  FILMING FEE OF \$  ADDITIONAL FEE FOR FILMING ON PUBLIC PROPERTY \$  AGREE TO BE BOUND BY ALL PROVISIONS OF THE TOWN OF KEARNY ORDINANCE No 1999-(O)-18  I hereby declare that the statement in this application are true, that I am familiar with the regulations according to the Town of Kearny and I agree to abide by said regulations.  Signature of applicant (must be an officer or agent of applicant)  Date  Print name:							
Title:							
	FOR INTERNAL USE ONLY						
	Total fees	Но	old harmless		Off-duty polic	ee officer (if nesessar	ry)
	Health (if necessary)	Fin	re		_ Legal (if nec	essary)	
Current Certificate of Insurance			Building / Zoning (if necessary)				
License N	No	issued on			by Town	Clerk.	
Application fee received: \$							
Signature	e of Town Clerk		Date				

Required documents must be attached to this application, see page 3



## REQUIRED DOCUMENTS

Must be attached to your application

**CERTIFICATE OF INSURANCE**: Proof of insurance coverge as follows: (a) for bodily injury to any one person in the amount of \$500,000 and any occurrences in the aggregate amount of \$1,000,000. (b) for property damages each occurrence in the aggregate amount of \$300,000.

**HOLD HARMLESS AGREEMENT**: An agreement, in writing, whereby the applicant agrees to indemnify and hold harmless the Town of Kearny from any and all liability, expense, claim or damages resulting from the use of public land.

<u>COMMUNICATIONS CONCERNING:</u> The hiring of an off-duty Kearny police officer at the rates set by the Kearny Police Department for the times indicated on the permit. The Chief of Police shall determine, at his/her discretion, the number of officers required to maintain public safety.

## HOLD HARMLESS AGREEMENT

For and in consideration of permission granted by the Town of Kearny to (name and address)				
for (set forth activity or use)				
the said (name)				
liability, claims, judgments, demands or expeto property arising out of or resulting in whole	Town of Kearny, its officers, agents, servants and/or employees, against any and all enses whatsoever in connection with the loss of life, personal injury and/or damage le or in part from the activity as mentioned, and agrees to submit evidence of perty damage in such amounts as may be required by the Town of Kearny, and shall red.			
or employees against any and all liability, cla life, personal injury and/or damage to proper	indemnify and save harmless the Town of Kearny, its officers, agents, servants and/ nims, judgments, demands or expenses whatsoever in connection with the loss of ty arising out of the aforesaid activity. The insurance coverages hereinabove stated include contractual insurance covering the indemnification and save harmless			
Date	By:			
	Print name:			
	Title:			
Witness				

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