

BALTIMORE
OFFICE OF PROMOTION & THE ARTS

Baltimore Film Office
REQUEST FOR PARK USE APPLICATION
INNER HARBOR

1. Name of person, organization, group, or City of Baltimore government agency applying for permit:

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2. Person responsible for conducting film/video activities:

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3. Address and Contact Information:

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PHONE NUMBERS: Office: () Mobil: () Fax: ()

4. Name of project:

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5. CHECK THE INNER HARBOR PARK LOCATION(S) REQUESTED:

- Area 10 McKeldin Square Kaufman Pavilion Rash Field

NOTICE: THE FOLLOWING LOCATIONS ARE FOR PUBLIC EVENTS THAT ARE SPONSORED OR CO-SPONSORED BY THE CITY OF BALTIMORE:

- Amphitheater & Steps Ceremonial Steps

FILL IN REQUESTED DATES AND TIMES BELOW.

PROJECT ACTIVITY	STARTING DATE	ENDING DATE	STARTING TIME	ENDING TIME
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SET UP TIME				
FILMING TIME				
BREAK DOWN TIME				

6. Number of participants:

7. List all vehicles that you will be using for this project.

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8. List all equipment, temporary structures or displays you will be using for this project.

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9. List and explain in detail any special request or requirements pertaining to the use of the requested park property (attach separate sheet if necessary)

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10. Did you or the production company ever receive a permit for this type of project in Baltimore? (If YES, please indicate below)

Where

When

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PLEASE READ THE FOLLOWING STATEMENT, THEN SIGN AND DATE WHERE INDICATED BEFORE RETURNING

I hereby agree to abide by the rules and regulations of the Department of Recreation and Parks, especially those rules and regulations pertaining to permits. I also understand that this application must be submitted 1 week (5 business days) prior to my earliest requested date of use, and that vending or selling is not a permitted activity; the permitted project must be free and open to the public.

MAKE CHECK PAYABLE TO: DIRECTOR OF FINANCE: CITY OF BALTIMORE

(Applicant's Signature)

(Date)

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**RETURN APPLICATION TO: Baltimore Film Office
Baltimore Office of Promotion & The Arts
7 East Redwood Street – Suite 500
Baltimore, MD 21202
FAX: 410-385-0361**

***(FOR OFFICE USE ONLY)**

Date logged _____ **Deposit** ___YES ___NO **Check #**

Log Number _____ **User Fee** ___YES ___NO **Receipt #**

Class Type _____ **Insurance** ___YES ___NO **Receipt #**

Non-Profit _____ **Approved** ___YES ___NO **D.P.O #**
