

CITY OF LA MIRADA
13700 LA MIRADA BLVD.
LA MIRADA, CA 90638
(562) 943-0131

APPLICATION FOR MOTION PICTURE FILMING PERMIT

Please allow for a 4 week processing time. The City reserves the right to extend processing time if additional time is needed.

Fee \$374.00 Deposit \$1,000.00

Name of Business	Date
Business Address	Phone #
Owner/Applicant's Name	Phone # E-Mail
Home Address	
Proposed Location(s)	
Date(s) for Filming	
Total Number of Employees/Actors Involved	
Total Number of Vehicles at Location	
Equipment To Be Used	
Purpose of Film	
Type of Film (attach script)	<i>IN DETAIL</i>
Special Circumstances	

Attach copy of Insurance endorsement per attached requirements.

NOTE: IF THIS APPLICATION IS APPROVED, IT IS THE RESPONSIBILITY OF THE APPLICANT TO NOTIFY AFFECTED RESIDENTS/BUSINESSES OF THE FILMING AT LEAST ONE WEEK PRIOR TO ACTUAL FILMING. IT IS ALSO THE APPLICANT RESPONSIBILITY TO NOTIFY THE LOS ANGELES COUNTY SHERIFF, FIRE AND ROAD DEPARTMENTS IF NEEDED.

Applicant's Signature _____ Date _____

Must be approved by Permit Review Board.

FILM PERMIT INSURANCE REQUIREMENTS **INSURANCE REQUIREMENTS**

Film permit applicant (Permittee) seeking permits to film on-location in the City of La Mirada (City) must comply with the standard insurance requirements below. Insurance requirements are subject to change based on the specific filming activities submitted in the permit application.

Permittee shall obtain, provide and maintain at its own expense during the term of this Agreement, policies of insurance of the type and amounts described below and in a form satisfactory to City.

At a minimum, Permittee must submit the following documents with their executed agreement.

- Certificate(s) of insurance (COI) evidencing the insurance coverage(s) required below.
- COI(s) shall include:
 - **CERTIFICATE HOLDER:** City of La Mirada 13700 La Mirada Boulevard, La Mirada CA 90638
 - **DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**
 - Description: [insert description]
- General Liability Additional Insured Endorsement as required by the **Additional insured status** section below.

General liability insurance. Permittee shall maintain commercial general liability insurance with coverage at least as broad as Insurance Services Office form CG 00 01, in an amount not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, personal injury, and property damage. PERMITTEE shall submit an additional insured endorsement naming the City of La Mirada, its elected or appointed officials, officers, employees and agents on and ISO form CG 20 26 07 04 or a form at least as broad. The policy must include contractual liability that has not been amended. Any endorsement restricting standard ISO “insured contract” language will not be accepted.

Automobile liability insurance. Permittee shall maintain automobile insurance at least as broad as Insurance Services Office form CA 00 01 covering bodily injury and property damage for all activities of the Permittee arising out of or in connection with activities performed under the film permit, including coverage for any owned, hired, non-owned or rented vehicles, in an amount not less than \$1,000,000 combined single limit for each accident.

Workers’ compensation insurance. Permittee shall provide proof of workers’ compensation insurance.

Permittee shall submit to City, along with the certificate of insurance, a Waiver of Subrogation endorsement in favor of the City of La Mirada, its officers, agents, employees and volunteers.

Umbrella or excess liability insurance. *[Umbrella insurance may be required depending on the activities approved in the film permit]* Permittee shall obtain and maintain an umbrella or excess liability insurance policy with limits that will provide bodily injury, personal injury and property damage liability coverage at least as broad as the primary coverages set forth above, including commercial general liability, automobile liability, and employer’s liability. Such policy or policies shall include the following terms and conditions:

- A drop down feature requiring the policy to respond if any primary insurance that would otherwise have applied proves to be uncollectible in whole or in part for any reason;
- Pay on behalf of wording as opposed to reimbursement;

FILM PERMIT INSURANCE REQUIREMENTS
INSURANCE REQUIREMENTS

- Concurrence of effective dates with primary policies;
- Policies shall “follow form” to the underlying primary policies; and
- Insureds under primary policies shall also be insureds under the umbrella or excess policies.

Other provisions or requirements

Proof of insurance. Permittee shall provide certificates of insurance and endorsements to City as evidence of the insurance coverage required herein. Insurance certificates and endorsements must be approved by City’s Risk Manager prior to commencement of performance. Current certification of insurance shall be kept on file with City at all times during the term of this contract. City reserves the right to require complete, certified copies of all required insurance policies, at any time.

Duration of coverage. Permittee shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the Work hereunder by Permittee, his agents, representatives, employees or subcontractors.

Primary/noncontributing. Coverage provided by Permittee shall be primary and any insurance or self-insurance procured or maintained by City shall not be required to contribute with it. The limits of insurance required herein may be satisfied by a combination of primary and umbrella or excess insurance. Any umbrella or excess insurance shall contain or be endorsed to contain a provision that such coverage shall also apply on a primary and non-contributory basis for the benefit of City before the City’s own insurance or self-insurance shall be called upon to protect it as a named insured.

Acceptable insurers. All insurance policies shall be issued by an insurance company currently authorized by the Insurance Commissioner to transact business of insurance or is on the List of Approved Surplus Line Insurers in the State of California, with an assigned policyholders’ Rating of A- (or higher) and Financial Size Category Class VI (or larger) in accordance with the latest edition of Best’s Key Rating Guide, unless otherwise approved by the City’s Risk Manager.

Waiver of subrogation. All insurance coverage maintained or procured pursuant to this agreement shall be endorsed to waive subrogation against City, its elected or appointed officers, agents, officials, employees and volunteers or shall specifically allow Permittee or others providing insurance evidence in compliance with these specifications to waive their right of recovery prior to a loss. Permittee hereby waives its own right of recovery against City, and shall require similar written express waivers and insurance clauses from each of its subcontractors.

Enforcement of contract provisions (non estoppel). Permittee acknowledges and agrees that any actual or alleged failure on the part of the City to inform Permittee of non-compliance with any requirement imposes no additional obligations on the City nor does it waive any rights hereunder.

Requirements not limiting. Requirements of specific coverage features or limits contained in this Section are not intended as a limitation on coverage, limits or other requirements, or a waiver of any coverage normally provided by any insurance. Specific reference to a given coverage feature is for purposes of clarification only as it pertains to a given issue and is not intended by any party or insured to be all inclusive, or to the exclusion of other coverage, or a waiver of any type. If the Permittee maintains higher limits than the minimums shown above, the City requires and shall be entitled to coverage for the higher limits maintained by the Permittee. Any available

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insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

Additional insured status. General liability policies shall provide or be endorsed to provide that City and its officers, officials, employees, and agents, and volunteers shall be additional insureds under such policies. This provision shall also apply to any excess/umbrella liability policies.



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 P.O. Box 828 • La Mirada, CA 90637-0828
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Please Check One:

New Application

Change of Owner

Change of Address

Change of Business Name

**OUT-OF CITY CONTRACTOR
 BUSINESS LICENSE APPLICATION**
 Please type or print, sign and return with payment.

* Required fields		Start Date in La Mirada _____ (If Applicable)
* Business Name (DBA) _____		Resale No. _____ (If Applicable)
Corporate Name _____ (if applicable)		Federal ID No. _____
* Business Location _____ <i>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</i>		State ID No. (EDD) _____
		Health Permit _____
* Mailing Address _____		(If Applicable)
* City/State/Zip _____		State Lic. No. _____
* Bus. Phone No. _____ Fax No. _____		State Lic. Type _____
* Email Address _____ Website _____		Expire Date _____
* Description of Business _____		

NAME(S) AND HOME ADDRESS(ES) OF ALL OWNER(S) / PARTNER(S), MANAGING MEMBER(S), OR CORPORATE OFFICER(S):
 Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form

* Ownership: Sole Proprietor Partnership Limited Liability Corporation Other: _____

* Name _____ Title _____

* Home Address _____ Driver Lic. No. _____
(Cannot be P.O. Box) ITIN/Other ID No. _____

Home Phone No. _____ Cell No. _____

Name _____ Title _____

Home Address _____ Driver Lic. No. _____
(Cannot be P.O. Box) ITIN/Other ID No. _____

Home Phone No. _____ Cell No. _____

EMERGENCY CONTACT:

Contact Name _____ Phone No. _____

Address _____ Cell No. _____

ALARM COMPANY INFORMATION - if applicable:

Company Name _____ Contact Name _____

Address _____ Phone No. _____

PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW
 (See Fee Schedule for tax amount on back side of this form)

Enter Gross Receipts, Commissions or Fees
 (Estimate for new business)

\$ _____ Business License Tax \$ _____

Enter # of Employees (La Mirada): _____ * State CASp Fee \$ 4.00

_____ TOTAL DUE \$ _____

"I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct":

➔ Signature _____ Title _____

Print Name _____ Date _____

FOR OFFICE USE ONLY

Business License No. _____

SK Code _____ Bus Code _____

Receipt # _____ Date Received _____
 Cash Check No. _____

Planning Inspector Approved Denied
 Date: _____

Building Inspector Approved Denied
 Date: _____

Fire Inspector Approved Denied
 Date: _____

Health Inspector Approved Denied
 Date: _____

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION
 If you wish to protect your residential address with a different service of process address, please provide it here.
 NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph(2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address

* 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. The Department of Rehabilitation at: www.dor.ca.gov. The California Commission on Disability Access at: www.cdda.ca.gov.



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BUSINESS LICENSE TAX WORKSHEET

General Businesses (Retail, Wholesale, Professional, Services, Contractors):

Bracket	\$1 - \$50,000	\$50,001 - \$500,000	\$500,001 - \$9,100,000	\$9,100,001 and above
Enter your gross receipts for the previous Year:	-			-
Subtract:	-	\$50,000	\$500,000	-
Multiply:	-	.0002	.0001	-
Add:	-	\$50	\$140	-
Business License Tax Due*	\$50			\$1,000

*Minimum Business License Tax Due is \$50 and maximum is \$1,000.

Manufacturers:

Bracket	\$1 - \$500,000	\$500,001 - \$5,000,000	\$5,000,001 - \$40,000,000	\$40,000,001 and above
Enter your gross receipts for the previous Year:	-			-
Subtract:	-	\$500,000	\$5,000,000	-
Multiply:	-	.00005	.00002	-
Add:	-	\$75	\$300	-
Business License Tax Due*	\$75			\$1,000

* Minimum Business License Tax Due is \$75 and maximum is \$1,000.

Warehouses:

Bracket	Below 100,000 sq.	100,000 sq. and above
Enter your square footage:		-
Multiply:	\$.01	-
Business License Tax Due*		\$1,000

* Minimum Business License Tax Due is \$75 and maximum is \$1,000.

Pick Up and Deliver Service (Located out of City):

Bracket	\$1 - \$50,000	\$50,001 - \$4,800,000	\$4,800,001 and above
Enter your gross receipts for the previous Year:	-		-
Subtract:	-	\$50,000	-
Multiply:	-	.0002	-
Add:	-	\$50	-
Business License Tax Due*	\$50		\$1,000

*Minimum Business License Tax Due is \$50 and maximum is \$1,000.

Coin Operated Machines (Located in the City):

Bracket	\$1 - \$10,000	\$10,001 and above
Enter your gross receipts for the previous Year:	-	
Subtract:	-	\$10,000
Multiply:	-	.01
Add:	-	\$50
Business License Tax Due*	\$50	

*Minimum Business License Tax Due is \$50.