



# The Town of Barnstable

## Office of Town Manager

367 Main Street, Hyannis MA 02601

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**Mark Ells, Town Manager**

### FILM & PHOTOGRAPHY LICENSE APPLICATION

License must be approved and on file in the Town Manager's Office prior to commencement of any production

**Production Company Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Personnel (name/cell#/email):**

Producer: \_\_\_\_\_

Director: \_\_\_\_\_

Production Manager: \_\_\_\_\_

Production Coordinator: \_\_\_\_\_

Location Manager: \_\_\_\_\_

**Name of Production:** \_\_\_\_\_

Approximate Budget: \_\_\_\_\_

Film location(s): \_\_\_\_\_

Date(s) of filming: \_\_\_\_\_

Time of filming (this includes set-up and take-down): \_\_\_\_\_

*(Please submit Shooting Schedule if warranted)*

Local Address and Phone (If applicable): \_\_\_\_\_

Local Hotel (If applicable): \_\_\_\_\_

Duration of Stay: \_\_\_\_\_

**Type of project:**

TV / Cable Movie

TV / Cable Series / Mini

TV / Cable Pilot

TV / Cable Episodic

Commercial

Documentary

Music Video

Feature Film

Corporate Video

Industrial

Student Film

Still Photography

Other (please specify): \_\_\_\_\_

Total number of crew: \_\_\_\_\_ Total number of cast: \_\_\_\_\_

**Vehicles / Trucks:**

Camera Truck

Production Van

Grip / Electric

Generator

Effects

Wardrobe

Caterer

Maxi Van

Motor Home/Trailer

Other (please specify): \_\_\_\_\_

**Additional Information:**

Will you require any street closings, traffic control, or police details? Yes / No

Will there be pyrotechnics, special effects or stunts? Yes / No

Are you installing or constructing any structures, including buildings, climbing structures, etc.? Yes / No

Are you installing any tents or canopies? Yes / No  
Quantity and size: \_\_\_\_\_

Will animals be used? Yes / No

Will food be prepared / served on location? Yes / No

Please provide description of your parking plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your plans to notify residents, businesses impacted by this production: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you requesting use of any Town property? Yes / No  
(If yes, please fill out 'Use of Town Property' License)

The signed representative agrees that the Production Company will comply with all provisions of the laws, rules and regulations of the Town of Barnstable and Commonwealth of Massachusetts and agrees that all information in this document is accurate and valid.

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Name / Title (Please print)

**APPROVALS/CONDITIONS/REQUIREMENTS (For Town of Barnstable Use Only)**

Department	Notified	Services / Conditions /Meeting Requirements	
Building		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conservation		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consumer Affairs		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DPW		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marine & Environmental		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Police		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recreation		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Department		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Town Manager		Services or Conditions Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Meeting with Film Company Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Approvals/Requirements (Determined by the Town Manager)			
Board of Health	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Conservation Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Licensing Authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Recreation Commission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other Special Conditions: (Insurance/Hold Harmless/Additional Insured, etc.):			

Final Approval:  No, License Denied  Yes, License Approved and Issued by:

Town Manager \_\_\_\_\_ Date \_\_\_\_\_  
Signature