



Office of the Borough Clerk
Borough of Franklin Lakes

License No.: _____
Date: _____

APPLICATION FOR FILMING

Company Name: _____

Business Address: _____

Contact Person: _____

Telephone: _____ Fax: _____ E-Mail: _____

Date of Filming: _____

Hours of Filming: _____

Location of Filming (*Describe in detail*): _____

\$500 Bond: Check: _____ Bonding Agent: _____

- Will residents or businesses be affected by filming? Yes _____ No _____
(A copy of letter(s) to be sent to affected individual(s) and addresses of same must accompany this application)
- Do you have a licensed electrician on staff? Yes _____ No _____
- Are existing power lines to be utilized? Yes _____ No _____
- Will traffic be affected as a result of filming? Yes _____ No _____
(If "Yes", an off-duty police officer is required.)
- Have you ever been convicted of a crime? Yes _____ No _____

I HEREBY APPLY FOR A PERMIT AND TENDER THE APPLICATION FEE OF \$_____ AND FILMING FEE OF \$_____ AND AGREE TO BE BOUND BY ALL PROVISIONS OF CHAPTER 250 OF THE FRANKLIN LAKES CODE.

Date of Approval

Signature of Applicant

Borough Clerk

Chief of Police

MAIL TO: Gail Rulli, Borough Clerk, 480 DeKorte Drive, Franklin Lakes, NJ 07417
PHONE: (201) 891-4000, ext. 1202 *FAX:* (201)848-9453 *E-MAIL:* GRulli@franklinlakes.org

FOR INTERNAL USE ONLY

_____	Total Fees	_____	Hold Harmless
_____	Certificate of Insurance	_____	Bond
_____	Off-Duty Police Officer	_____	Electrician Required
Other Conditions	_____		

