



CARSON CITY

Film Permit Application

108 E. Proctor Street
Carson City, NV 89701
(775) 887-2105

Please submit applications to:
specialevents@carson.org

PERMIT NUMBER:

DATE PERMIT RECEIVED:

PRODUCTION COMPANY NAME:

ESTIMATED NO. OF SHOOTING DAYS:

COMPANY ADDRESS:

PHONE:

EMAIL ADDRESS:

LOCATION MANAGER / POINT OF CONTACT:

PHONE:

EMAIL ADDRESS:

PRODUCTION TITLE:

TYPE OF FILMING EVENT (CIRCLE ONE):

TV MOVIE / EPISODE FEATURE FILM SHORT FILM MUSIC VIDEO COMMERCIAL OTHER: _____

DATES:

TIME:

NUMBER OF CAST & CREW:

FILMING LOCATION(S):

FILMING DESCRIPTION (PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY):

IS A STREET CLOSURE REQUESTED? YES NO

Proposed street closure

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PLEASE CHECK ALL THAT APPLY:

- SPECIAL EFFECTS/PYROTECHNICS
- TENTS, CANOPIES OR ANY TEMPORARY STRUCTURES
- LOW FLYING AIRCRAFT, STUNTS, CHASE SCENES
- ANY ACTIVITY THAT WILL OBSTRUCT EGRESS OR INGRESS TO BUILDINGS
- INTERMITTENT TRAFFIC CONTROL
- FILMING USING AERIAL DRONE (MUST PROVIDE FAA APPROVALS)
- WILL ANY WEAPON PROPS BE USED (GUNS, KNIVES, ETC.)
- ANIMALS OR LIVESTOCK
- REQUESTING PUBLIC SAFETY SERVICES (POLICE, FIRE, EMERGENCY MEDICAL SERVICES)
- STUNTS - PLEASE DESCRIBE: _____
- OTHER: _____

VEHICLES AND EQUIPMENT (PLEASE ENTER QUANTITY):

CARS/VANS

MOTORHOMES

CATERING TRUCKS

TRAVEL TRAILERS

5TH WHEELS

OTHER:

THE FOLLOWING INFORMATION IS REQUESTED BY THE NEVADA FILM OFFICE:

Nevada Film Office registration number: _____

Please visit <https://nevadafilm.com/register/> for more information or to register.

I hereby certify that the above information is correct to the best of my knowledge and belief. I understand that failure to complete this form truthfully is an act of perjury.

Signature _____ Title: _____

Print Name _____ Date: _____