

Lake Charles/Southwest Louisiana Film Commission
Filming Permit Application

Date:	Project Title:
Production Co.:	Production Type:

Address:		
City:	State:	Zip Code:

Location Manager:	Other Contact:
Phone:	Fax:

Production Budget: \$	Total Personnel:
# of Production Days:	# of Motel/Hotel Nights:
Production Begin Date:	Production End Date:

Please check all that apply:	
Street Closures	Use of City Buildings
Intermittent Traffic Control	Parking Meter Bagging
Pyrotechnics/Fire:	Special/Other:

Other services needed, please explain:	_____

Insurance Company:	Additional Insurance Received:
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Note: A list of all locations must be provided at the time of permitting at least 2 weeks prior to beginning production (any location changes during production must be communicated and approved).

Applicant agrees to all of City of Lake Charles/Parish of Calcasieu terms and conditions.

Production Company Representative: _____ Date: _____

SWLA Film Commission Representative: _____ Date: _____

Contact Info: Cindy Johnson Phone: 337-436-9588
 Film Locations Manager Fax: 337-494-7952
 1205 N Lakeshore Dr Email: cjohnson@visitlakecharles.org
 Lake Charles, LA 70601