

# City of Shreveport/Northwest Louisiana Filming Permit Application

Date: \_\_\_\_\_ Project Title: \_\_\_\_\_

Production Co.: \_\_\_\_\_ Production type: \_\_\_\_\_

Address: \_\_\_\_\_ Location Mgr: \_\_\_\_\_

City: \_\_\_\_\_ Other Contact: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Production Budget: \$ \_\_\_\_\_ Total personnel: \_\_\_\_\_

Phones: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Dates of production: \_\_\_\_\_ to \_\_\_\_\_ # of production days \_\_\_\_\_

Total # of R/T airline flights from LAX to Shreveport or DFW \_\_\_\_\_

Total # of motel/hotel nights \_\_\_\_\_

Please check the following if applicable:

\_\_\_\_\_ Street Closures \_\_\_\_\_ Special/ other: \_\_\_\_\_

\_\_\_\_\_ Intermittent traffic control \_\_\_\_\_ Parking meter bagging

\_\_\_\_\_ Pyrotechnics/fire \_\_\_\_\_ Use of City buildings

Other services needed, please explain: \_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Additional insured received: \_\_\_\_\_

NOTE: A list of all locations must be provided at the time of permitting at least 2 weeks prior to production. (Any location changes during production must be communicated and approved)

Applicant agrees to all of City terms and conditions

Production Company Representative: \_\_\_\_\_ Date \_\_\_\_\_

City Film & Media Representative: \_\_\_\_\_ Date \_\_\_\_\_

Contact: Arlena Acree - Director of Film, Media, and Entertainment

City of Shreveport  
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