



STANDARD FILM PERMIT APPLICATION: General Information Section

1. **APPLICANT** (Company Name on COI): _____
2. **PROJECT NAME:** _____
3. **ADDRESS:** _____
4. **PHONE #:** _____ **EMAIL:** _____
5. **ON-SITE CONTACT** (Name & Phone #): _____
6. **HAWAII ADDRESS** (If different from above): _____
7. **SUBMITTED BY:** (Name & Phone #): _____
EMAIL: _____

STATISTICAL INFORMATION			
PROJECT TYPE:	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Feature Film	<input type="checkbox"/> Print Ad. / Stock / Calendar / Mag.
	<input type="checkbox"/> Music Video	<input type="checkbox"/> TV Episode / Special / MOW	<input type="checkbox"/> Documentary / Educational / News
	<input type="checkbox"/> Travelog / Industrial / Video stock / Tour video		<input type="checkbox"/> Hawaii-based Network TV series
	<input type="checkbox"/> Sports / Exercise	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Wedding/Elopement
FORMAT:	<input type="checkbox"/> Still	<input type="checkbox"/> 16mm; 35mm; 70mm movie film	<input type="checkbox"/> Video
Budget:\$ _____ Hawaii Expenditure:\$ _____ # Non Res./ Local Employees: _____ / _____ #HI Shoot Days: _____			

7. **FILM LOCATION REQUESTED, DATES AND TIMES** (To make processing easier and faster, be sure to attach a map of the exact location requested with annotations, location name, street address, Tax Map Key number, and describe in as much detail as possible. If necessary, attach a separate sheet with additional location information.):

- a) _____
 (Name of Location) (Island) (Dates and Time)
- b) _____
 (Name of Location) (Island) (Dates and Time)
- c) _____
 (Name of Location) (Island) (Dates and Time)
- d) _____
 (Name of Location) (Island) (Dates and Time)
- e) _____
 (Name of Location) (Island) (Dates and Time)

Continued details for each location on "FILM PERMIT APPLICATION: Specific Information Section"

FIPAC #



STANDARD FILM PERMIT APPLICATION: General Information Section (Continued)

7. FILM LOCATION REQUESTED, DATES AND TIMES (Continued) *PLEASE DELETE THIS PAGE IF YOU DONT NEED IT**

APPLICANT (Company Name): _____

PROJECT NAME: _____

FILM LOCATION REQUESTED, DATES AND TIMES (To make processing easier and faster, be sure to attach a map of the exact location requested with annotations, location name, street address, Tax Map Key number, and describe in as much detail as possible. If necessary, attach a separate sheet with additional location information.):

f)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
g)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
h)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
i)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
j)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
k)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
l)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
m)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
n)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)
o)	_____	_____	_____
	(Name of Location)	(Island)	(Dates and Time)

Continued details for each location on "FILM PERMIT APPLICATION: Specific Information Section"

FIPAC #