State of Hawaii - Department of Business,
Economic Development & Tourism Hawaii Film Office -
250 South Hotel Street, Honolulu, Hawaii 96813
Mailing Address: P.O. Box 2359, Honolulu, Hawaii, 96804-2359
Telephone: (808) 586-2570: Email: info@hawaifilmoffice.com





STANDARD FILM PERMIT APPLICATION:

General	Information	Section
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(Reminder- this is your cover page for your project)

1. APPLICANT (Company Name on COI):				
2. PROJECT NAME:				
3. ADDRESS:				
4. PHONE #:		EMAIL:		
5. ON-SITE CONTAC	T (Name & Phone #):			
6. HAWAII ADDRESS	(If different from above)	:		
8. EMAIL:				
		· · · · · · · · · · · · · · · · · · ·		
	STA	TISTICAL INFORMATION		
	sode / Special / MOW	Documentary / Educational / News Hawaii-based Network TV series	ORMAT: □Still □Video [⊐ 16mm; 35mm; 70mm movie film
* Will you apply for the tax crea	dit? □ N □ Y (Name of entit			
ISLAND 1: Oa/Ma/Ha/ (Circle one) Budget: \$	Expenditure: \$	# Non Res./ Local Employees		Il Shoot Days:
ISLAND 2: Oa/Ma/Ha/ (Circle one) Budget: \$	Expenditure: \$	# Non Res./ Local Employees	:: <u>/</u> #I	HI Shoot Days:
ISLAND 3: Oa/Ma/Ha/ Budget: ((Circle one) Ka/La/Mo	Expenditure: \$	# Non Res./ Local Employees	:: <u>/</u> #I	HI Shoot Days:

9.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 #





* DELETE THIS PAGE IF NOT NEEDED*

STANDARD FILM PERMIT APPLICATION: General Information Section (Continued)

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.):

9. FILM LOCATION REQUESTED, DATES AND TIMES (Continued)

f)			
	(Name of Location)	(Island)	(Dates and Time)
g)			
57	(Name of Location)	(Island)	(Dates and Time)
h)			
,	(Name of Location)	(Island)	(Dates and Time)
i)			
''	(Name of Location)	(Island)	(Dates and Time)
i)			
j)	(Name of Location)	(Island)	(Dates and Time)
۲)			
k)	(Name of Location)	(Island)	(Dates and Time)
Ŋ			
I)	(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"

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