

**CITY OF HOPKINS
FILMING**



**APPLICATION
FOR PERMIT**

City Use Only

PERMIT # _____

Date Received: _____

Company: _____

Contact's Name: _____ Phone No. _____

Address: _____ Fax No. _____

Please provide a description of the filming and the location(s) where the filming will take place:

(If the filming will take place in a City park you must receive permission from the Hopkins-Minnetonka Recreation Department – 939-8203)

Starting Date and Time _____ Ending Date and Time _____

Please Provide the Following Information (Use a separate sheet if necessary):

1. Will the filming require closing of a street or streets? Yes No

If yes, please list the street or streets: _____

2. Will the filming require the posting of no parking signs? Yes No

If yes, please list the areas where you are requesting no parking? _____

3. How many vehicles will be involved and where will they park?: _____

4. Will security be required? Yes No

Explain Security arrangements: _____

5. Please list any other assistance that you might require from the City of Hopkins:

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ROUTING/APPROVAL (Please check Yes or No):

COMMENTS

1. Y N Traffic Dept. _____

2. Y N Police Dept: _____

3. Y N Fire Dept: _____

4. Y N Rec. Dept: _____

5. Y N City Manager _____