



## Bryant Park Corporation

500 Fifth Avenue, Suite 1120  
New York, NY 10110  
Tel: 212-768-4242  
Fax: 212-719-3499

### PHOTO / FILM / VIDEO PERMIT APPLICATION

Shoot Day & Date: \_\_\_\_\_ Area of Park Requested: \_\_\_\_\_

Time of Shoot: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Time of Set-Up: \_\_\_\_\_ Time of Break-Down: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Company/Agency/Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell/Other: \_\_\_\_\_ Fax: \_\_\_\_\_

Purpose of Shoot (publication, display, etc.): \_\_\_\_\_

Equipment to be used in Park: \_\_\_\_\_

#### Requirements:

- ◆ **Contribution of \_\_\_\_\_ and Certificate of Insurance** (naming Bryant Park Corporation and The City of New York as additional insureds on a general liability policy) must be received prior to the shoot.
- ◆ A **map** of Bryant Park indicating details of the shoot.
- ◆ A copy of the finished product on **DVD** for BPC's archives.
- ◆ Recognize Bryant Park Corporation as a **credit** at the end of the finished product.
- ◆ Provide \_\_\_\_\_ **damage deposit** to be held until after a post-shoot evaluation of the site.

*I hereby certify that the above information is complete and correct and agree to all requirements set forth.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: Bryant Park Corporation, attention: Permit Department

**For Office Use Only** Application Approval by Bryant Park Corporation

\_\_\_\_\_ Date: \_\_\_\_\_

