



N° :

Film Permit Request

Fill in the form below

Title* :

Type of film* :

- Television Program
- Documentary
- Report News
- Electronic publishing

Commercial:

- Television
- Institutional
- Print

Please name the advertiser, the types of media broadcasting or any other publishing forms (newspapers, magazines, catalogues, electronic publishing)* :

.....
.....
.....

Photos / Press / Publishing :

Other Please specify.....

Company * :

Adress *:

Zip Code*: **City*** :

Country*:

Main Line*: **Mobile Phone***:

Email* :

Contact* :

Location manager's name* :

Adress* :

Zip Code*: **City***:

Country * :

Main Line* : **Mobile Phone *** :

Email* :

Shooting schedule *:

Schedule * :

Location * :

Specific requirements:

Number of people involved in the project*:

Hotel accommodation? * Yes No Other (please specify)

If your answer is « yes », indicate whether the hotel is located*:

in Nice in the Alpes-Maritimes

Categories* : 2 stars 3 stars 4 stars residential hotel

Hotel's name :

Number of nights at the hotel* :

Total length of stay (includes extra days apart from shooting days)*:

Local technicians recruited* ? Yes No

If the answer is yes, specify the number of local technicians required* :

.....

Specific needs:

City police required*: Yes No

Traffic interruption* : Yes No

Requirements regarding the parking of equipment vehicles*: Yes No

Number of equipment vehicles (type and weight) *:

.....
.....
.....

Details regarding parking requirements :

.....
.....
.....

Services required by Studios de la Victorine * ? Yes No

If your answer is yes, please tick the appropriate box(es)* :

set(s) office(s) Storage Parking space

Additional information:

Mandatory documents :

- ✓ Insurance policy certificate
- ✓ For those companies that are based in France, please send a KBis Certificat (not older than 3 months) and an INSEE certificate.

***Mandatory fields. This film request will be examined once this form is dully filled in and includes all the documents required.**

The signatory hereby confirms that the information stated above is correct and valid.

Date :

Signature :

Direction du Cinéma
Acropolis, 1 esplanade Kennedy / 06364 Nice Cedex 4
Tél. : +33 (0)4 97 25 81 93
Email : directionducinema@ville-nice.fr /