



**CITY OF COEUR D'ALENE**  
MUNICIPAL SERVICES DEPARTMENT  
710 EAST MULLAN AVENUE  
COEUR D'ALENE, ID 83814  
(208) 769-2229 or [ksetters@cdaid.org](mailto:ksetters@cdaid.org)

<b>(Office Use Only)</b>	
Amount Paid	_____
Receipt No	_____
Date	_____
License No	_____
Date Temporary Issued	_____
Date License Issued	_____ By _____

## FILM PRODUCTION PERMIT APPLICATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant/Agent Name: \_\_\_\_\_

Title: \_\_\_\_\_

Local Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Describe Film and Filming Activity

\_\_\_\_\_  
\_\_\_\_\_

Number of people in your crew? \_\_\_\_\_ Cast? \_\_\_\_\_

Do you require reserved parking spaces? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the amount of spaces, where and how spaces will be posted:

Date and times of reserved parking: \_\_\_\_\_

Source of power: \_\_\_\_\_

How many generators will be used? \_\_\_\_\_

# FILMING SCHEDULE

PLEASE ATTACH A SITE PLAN

DATE/TIME	LOCATION	POSTING/POLICE

Signature of Applicant: \_\_\_\_\_

The City of Coeur d Alene assumes no responsibility or liability for the equipment. Permittee agrees to park and store equipment at his/her own risk.

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Deposit required for permit: \_\_\_\_\_

Conditions required:

Approval and date by City: \_\_\_\_\_

Acceptance of conditions: \_\_\_\_\_

Permittee