

Make Check Payable to:

Department of  
Animal Services

### APPLICATION FOR FILM PERMIT

TO: THE DEPARTMENT OF ANIMAL SERVICES  
221 N Figueroa St. Suite 600, Los Angeles, CA 90012

No Refund Allowed

Applications Must Be Filled Out Completely

Name of Applicant/Authorized Representative (Print Clearly)		<b>Purpose of Permit:</b> ( ) Commercial ( ) Non-Commercial	<b>Check One:</b> ( ) New ( ) Renewal
Address of Applicant (HOME)	Phone		
City	Zip	Have you ever been convicted of Animal Cruelty? ( ) Yes ( ) No	
Name of Business		Have you received a copy of the Department of Animal Services Permit Book? (Also known as the Rules & Regulations.) ( ) Yes ( ) No	
Business Address	Phone	Have you read and understand the above mentioned Rules & Regulations? ( ) Yes ( ) No	
City	Zip	Date(s) of Filming? _____ to _____	
Name of Production?		Time(s) animals will be filmed? _____ am / pm to: _____ am / pm	
Name of Contacts/Production Managers:	Phone Number:	Filming Address:	
Email Address:		<b>Include maps, call sheets, scripts and all other applicable paperwork when applying.</b>	
EIDC Representative if Applicable:	Phone Number:		

Describe the scene where animal(s) will be filmed:

#### ANIMAL INFORMATION

1. Name of Agency/Owner:	Phone:	Quantity	Type(s) of Animals
Address:			
City:	Zip:		
Name of Handler:	Local Phone:	Address:	
2. Name of Agency/Owner:	Phone:	Quantity	Type(s) of Animals
Address:			
City:	Zip:		
Name of Handler:	Local Phone:	Address:	

**Use Separate Page if Additional Space is Needed**

As the authorized representative of the above production company, I hereby agree, on their behalf, to abide by the laws of the City of Los Angeles and the Rules and Regulations of the Department of Animal Services. I certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein may cause the denial or revocation of the requested permit.

I further understand and agree that the above premises may be inspected on a regular basis in accordance with the provisions of sections 53.03, 53.50 and 53.65 L.A.M.C. and such other sections as may be applicable.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorized Representative

#### For Official Use Only

Receipt Number:	The Applicant ( ) <b>meets</b> ( ) <b>does not meet</b> the requirements set forth in L.A.M.C. 53.50 and all other applicable state and federal laws. Therefore the permit shall be : ( ) <b>Granted</b> ( ) <b>Denied</b>		
Total Fees:	Permit Fees:	<b>INSPECTION</b>	
Permit Number:	Permit Issued:	Date:	Inspected By:
Expires:		Approved By: _____	
		_____ General Manager	_____ Date