CITY OF BELEN FILM PERMIT APPLICATION

100 South Main Street
Belen, NM 87002
505-966-2745 or 505-966-2724

Date of Application:

INTRODUCTION

Welcome to the City of Belen! We're here to make your filming experience a pleasant one, and we'll do our best to help you in any way we can. You'll find that filming in Belen is easy.

The application must be submitted at least two (2) weeks in advance for production filming longer than two weeks, one (1) week in advance for production filming one to two weeks, and three (3) business days for production filming less than one week. This allows for us to successfully process your application.

Note: For films requiring any level of city involvement (i.e., road closures, neighborhood impacts, noise) please allow ten (10) business days to process. Filming that will require police or fire department overtime, please allow seven (7) business days to process.

APPROVAL

Approval may be subject to:	☐ **Special conditions attached**
City Manager Office Review	Date:
Planning & Zoning Department Review	Date:
Police Department Review	Date:
Fire/Rescue Department Review	Date:
Required Film Liaison Approval	Date:
Assigned Permit #:	**Date:**

CHECKLIST

- ☐ Review and submit completed application to the City of Belen Film Liaison.
- ☐ Applicable fees shall be paid to the "City of Belen." Payment can be made at the Water Department window at City Hall, 100 South Main Street, Belen, NM 87002.
- ☐ Add the City of Belen to the liability Insurance and submit with this application.
- ☐ Police and fire/rescue overtime contract signed and submitted, if applicable.
- ☐ Short written description for the production to be used to notify those affected.
- ☐ Obtain signatures of those affected by the filming, if applicable, and submit with application.

HOURS OF FILMING

Unless permission has been obtained from the city in advance and affected property owners are notified at least 48 hours in advance, filming is limited to the following hours:

- Monday thru Friday – 6:00am to 10:00pm
- Saturday and Sunday – 8:00am to 8:00pm
- Officially recognized holidays – 10:00am to 6:00pm

I certify that I represent the firm which will be performing the filming/taping at the location specified on this application. I further certify that I and my firm will perform in accordance with the directions and specifications of the City of Belen and that I and my firm will indemnify and hold harmless the City of Belen for and from any loss, damage expense, claims and costs of every nature and kind arising out of or in connection with the filming/taping pursuant to this permit.

Print:	Title:
Signature:	Date:

CANCELLATION

If filming is to be cancelled, it is the sole responsibility of the Production Company to notify hired law enforcement, and any other city employees or city locations two (2) business days in advance.

There is no form required to cancel. Phone and /or e-mail cancellation to:

Steven Tomita
Belen Film Liaison
Office #: 505-966-2745
Cell #: 505-270-8181
steven.tomita@belen-nm.gov

Charles Eaton
Belen Risk & Safety Management
Office: 505-966-2789
charles.eaton@belen-nm.gov

James Harris
Belen Police Chief
Office #: 505-966-2687
james.harris@belen-nm.gov

Charles Cox
Belen Fire Chief
Office: 505-966-2710
charles.cox@belen-nm.gov

It is also the Production Company's responsibility to confirm receipt and approval of cancellation request. The Production Company will assume responsibility for compensation should this directive not be filed.

THE CITY OF BELEN FILM PERMIT APPLICATION

100 South Main Street
Belen, NM 87002
505-966-2745 or 505-966-2746

NOTIFICATION TO NEIGHBORS

The applicant shall provide a short written description, approved by the Film Liaison, Police Department, Fire & Rescue Department and the Risk Management Department of the schedule for the proposed production to the owners and residents of each property in the affected neighborhood (as defined by the boundaries set by the said departments. The applicant or his designee shall gather names, signature, addresses, phone numbers and any objections from the property owners in this boundary and submit them to the Film Liaison, Police Department, Fire & Rescue Department and the Risk Management Department.

SIGNATURE REQUIREMENT FOR BUSINESS/INDIVIDUALS

This portion of the application must have the signatures of those businesses or owner/occupants of residences that will have their traffic/vehicle access interrupted or blocked by the filming. The Film Liaison, The Police Department, the Fire & Rescue Department and the Risk Management Department may require additional businesses or residences are contacted and provide a signature if it is determined that those affected by the filming were not initially contacted by the applicant.

We the undersigned live or do business on the street(s) proposed to be closed or affected by the applicant's filming. We acknowledge that we have been informed by the applicant in reference to the proposed filming. By signing this document, I also acknowledge that I am not giving my approval or disapproval of the filming. I am only being informed of the filming.

NAME/SIGNATURE	ADDRESS	PHONE

NAME/SIGNATURE	ADDRESS	PHONE

CITY SERVICE FEES (if service is needed)

DEPARTMENT	COST	NUMBER OF EMPLOYEES	COST
Police Services	**$65.00/hr per officer**		**$**
Fire/Rescue Services	**$80.00/hr per employee**		**$**
Street Service	**$20.00/hr per employee**		**$**
Electrical Hookups	**$50.00 per hookup**		**$**
Water	**$29.15 (up to 3,000 gallons)**		**$**
Park Rental	**$275.00**		**$**
Facility Rental	**$500.00**		**$**
Road Closure	**$100.00**		**$**
Other:			**$**
TOTAL			**$**

- Any fees for city property and/or assigned city employees must be paid at least 24 hours in advance.
- Make checks payable to the "City of Belen"
- If mailing, mail to City of Belen, 100 South Main Street, Belen, NM 87002

CITY OF BELEN CREDIT CARD PAYMENT FORM

DATE:	DAYTIME PHONE NUMBER:	
BUSINESS NAME:		
NAME AS IT APPEARS ON CREDIT CARD:		
BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE:

TYPE OF CREDIT CARD

☐ Visa
☐ MasterCard
☐ American Express
☐ Discover

Credit Card #:	Expiration Date:
CVV2 Code (3 digit code on back of card):	Authorized Dollar Amount:
Printed Authorized Name:	Signature:

FOR OFFICE USE ONLY (if payment is taken over the phone):

DATE OF PHONE CALL:	TIME OF PHONE CALL:
NAME OF PERSON CALLING IN CREDIT CARD INFORMATION:	
PAYMENT INFORMATION TAKEN BY:	EMPLOYEE'S INTIALS: