

**SWLA Film Commission  
Filming Permit Application**

|                 |                  |
|-----------------|------------------|
| Date:           | Project Title:   |
| Production Co.: | Production Type: |

|          |        |           |
|----------|--------|-----------|
| Address: |        |           |
| City:    | State: | Zip Code: |

|                   |                |      |
|-------------------|----------------|------|
| Location Manager: | Other Contact: |      |
| Phone:            | Cell:          | Fax: |

|                        |                          |
|------------------------|--------------------------|
| Production Budget: \$  | Total Personnel:         |
| # of Production Days:  | # of Motel/Hotel Nights: |
| Production Begin Date: | Production End Date:     |

|   |  |
|---|--|
| Please check all that apply:                          |  |
| <input type="checkbox"/> Street Closures              | <input type="checkbox"/> Use of City Buildings |
| <input type="checkbox"/> Intermittent Traffic Control | <input type="checkbox"/> Parking Meter Bagging |
| <input type="checkbox"/> Pyrotechnics/Fire:           | <input type="checkbox"/> Special/Other:        |

|  |
|--|
| Other services needed, please explain: _____ |
| _____  |
| _____  |

|                    |                                |
|--------------------|--------------------------------|
| Insurance Company: | Additional Insurance Received: |
|--------------------|--------------------------------|

**Note:** A list of all locations must be provided at the time of permitting at least 2 weeks prior to beginning production (any location changes during production must be communicated and approved).

Applicant agrees to all of City of Lake Charles/Parish of Calcasieu terms and conditions.

Production Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

SWLA Film Commission Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Info:** Cindy Johnson Phone: 337-436-9588  
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