



Town of Marlborough

21 Milton Turnpike
P.O. Box 305
Milton, NY 12547
Phone: (845) 795-5100 Fax: (845) 795-2031
Website: www.townofmarlboroughny.org

Town of Marlborough Film Permit Application Form

Please complete application and submit to the Town Clerk's Office for Town Board approval. Once approved, the fees will be determined by the Town Board on an individual basis.

*Payment must be made prior to filming.

Visit: <https://ulsterforfilm.com> and <https://ulstercountyny.gov> for information about filming locations and tax incentives in Ulster County.

Applicant Information

Production Title: _____

Type of Production: _____
(Ex. commercial, public service announcement, documentary, feature, industrial video, special event, still photo, student, music video, TV series, other – please specify)

Production Company or Organization: _____

Company/Organization Name _____

Address (street, city, state and zip) _____

Phone _____

Email _____

Contact Person & Title _____

Contact Phone & Email _____

Please include photo ID of applicant

Filming Details

Will any town property be requested? _____ Yes _____ No

Location Address(es) _____

Date(s) and Time(s)

Will Public Assistance be required? (check all that apply)

Police _____ Traffic _____ Fire Department _____

Other _____ please specify _____

If any are checked, fees may apply

Will there need to be any road closures? _____ Yes _____ No

Please explain: _____

What equipment will be used?

(Ex. Quantity of 5 or 10 ton trucks, semi-trucks, crew vehicles, cube trucks, motor homes, trailers, generators, lifts, vans, camera cars, cranes, portable restrooms, other – please specify)

Will any construction of sets or temporary structures be required? _____ Yes _____ No

Please explain:

Filming Activity

Will the filming generate excessive noise? _____ Yes _____ No

(Ex. generators, screeching tires, special effects, other – please describe)

Personnel on Location

Cast _____ # Crew_____

Audience _____ # Extras_____

Where is Extra's Holding: _____

Base Camp Location Address: _____

Crew Parking: _____

Will there be food making or catering on location? _____ Yes _____ No

Meets Approvals/Conditions/Requirements (OFFICE USE ONLY)

Supervisor	_____	Yes	_____	No
Hwy Superintendent	_____	Yes	_____	No
Town Clerk	_____	Yes	_____	No
Police Chief	_____	Yes	_____	No
Fire Department	_____	Yes	_____	No
Building Department	_____	Yes	_____	No

Final Approval: _____ Yes _____ No (permit denied)

Approved and issued by:

Town Official: _____
Name and Title _____ Date _____

If you are filming on DEC State Lands, please contact the NYSDEC Regional Forester at (845) 256-3084.

Payment Information

Date Fee Paid: _____ Check/M.O. No. _____ Cash _____

Please make check or money order payable to Town of Marlborough.

Application fees do not cover any additional costs that may be incurred by the Town of Marlborough.

INDEMNIFICATION AGREEMENT / CERTIFICATE OF INSURANCE REQUIREMENTS

Production Date: _____

Time: _____

Company/Organization/Individual: _____

Purpose of Production: _____

Person in Charge: _____

Name of Insurance Company/Phone Number: _____

INDEMNIFICATION AGREEMENT:

The _____ agrees to defend, indemnify and hold harmless the Town of Marlborough from any claim, demand, suit, loss, cost of experience, or any damage which may be asserted, claimed or recovered against or from the Town of Marlborough by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury, or death, arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss, cost of expense if caused in whole or in part by the negligence of the

or by third parties, or by the agents, servants, employees or factors of any of them.

CERTIFICATE OF INSURANCE REQUIREMENTS:

The company/organization/individual at the company/organization/individual's sole expense shall procure and maintain bodily injury, including death and property damage insurance with a combined limit of at least one million and no/100 dollars (\$1,000,000). The insurance shall be with an "A" best-rated Company licensed to do business in New York State. Such insurance shall insure, on an occurrence basis against all liability of the company/organization/individual, its employees and agents arising out of or in connection with operations of the company/organization/individual. The Town of Marlborough which includes its elected officials, officers, board members, agents and employees shall be named as an additional insured on the company/organization/individual's policy. The company/organization/individual shall provide to the Town of Marlborough a certificate of insurance evidencing the coverage required by this paragraph on or before the commencement date of the contract.

Signature: _____ Date: _____

Witness: _____ Date: _____

(1/19)