34th Street Partnership

34th Street Partnership 1065 Avenue of the Americas, Suite 2400

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PHOTO / FILM / VIDEO PERMIT APPLICATION

Shoot Day & Date:	Park Requested:
Time of Shoot:	Number of Participants:
Time of Set-Up:	Time of Break-Down:
Applicant Name:	
Company/Agency/Sponsor:	
Address:	City, State, Zip:
Phone:	E-mail:
Cell/Other:	Fax:
Requirements:	
•	and Certificate of Insurance (naming 34th Street Partnership
	onal insureds on a general liability policy) must be received prior
♦ A map of Herald or Greeley Square	indicating details of the shoot.
◆ A copy of the finished product on DV	/D for 34th Street Partnership's archives.
♦ Recognize 34 th Street Partnership as a	a credit at the end of the finished product.
♦ Provide damage depos	it to be held until after a post-shoot evaluation of the site.
I hereby certify that the above inforn	nation is complete and correct and agree to all requirements set forth.
Signature:	Date:
Please return to: 34th	Street Partnership, attention: Permit Department
For Office Use Only Application	Approval by 34th Street Partnership
	Date: