



Granville
Island

Filming Application Form

Name of Applicant: _____ Title: _____

Date of application: _____ Contact email/Cell _____

Name of company for whom film is being made: _____

Address: _____ City: _____

Bus Phone: _____ Cell: _____ Postal/Zip Code: _____

Purpose of the filming: _____

Rough storyline: _____

Title of the film: _____ Rating of the film: _____

Name of the Production Company: _____

Name of person in charge of crew: _____ On site contact: _____

Name of crew members: (location manager, transportation manager, 1st, 2nd, 3rd AD, Director)

Filming Date (s) & times requested: _____

Location (s) and size/footprint requested: _____

Parking requirements: (Work trucks/trailers/circus/tents/craft service vehicles/crew)

Covid and Safety Plan in place; **YES/No** (Can be produced at a later date)

Proof of Insurance: **Motion Pictures 10M/ Independent Films 5M/ Student, Indigenous, documentary 2M**

Authorized: (for Granvillesland) _____

Parking Fees: _____ Filming Fees: _____ (Please make cheques payable to CMHC-Granville Island)

Payment Conditions: (Deposits, damage deposit) _____

In signing this application, the applicant agrees to assume responsibility for any damage to the Island as a result of filming and causes no interruption to the business and parks of the Island, except as authorized by C.M.H.C. – Granville Island. A certificate of insurance naming C.M.H.C. as additional Insured will be required.

Applicant Signature: _____

Title: _____ Date: _____

CMHC-Granville Island Approval Title: _____

Date: CMHC-Granville Island Contacts Weekdays: _____ Weekend: _____

Please email this form to graphics@granvilleisland.com