



TODAY'S DATE: \_\_\_\_\_

Licensing Department  
150 Concord Street, Room 213  
Framingham, MA 01702  
508-532-5402 (ph) 508-532-5769 (fx)  
[licensing@framinghamma.gov](mailto:licensing@framinghamma.gov)

**TWO WEEKS' NOTICE REQUIRED FOR USE OF  
PUBLIC SCHOOLS & IS SUBJECT TO AVAILABILITY**

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**FILMING QUESTIONNAIRE (p. 1 of 3)**

PROPERTY OWNER \_\_\_\_\_

PRODUCTION COMPANY/  
APPLICANT \_\_\_\_\_

NONPROFIT ORGANIZATION?  No  If Yes, provide proof of 501 (c ) (3) status

FOR PROFIT OR NON-FRAMINGHAM ORGANIZATION?  No  YES

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN/STATE \_\_\_\_\_

TOWN/STATE \_\_\_\_\_

PHONE \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER

\_\_\_\_\_  
APPLICANT SIGNATURE

Name of Film \_\_\_\_\_

Contact Person \_\_\_\_\_

Type of Filming (check all that apply)

Feature Film  TV Movie  TV Series  Commercial Other \_\_\_\_\_

Film Location address(es) For school building(s), indicate all spaces being requested. \_\_\_\_\_

If using City field(s), see page 3.

Film Date(s) \_\_\_\_\_ Hours \_\_\_\_\_

Prep/wrap outside listed time?  Y  N (Explain on page 3 – Additional Information)

In case of inclement weather or other emergency, alternate date will be \_\_\_\_\_

Describe scene/film \_\_\_\_\_

Will guns of any kind be used as props?  Y  N All guns (real w/blanks or props must be inspected by Framingham PD prior to shooting)

Number in Cast \_\_\_\_\_ Number in Crew \_\_\_\_\_ Number of Extras \_\_\_\_\_

Equipment Parking Location \_\_\_\_\_

Base Camp Location \_\_\_\_\_

**FILMING QUESTIONNAIRE (p. 2 of 3)**

Number in Cast \_\_\_\_\_ Number in Crew \_\_\_\_\_ Number of Extras \_\_\_\_\_

Equipment Parking Location \_\_\_\_\_

Base Camp Location \_\_\_\_\_

Crew Parking Location \_\_\_\_\_

Parking Location \_\_\_\_\_

Extras Holding Location \_\_\_\_\_

Catering Vehicle Parking Location \_\_\_\_\_

Other On-Street Parking Location \_\_\_\_\_

Street Closure Requested?  Y  N If yes, where? (please be as specific as possible)\* \_\_\_\_\_

\*Police Detail Required for all Street Closures.

Intermittent Traffic Control (ITC) and/or Pedestrian Traffic Control (PTC) Requested? If yes, where? (please be as specific as possible)\* \_\_\_\_\_

\*Intermittent traffic control (ITC) may only be done in 2-3 minute intervals.

Police Officers # needed \_\_\_\_\_ Hours needed \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Police Cars # needed \_\_\_\_\_ Hours needed \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Special Equipment and Placement (generators, condors, etc.) \_\_\_\_\_

Special Requests (barricades, alteration to City property, etc.) \_\_\_\_\_

Additions, alterations or demolition to existing buildings?  Y  N If yes, describe. \_\_\_\_\_

Moving to another location upon completion?  Y  N If yes, state location: \_\_\_\_\_

Animals?  Y  N Tents?  Y  N Propane?  Y  N Generator?  Y  N Drone?  Y  N

Caterer?  Y  N If yes, provide written notice to the Framingham Board of Health prior to or within 72 hours after serving any meal and a copy of the Food Establishment / Caterer's permit.

Describe above in detail (amounts, types, sizes, caterer) on page 3.

**For City Use Only: All entities may not need to review depending on project.**

<b>Licensing Coordinator:</b>	<b>Parks &amp; Rec. Dept:</b>
<b>Fire Dept:</b>	<b>Facilities Management:</b>
<b>Police Dept.:</b>	<b>Health Dept.:</b>
<b>Building Dept.:</b>	<b>School Dept.:</b>
<b>Conservation Commission:</b>	<b>Dept. of Public Works:</b>

