

**BOARD OF TRUSTEES**  
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[www.piercetownship.org](http://www.piercetownship.org)

## COMMERCIAL PHOTOGRAPHY/FILM APPLICATION

APPLICATION DATE:
PRODUCTION DATES:

CONTACT INFORMATION	
Name of Organization:	
Address of Organization:	
Contact Person:	
Mobile Phone:	Email:
Other Contact:	
Mobile Phone:	Email:

PRODUCTION INFORMATION	
<input type="checkbox"/> Feature Film <input type="checkbox"/> TV Series <input type="checkbox"/> TV Commercial <input type="checkbox"/> Corporate Video <input type="checkbox"/> Music Video <input type="checkbox"/> Podcast <input type="checkbox"/> Still Photography <input type="checkbox"/> Other:	
DATE & TIME	LOCATION & DESCRIPTION OF SHOOT
<b>NUMBER OF CREW MEMBERS:</b> _____ <b>NUMBER OF VEHICLES:</b> _____	
All activities are required to provide proof of liability insurance; naming Pierce Township as an additional insured for all activity dates including installation and teardown.	
<b>INSURANCE PROVIDER:</b>	
<b>NAME OF AGENT &amp; PHONE NUMBER:</b>	
<b>LIMITS OF LIABILITY:</b>	

## PRODUCTION NOTIFICATION

Notices may be needed for residents and/or businesses in the area where photography/filming will be conducted, depending on location. Notices must be distributed in the community at least 10 business days prior to the first day of production.

## OTHER LOGISTICAL REQUIREMENTS

## LEGAL COMPLIANCE

Applicant agrees to follow and adhere to all local, state, and federal laws including but not limited to health, worker's compensation, discrimination, licensing laws, and Pierce Township Commercial Photography/Filming Regulations.

Applicant agrees to indemnify and hold harmless Pierce Township from any claims, damages, losses, or expenses arising out of the event.

## ACKNOWLEDGMENT

By signing, applicant acknowledges and agrees to the conditions stated above, and attests to the accuracy of the details related to the planned production.

**APPLICANT NAME & TITLE:**

**APPLICANT SIGNATURE & DATE:**

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## OFFICE USE ONLY

Request approved

Request denied

**SIGNATURE & DATE:**

**STAFF NOTES:**