

FILM PERMIT APPLICATION FORM (per project)

Submit by e-mail to: tournage@visit.brussels
Contact: +32 (0)2 548 04 79 - +32 (0)2 551 54 80
Please fill out this form in CAPITAL LETTERS

PROJECT TITLE _____

PRODUCTION COMPANY OR PERSON AND BILLING ADDRESS

Name _____

Address + postal code _____

Country _____

Phone number _____

E-mail _____

Legal status (Inc., SPRL, BVBA,...) _____

VAT number _____

LOCATION MANAGER

Name _____

Mobile phone number _____

E-mail _____

TYPE OF PROJECT

- | | | |
|--|---|--|
| <input type="checkbox"/> Long feature | <input type="checkbox"/> Commercial | <input type="checkbox"/> Student film |
| <input type="checkbox"/> Short feature | <input type="checkbox"/> TV broadcast / special | <input type="checkbox"/> Press |
| <input type="checkbox"/> TV series | <input type="checkbox"/> Web video | <input type="checkbox"/> Documentary |
| <input type="checkbox"/> Web series | <input type="checkbox"/> Corporate video | <input type="checkbox"/> Still photography |
| <input type="checkbox"/> Music video | | |

DATES IN BRUSSELS-CAPITAL REGION

Number of filming days _____

Estimated dates _____

COMMUNICATION

I hereby grant the Film Commission authorization to communicate about the project:

- during the shoot in Brussels
- after filming in Brussels is over
- at the release of the project
- The production will provide "making of" photographs after filming.

Upon signing this form, the production agrees to:

- follow the general terms of screen.brussels or any documents issued by relevant authorities;
- accept that only the relevant authorities make the final approval or refusal, and that the obligations of screen.brussels concern the means, not the outcome.

Date ___/___/_____ Signature