



**CITY OF SOUTH SAN FRANCISCO**

# **Film Permit Application and Information**

Thank you for your interest in filming within the

**City of South San Francisco  
400 Grand Avenue  
South San Francisco, CA 94080**

Please read thoroughly and be very specific with the information you provide.

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If you have any questions, please do not hesitate to call  
the City Manager's Office at 650.877.8502

# Guidelines and Requirements for Filming in South San Francisco

## **1. Film Permit Application**

All applicants are required to complete a “Film Permit Application” including a detailed daily shooting schedule with date(s), location(s), street name(s), and beginning/ending hours of each shoot day.

## **2. Fees**

Film permit application requires a non-refundable **\$321.00** processing fee made payable to: *The City of South San Francisco*.

Additional fees may be applied for use of City staff at a rate to be determined by the City.

\*To qualify for the reduced fee of **\$161.00** for students, all students must show a current student ID card.

## **3. Proof of Insurance**

Required proof of insurance attached to Film Permit Application.

Once a complete application, attachments and application fee are received in the City Manager’s office, all documents will be reviewed, and the film company will be notified of approval or denial.

**Applications must be submitted to the City Manager’s office one week prior to the proposed filming event.**

Film Permit Application Procedures

**City of South San Francisco Municipal Code  
Chapter 6.94  
Film Permit Application  
Non-Refundable Fee \$321.00 or \$161.00 (students w/ ID)  
(Additional fees may apply)**



## South San Francisco Film Permit Application

Application Date: \_\_\_\_\_

### **Section 6.94.060A**

Name of Person Applying: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Production Company: \_\_\_\_\_

Production Company Address/Phone Number: \_\_\_\_\_

Contact Persons for This Production: \_\_\_\_\_

Contact Person's Phone Number (include cellular number): \_\_\_\_\_

### **Section 6.94.060B**

**List each film shoot location in South San Francisco** (use additional sheets if necessary). A daily shooting schedule may be provided in lieu of completing this section.

Dates of Proposed Filming: \_\_\_\_\_

Beginning and Ending Hours of Each Shoot Day: \_\_\_\_\_

Locations/Street Names of Proposed Filming: \_\_\_\_\_

Daily Schedule: \_\_\_\_\_

### **Section 6.94.060C**

**Describe each scene involving stunts that could be observed by the public** – chase scenes on city streets (provide the names of the streets and routes requested) and any scenes involving weapons discharges, explosions, or other pyrotechnics.

**Describe each type of pyrotechnic involved** (*if applicable*) – include chemical composition/weights/location of on-site storage.



**Section 6.94.060D**

Name of Person in Charge on Location: \_\_\_\_\_

**Section 6.94.060F**

**Provide make model and license number of each vehicle that will be parked on city streets during filming (use additional sheet if necessary).**

\_\_\_\_\_  
\_\_\_\_\_

Name/Phone Number/Cell Number of the Site Security Manager: \_\_\_\_\_

\_\_\_\_\_

**List the names of all armed security personnel/body guards and the CCW permit number or the bureau of consumer affairs registration number.** Include the type of weapon carried by each individual including but not limited to impact chemical electronic or firearms (if a firearm is carried include the serial number, make, and caliber of the weapon).

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Section 6.94.060E**

**Provide proof of signed agreement with property owner to film on private property.** If such proof is not available at the time the application is submitted to the City Manager’s Office, it may be subsequently filed prior to the City’s issuance of a filming permit.

**Section 6.94.090A**

**Attach a copy of paid receipt of film permit fees.**

..... Verification by City Manager’s Office .....
Date submitted: _____ Verified by: _____

**Section 6.94.110**

**Attach a copy of insurance policy or certificate of insurance.**

..... Verification by City Manager’s Office .....
Date submitted: _____ Verified by: _____



**Applicant hereby agrees to reimburse the City of South San Francisco for any costs incurred to repair or replace any city property that is damaged as a result of the filming activity. Applicant shall defend, indemnify and hold harmless the City of South San Francisco, its officers, agents and employees from all claims and liability of any kind or nature whatsoever, including City's reasonable attorneys' fees arising out of, or resulting from, the alleged acts or omissions of Applicant, its agents, volunteers, or employees in connection with the permitted activity.**

**Applicant also agrees to obtain an encroachment permit before Applicant films on a public right-of-way.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(Please attach or send check payable to the *City of South San Francisco*)

..... Office Use Only .....
Date received City Manager's Office: _____
<b>CITY STAFF REVIEW</b> Attach all conditions and comments to this application.
Return to the City Manager's Office by: _____
Check box if comments are attached: <input type="checkbox"/> Dept of Public Works <input type="checkbox"/> Fire Department <input type="checkbox"/> Police Department
Deputy City Manager: _____ Date: _____
Permit (circle one): issued / denied      Date: _____
Permit #: _____
Comments of City Official approving or disapproving permit: _____ _____
Street closure(s) Reserve parking spaces/meters How many? _____
Additional services: <input type="checkbox"/> Administrative Staff _____ <input type="checkbox"/> Fire _____ <input type="checkbox"/> Police _____ <input type="checkbox"/> Public Works _____ <input type="checkbox"/> Water Quality Control Plant _____ <input type="checkbox"/> Other _____



# South San Francisco Ordinance No. 1451-2011

## ORDINANCE NO. 1451-2011

CITY COUNCIL, CITY OF SOUTH SAN FRANCISCO, STATE OF CALIFORNIA

### AN ORDINANCE AMENDING SECTION 6.94.090 OF THE SOUTH SAN FRANCISCO MUNICIPAL CODE REGARDING FILM PERMIT PROCESSING FEES

WHEREAS, pursuant to the Article XI, Section 7 of the California Constitution, the City of South San Francisco ("City") "may make and enforce within its limits all local, police, sanitary, and other ordinances and regulations not in conflict with general laws"; and

WHEREAS, in 1998 the City adopted Ordinance No. 1225-98 establishing fees, deposits, charges and procedures with respect to movie making and film permits within the City; and

WHEREAS, the City now desires to amend the procedure concerning the fees charged for film permit application processing.

NOW THEREFORE, the City Council of the City of South San Francisco does hereby ordain as follows:

#### SECTION 1. AMENDMENT

The City Council hereby amends Section 6.94.090 of Chapter 6.94 of the South San Francisco Municipal Code to read as follows. Sections that are not amended by this Ordinance are not included below, and shall remain in full force and effect.

#### 6.94.90 Fees.

(a) An applicant for a film permit shall submit a non-refundable fee in an amount as set forth in the Master Fee Schedule of the City adopted by resolution of the City Council in order for the city to evaluate and process such application. Said fee is determined to be the actual costs for processing the application.

(b) A schedule of fees for city services and use of city property shall be established by City Council resolution. The fee schedule shall be reasonably related to the cost of providing city services occasioned by filming activity, including administrative, police, fire, sanitation, and other necessary services. The applicant shall prepay such fees prior to issuance of the film permit.

#### SECTION 2. SEVERABILITY

If any provision of this ordinance or the application thereof to any person or circumstance is held invalid or unconstitutional, the remainder of this ordinance, including the application of such part or provision to other persons or circumstances shall not be affected thereby and shall continue in full force and effect. To this end, provisions of this ordinance are severable. The City Council of the City of South San Francisco hereby declares that it would have passed each section, subsection, subdivision, paragraph, sentence, clause, or phrase hereof irrespective of the fact that



any one or more sections, subsections, subdivisions, paragraphs, sentences, clauses, or phrases be held unconstitutional, invalid, or unenforceable.

SECTION 3. PUBLICATION AND EFFECTIVE DATE

This Ordinance shall be published once, with the names of those City Councilmembers voting for or against it, in the San Mateo Times, a newspaper of general circulation in the City of South San Francisco, as required by law, and shall become effective thirty (30) days from and after its adoption.

\* \* \* \* \*

Introduced at a regular meeting of the City Council of the City of South San Francisco, held this 10th day of August 2022.

Adopted as an Ordinance of the City of South Francisco at a regular meeting of the City Council held the 10th day of August 2022 by the following vote:

AYES: · Mayor Mark Nagales, VM Buenaflor Nicolas, Council Addiego, Coleman and Flores

ABSTAIN: None -----

ATTEST:   
City Clerk

ABSENT:

As Mayor of the City of South San Francisco, I do hereby approve the foregoing Ordinance this 10th day of August 2022.

  
Kevin Mullin, Mayor





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/07/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CA 94104	CONTACT NAME:	
		PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	CA 95403	E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A:	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

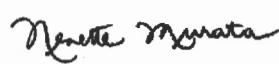
COVERAGES      CERTIFICATE NUMBER: CL2212934285      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		57SBABI3952	05/01/2022	05/01/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			57SBABI3952	05/01/2022	05/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	57WECAB0PXW	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of South San Francisco, its officers, employees and agents are included as additional insured per Film Permit and SSFMC Chapter 6.94 are included as additional insureds subject to the policy terms, conditions and exclusions.

<b>CERTIFICATE HOLDER</b>  The City of South San Francisco 400 Grand Ave.  South San Francisco CA 94080	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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