



State of Hawaii - Department of Business, Economic Development & Tourism
 Hawaii Film Office - 250 South Hotel Street, Honolulu, Hawaii 96813
 Mailing Address: P.O. Box 2359, Honolulu, Hawaii, 96804-2359
 Telephone: (808) 586-2570; Fax: (808) 586-2572

FROM: Hawaii Film Office **TO:** _____

FILM PERMIT APPLICATION: General Information Section

1. **APPLICANT** (Company Name): _____
2. **PROJECT NAME:** _____
3. **ADDRESS:** _____

4. **PHONE #:** _____ **FAX #:** _____
5. **ON-SITE CONTACT** (Name & Phone #): _____
6. **HAWAII ADDRESS** (If different from above): _____

PHONE #: _____ **FAX #:** _____ **Pgr. / Cel. #:** _____

STATISTICAL INFORMATION

- PROJECT TYPE:**
- | | | |
|---|---|--|
| <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Feature Film | <input type="checkbox"/> Print Ad. / Stock / Calendar / Mag. |
| <input type="checkbox"/> Music Video | <input type="checkbox"/> TV Episode / Special / MOW | <input type="checkbox"/> Documentary / Educational / News |
| <input type="checkbox"/> Travelog / Industrial / Video stock / Tour video | <input type="checkbox"/> Hawaii-based Network TV series | <input type="checkbox"/> Multi Media CD ROM |
| <input type="checkbox"/> Sports / Exercise | <input type="checkbox"/> Miscellaneous | |

FORMAT: Still 16mm; 35mm; 70mm movie film Video

Budget: \$ _____ **Hawaii Expenditure:** \$ _____ **# Local Employees:** _____ **# HI Shoot Days:** _____

7. **FILM LOCATION REQUESTED, DATES AND TIMES** (To make processing easier and faster, please attach a map of the exact location requested, or street address, Tax Map Key number, or describe in as much detail as possible. If necessary, attach a separate sheet with additional location information.):

- a) _____ (Name of Location) _____ (Island) _____ (Dates and Time)
- b) _____ (Name of Location) _____ (Island) _____ (Dates and Time)
- c) _____ (Name of Location) _____ (Island) _____ (Dates and Time)
- d) _____ (Name of Location) _____ (Island) _____ (Dates and Time)
- e) _____ (Name of Location) _____ (Island) _____ (Dates and Time)

Continued on "FILM PERMIT APPLICATION: Specific Information Section"

FIPAC # _____



FILM PERMIT APPLICATION: General Information Section

7. FILM LOCATION REQUESTED, DATES AND TIMES (Continued)

APPLICANT (Company Name): _____

PROJECT NAME: _____

FILM LOCATION REQUESTED, DATES AND TIMES (To make processing easier and faster, please attach a map of the exact location requested, or street address, Tax Map Key number, or describe in as much detail as possible. If necessary, attach a separate sheet with additional location information.):

- f) _____
 (Name of Location) (Island) (Dates and Time)
- g) _____
 (Name of Location) (Island) (Dates and Time)
- h) _____
 (Name of Location) (Island) (Dates and Time)
- i) _____
 (Name of Location) (Island) (Dates and Time)
- j) _____
 (Name of Location) (Island) (Dates and Time)
- k) _____
 (Name of Location) (Island) (Dates and Time)
- l) _____
 (Name of Location) (Island) (Dates and Time)
- m) _____
 (Name of Location) (Island) (Dates and Time)
- n) _____
 (Name of Location) (Island) (Dates and Time)
- o) _____
 (Name of Location) (Island) (Dates and Time)

Continued on "FILM PERMIT APPLICATION: Specific Information Section"