

APPLICATION TO FILM IN WILLOW SPRINGS

Village of Willow Springs
One Village Circle
Willow Springs, IL. 60480

business: 708 467-3700
fax: 708 467-3710
Fee: \$100.00

Application Date: _____

Filming period from: _____ to _____

Location of Filming:

Date: _____ Location: _____

Date: _____ Location: _____

If there are several dates you may attach a filming schedule with the dates and locations.

Person Responsible for Filming:

Name: _____

Address: _____

Cell Phone: _____

Home Phone: _____

SUBMIT THE FOLLOWING:

- 1) Surety Bond in the amount of ----- \$10,000
- 2) Certificate of Insurance, General Liability----- \$1,000,000
- 3) Proof of Workers Compensation Insurance ----- \$500,000
- 4) Application completed and Registration fee of---- \$100

Signature of Applicant: _____

Print name: _____

For Village of Willow Springs Office Use:

Paid : _____ Ck# _____ Date: _____ Receipt # _____

Rec'd by: _____