



COMMERCIAL PHOTOGRAPHY/VIDEOGRAPHY APPLICATION PERMIT

*Must Be Submitted For Approval At Least 10 Business Days Prior To Session Date
Valid As Permit Only With Signed Approval*

Date of Application: _____

Company / Organization: _____

Contact Name and Affiliation: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Requested Session Date(s): _____ Alternate Date(s): _____

Start Time Requested: _____ Finish Time: _____

Type of Photo/Video Equipment: _____

Will Shoot in Garden Location(s) – *be specific!*: _____

Describe the Nature of the Shoot. What will the photography/video be used for? How/when will it be shown?
(use additional sheet if necessary):

Total number of people involved (including, but not limited to, photographer or camera persons, crew, production assistants, on camera talent, hair and make up, wardrobe and other persons to be on site during shoot):

Please check all that apply:

- Shoot involves on site hair/ make up/ wardrobe changes.
- Shoot requires restricted access to Garden areas.
- Shoot requires electrical access.
- I would like information on alternate access points into the Garden.
- I would like information on the availability of a golf cart for on site transportation of crew.

(over)

Please verify:

I have read and agree to abide by all rules set forth in the **Missouri Botanical Garden Photography and Videography Policy**. I understand that failure to comply with the policy could result in our being asked to leave the premises and forfeiture of fees.

A copy of proposed script and/or storyboard is attached.

I will provide a Certificate of Insurance in the amount of \$1,000,000 against damage to persons, grounds, buildings or plant life, and naming the Missouri Botanical Garden as additional insured, no later than two business days before photography/filming is to take place.

I understand that, upon approval of this application, I must remit a business or cashier's check made payable to the Missouri Botanical Garden for the total shoot amount no later than two business days before photography/filming is to take place. I understand that I will be held liable for all damages and incidental costs that may occur during the session defined above.

Applicant's Signature: _____ Date: _____

Return to:

**Missouri Botanical Garden
Public Relations Department
P. O. Box 299
St. Louis, MO 63166-0299**

**Phone: (314) 577-0254 or (314) 577-5141
Fax: (314) 577-9598
Email: pr@mobot.org**

For internal use only:

Approved by: _____	Date: _____
<input type="checkbox"/> \$ _____ Fees Paid	Date: _____
<input type="checkbox"/> Certificate of Insurance	Date: _____

\$ _____ Base location fee	\$ _____ Dressing room
\$ _____ Garden staff escort	\$ _____ Other
\$ _____ Additional Garden staff escort(s)	
\$ _____ Security staff escort	\$ _____ TOTAL FEES DUE
\$ _____ After hours – Garden staff escort	
\$ _____ After hours – Security staff escort	
\$ _____ Overnight access fee	
\$ _____ Special access fee	
\$ _____ Restricted access fee	
\$ _____ Prop rental	
\$ _____ Golf cart rental	