



## COMMERCIAL PHOTOGRAPHY/VIDEOGRAPHY APPLICATION PERMIT

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: \_\_\_\_\_

\_\_\_\_\_

Garden Location(s) \_\_\_\_\_

\_\_\_\_\_

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 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.

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: \_\_\_\_\_

Total Fees Due \_\_\_\_\_

\$ \_\_\_\_\_ Fees Paid      Date: \_\_\_\_\_

Certificate of Insurance      Date: \_\_\_\_\_