



**CITY OF SANTA CLARITA
FILM INCENTIVE PROGRAM (FIP)
INCENTIVE 3 APPLICATION**

Date: _____

Section One: Applicant/Production Company Information

| | | | |
|----------|--------|-----------|--|
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone: | Fax: | Tax ID #: | |

Section Two: Hotel Stay Information

| | | | |
|-------------|--------|------|--|
| Hotel Name: | | | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone: | Fax: | | |

Total number of room nights purchased: _____

Total amount of Transient Occupancy Tax (TOT) paid: \$ _____

Reason for hotel stay:

Filming on location in SCV

Production Title: _____

Production Type:

Feature Episodic TV TV Pilot TV Movie Commercial Music Video

Movie studio/ranch production filmed at: _____

Production related stay in SCV

Explain nature of business (i.e. Fam Tour, studio mtg): _____

Section Three: Required Materials

- Completed Transient Occupancy Tax (TOT) Refund Application
- Hotel Receipts
- Copy of lease agreement or other documentation showing production filmed at sound stage/movie ranch in SCV (Production Companies only)

SECTION FOUR: Signature

I certify under penalty of perjury under the laws of the State of California that I examined this application, including all attachments and that to the best of my knowledge its content is true and correct.

Signature of Applicant/Production Co. Representative

Date

Printed Name and Title