Notice of Intent Form

Newmarket Licensing Office • www.newmarket.ca • licensing@newmarket.ca • 905-895-5193 x2221

Production Title: _____

Type: ◯ Feature ◯ TV Movie ◯ TV Series ◯ Commercial ◯ Reality/Documentary

◯ Music Video ◯ Student Project Other:_____

Content Provider: _____
Network: _____

Production Company (Registered business name):		
Address:		
Phone Number:	Production Office Email:	
Accounting Dept. Contact:	Phone:	Email:
Publicity Contact:	Phone:	Email:

Management and Contact Information

Producer:	Cell:	Email:
Production Manager:	Cell:	Email:
Supv. Location Manager:	Cell:	Email:
Asst. Location Manager:	Cell:	Email:

Indicate whether CDN or US funds

Total Production Budget: _____ ◯ CDN ◯ US

Amount Spent in Newmarket: _____ ◯ CDN ◯ US

Select the Production's country of origin:

◯ Canada ◯ USA ◯ Canada/USA co-venture

Other (please state): _____

Production information

Number of days in Newmarket: _____ Number of cast and crew: _____

Filming start date (yyyy/mm/dd): _____ Filming end date (yyyy/mm/dd): _____

◯ Interior Filming ◯ Exterior Filming ◯ Multiple Locations ◯ Main St/BIA

Brief Description of Film Project: _____

_____

_____

_____

Would the production manager be interested in receiving information about dining, shopping, and things to do for cast and crew? ◯ Yes ◯ No