



IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section

6200 Park Ave Ste 200, Des Moines IA 50321

(515) 725-8200 | www.iowadnr.gov

EDUCATIONAL PROJECT PERMIT REPORT

APPLICANT INFORMATION:

Last Name: _____ First Name: _____

Mailing Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

County: _____ License Year: _____ License #: _____

Are Animals on Display? Yes No If yes, Hours of Operation: _____

Number of days open _____ to the public by appointment

Species	Date Obtained	Number of Programs	Number of Displayed Days	Number of Individuals Impacted Through Program/Display	Disposition/Date

(ATTACH ADDITIONAL SHEETS IF NECESSARY)