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)