



IOWA DEPARTMENT OF NATURAL RESOURCES  
Licensing Section  
502 East 9<sup>th</sup> Street, Des Moines, IA 50319-0034  
(515) 725-8200 [www.iowadnr.gov](http://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)