|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Org or Individual Name: | | | | |
| Address: | | | | |
| City: State: Zip: | | | | |
| Phone: Email: | | | | |
| If an organization,  name of responsible party: | | | | |
| Address: | | | | |
| City: State: Zip: | | | | |
| Phone: Email: | | | | |
| Colony Location: | | | | |
| Will feeding occur on public property? | | YES | | NO |
| **If YES**, General Liability Insurance is required for permit issuance and the City shall be named as certificate holder  holder and additional insured. | | | | |
| **In NO**, Owner/Resident Authorization(s) are required to issue permit. | | | | |
| Number of Cats in Colony: | | | | |
| Number of Feeders: | | | | |
| Feeder Location(s): | | | | |
| Number of Traps: | | | | |
| Trap Location(s): | | | | |
| Number of Volunteers  Assisting with Traps: | | | | |
| Will the Colony have  A Permanent Caretaker? | | YES | | NO |
| Who should BAS contact when  a colony cat is in distress or a  complaint regarding colony? | Name: | | | |
| Address: | | | |
| Phone: | | Email: | |