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| 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 VolunteersAssisting with Traps: |
| Will the Colony haveA Permanent Caretaker? |  YES | NO |
| Who should BAS contact whena colony cat is in distress or a complaint regarding colony? | Name: |
| Address: |
| Phone: | Email: |