



Division of Environmental Health
100 Central Ave.
Cheyenne, WY 82007
Email: envhlth@laramiecountyyw.gov
Website: www.laramiecountyyw.gov

BODY ART ESTABLISHMENT PERMIT APPLICATION

Applicant's Full Name:
Residential Address:
Mailing Address:
Phone Number:
Date of Birth:
Email Address:
Establishment Name:
Establishment Address:
Establishment Phone Number:

LIST FULL NAMES AND PERMIT NUMBERS OF ALL EMPLOYED ARTISTS

Blank lines for listing full names and permit numbers of all employed artists.

\*FILL OUT BELOW ONLY IF YOU ARE OPERATING IN THE COUNTY\*

NOTICE: Failure to fully disclose all information requested may be grounds for denial of a license or permit, or subsequent suspension or revocation.

Have you ever had a business license or permit denied, revoked or suspended? NO YES If yes, provide reason:

Have you, or any officer, stockholder, shareholder or partner if the applicant is a business entity, ever been convicted of any crime other than a misdemeanor traffic offense? NO YES If yes, provide name of individual, date, nature and location of offense:

AUTHORIZATION TO REQUEST/RELEASE INFORMATION

The undersigned applicant hereby authorizes the Cheyenne Laramie County Public Health and its agents and employees to seek information and conduct investigations to verify the information in this application, including criminal history record act information from the Laramie County Sheriff. I further authorize the Laramie County Sheriff to release information obtained through such background investigation to authorized personnel at the Cheyenne Laramie County Public Health. I further agree to comply fully with the rules and regulations of the Cheyenne Laramie County Board of Health governing the permit requested, and declare that the information contained in this application is true and correct.

Applicant's Signature Date

New Applicant \$125 Renewal \$65