



Division of Environmental Health
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BODY ART ESTABLISHMENT PLAN REVIEW WORK SHEET

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

OWNER NAME: _____

OWNER ADDRESS: _____

OWNER PHONE NUMBER: _____

NOTE: This plan review will be good for 12 months past the date of submission. After the expiration date, a new plan review and the appropriate fee will need to be resubmitted.

Submit the following along with this questionnaire:

1. One complete set of floor plans showing layout of Body Art Establishment.
2. Blood Borne Exposure Control Plan.
3. Include a copy of the autoclave spore test.
4. Plan review fee enclosed. New \$125.00 Remodel \$65.00

1. Will this establishment be: _____Permanent or _____Mobile

2. Will work be performed on any patron under the age of 18 years? ____Yes ____No If yes, what will be your procedure for verifying legal guardian/parent? _____

PLUMBING

TYPE	NUMBER OF FIXTURES	LOCATION
PROCEDURE ROOM HAND SINKS		
BATHROOM HAND SINK(S)		
MOP SINK		
EQUIPMENT CLEANING SINK		

PLEASE SUBMITT ALL COMPLETED INFORMATION TO THE ABOVE ADDRESS