



Division of Environmental Health
100 Central Ave
Cheyenne, WY 82007
Ph: 307-633-4090
Email: envhlth@laramiecountywy.gov
Website: www.clcpublichealth.org

BODY ARTIST PERMIT APPLICATION

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

Please include the following along with the completed application:

- A copy of your Blood Borne Pathogen Training Certificate
A copy of your Hepatitis B vaccination record or a signed and dated letter stating that you're declining the vaccination and are free of communicable disease
An employer signed statement specifying the Body Art Establishment where you work
Copy of your current driver's license (with photo)
Payment - card, cash or check made out to Environmental Health

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?
Have you ever been convicted of any crime other than a misdemeanor traffic 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.

Applicant's Signature

Date

BODY ARTIST SIGN OFF LETTER

New Applicant \$125 Renewal \$65

I _____ have employed _____ at _____
Owner Artist

Body Art Establishment

If this artist leaves my employment I agree to notify the Cheyenne Laramie County Public Health's Division of Environmental Health immediately.

Owner Date

HEALTH REQUIREMENTS

I _____ to the best of my knowledge am free of communicable disease.
Artist

I _____ (Check one of the following):
Artist

Have been vaccinated for Hepatitis B ____ or Decline vaccination ____

APPLICANT STATEMENT OF CONSENT

I have received a copy of the Cheyenne Laramie County Body Art Rules. I have read and understand the obligations and requirements imposed upon a licensed Body Art Practitioner by those regulations. I agree to comply with all of the regulation requirements specified in the Cheyenne Laramie County Body Art Rules while practicing in Laramie County.

Applicant's Signature

Date

FOR USE BY CHEYENNE-LARAMIE COUNTY HEALTH DEPARTMENT

Date Fee Paid: _____

Amount Paid: _____

Payment Type: _____

Permit #: _____

Written Proof of BBPT: _____

Date of BBPT: _____

Communicable Disease Affirmation: _____

Hep B Vaccination or Letter: _____

Employment in a Licensed Establishment: _____