



Cheyenne
**Laramie County
Public Health**

Division of Environmental Health
100 Central Ave.
Cheyenne, WY. 82007
Ph: 307-633-4090 Fax: 307-633-4038
Website: www.laramiecountywy.gov
Email: envhlth@laramiecountywy.gov

APPLICATION FOR CAMPGROUND LICENSE
LICENSE: New Facility \$190.00 Renewal \$95.00
MAKE CHECKS PAYABLE TO: Environmental Health

LICENSE ACCOUNT NUMBER _____ ACTIVATION DATE _____

LICENSE APPLICATION INFORMATION (To be completed by applicant.)

Type of Application:

- New Change of Owner Change of Location Other (specify) _____

Form of Organization:

- Individual Association Corporation
 Partnership Other Legal Entity (specify) _____

If Corporation/Business Entity Required to be Registered,
Name the State where Incorporated/Registered:

Date Incorporated/Registered (Month and Year) _____

Establishment Information

Establishment Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (____) _____

Applicant Information

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Please Indicate Where to Mail the License: (1 - Establishment or 2 - Applicant) _____

Number of spaces: _____

I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL APPLICABLE CHEYENNE-LARAMIE COUNTY HEALTH DEPARTMENT RULES AND REGULATIONS AND I UNDERSTAND THAT EACH SECTION OF THE RULES AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. I AGREE TO ALLOW THE REGULATORY AUTHORITY ACCESS TO MY FACILITY.

APPLICANT SIGNATURE

DATE

APPROVING OFFICIAL

LARAMIE
COUNTY