



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

GUEST BODY ARTIST PERMIT APPLICATION

Maximum 7 Consecutive Days Per Permit. Maximum (4) Permits allowed per year.

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? NO YES If yes, provide reason:

Have you ever been convicted of any crime other than a misdemeanor traffic offense? NO YES If yes, provide 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

\$25 License Fee

# GUEST BODY ARTIST SIGN OFF LETTER

I \_\_\_\_\_ have employed \_\_\_\_\_ at  
Event Host Artist

\_\_\_\_\_  
Body Art Event

\_\_\_\_\_  
Event Host Signature

\_\_\_\_\_  
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: \_\_\_\_\_