



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

BODY ART ESTABLISHMENT PERMIT APPLICATION

Applicant's Full Name: _____
Residential Address: _____
(street) (city, state, zip)
Mailing Address: _____
(street) (city, state, zip)
Phone Number: _____
Date of Birth: _____
Email Address: _____
Establishment Name: _____
Establishment Address: _____
Establishment Phone Number: _____

LIST 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 Health Department 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 Health Department. 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 \$128 ____ Renewal \$105