



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

APPLICATION FOR CAMPGROUND LICENSE
LICENSE: New Facility \$195.00 Renewal \$105.00
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 PUBLIC HEALTH 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