

BODY ART SPECIAL EVENT APPLICATION

SUBMIT APPLICATION 30 DAYS PRIOR TO EVENT. MAXIMUM 7 CONSECUTIVE DAYS PER EVENT.

Licensed Body Art Establishment: _____

Establishment Manager's Full Name: _____

Event Name: _____

Event Start & End Dates: _____

Event Address: _____
(street) (city, state, zip)

Manager's Phone Number: _____

Driver's License State and Number: _____

Mailing Address: _____
(street) (city, state, zip)

Email: _____

LIST FULL NAMES OF ALL EVENT ARTISTS

(Attach additional page if needed)

_____	_____
_____	_____
_____	_____

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

\$128 Permit Fee