

GUEST BODY ARTIST PERMIT APPLICATION

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

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: _____

Function Start Date: _____ Function End Date: _____

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

\$26 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: _____

DIVISION OF ENVIRONMENTAL HEALTH 100 CENTRAL AVE. CHEYENNE, WY 82007
307-633-4090 www.clcpublichealth.org