

**CHEYENNE-
LARAMIE COUNTY
HEALTH
DEPARTMENT**

BODY ART ESTABLISHMENT APPLICATION

NEW APPLICANT.....\$120.00 RENEWAL\$60.00

APPLICANT'S FULL NAME: _____

OTHER NAMES KNOWN BY: _____

MAILING ADDRESS (if different from est.): _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____

DRIVER'S LICENSE STATE AND NUMBER: _____

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ESTABLISHMENT PHONE NUMBER: _____

LIST FULL NAMES AND PERMIT NUMBERS OF ALL ARTISTS:

_____	_____
_____	_____
_____	_____



If your establishment is in the city stop here.
If your establishment is in the county continue filling out the rest of this form.

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:

NOTICE: Failure to fully disclose all information requested may be grounds for denial of a license or permit, or subsequent suspension or revocation.

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