



## BODY ARTIST PERMIT APPLICATION

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

APPLICANT'S FULL NAME: \_\_\_\_\_  
OTHER NAMES KNOWN BY: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
MAILING ADDRESS (if different from above): \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE NUMBER: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
DRIVER'S LICENSE STATE AND NUMBER: \_\_\_\_\_

ESTABLISHMENT NAME: \_\_\_\_\_  
ESTABLISHMENT PHONE NUMBER: \_\_\_\_\_



If you are operating in the city stop here.  
If you are operating only in the county continue filling out the rest of this form.

.....  
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:

\_\_\_\_\_  
\_\_\_\_\_

**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