



Environmental Health
100 Central Ave.
Cheyenne, WY 82007
(307)633 - 4090 Fax: (307)633 - 4038
e-mail: envhlth@laramiecounty.com

APPLICATION FOR CAMPGROUND LICENSE

LICENSE: \$180.00 Initial Fee: \$90.00 Annual Renewal Fee.
\*\*\*CHECKS PAYABLE TO: Environmental Health\*\*\*

SUBMIT COMPLETED APPLICATION TO ENVIRONMENTAL HEALTH

LICENSE ACCOUNT NUMBER \_\_\_\_\_ ACTIVATION DATE \_\_\_\_\_

LICENSE APPLICATION INFORMATION (To be completed by applicant.)

Type of Application:

checkbox New checkbox Change of Owner checkbox Change of Location checkbox Other (specify) \_\_\_\_\_

Form of Organization:

checkbox Individual checkbox Association checkbox Corporation
checkbox Partnership checkbox 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: \_\_\_\_\_
Area Code and Phone Number: \_(\_\_\_\_)\_\_\_\_\_

Applicant Information

Owners Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Area Code and Phone Number: \_(\_\_\_\_)\_\_\_\_\_
Please Indicate Where to Mail the License: (1 - Establishment or 2 - Owner/manager) \_\_\_\_\_

Type of Establishment: checkbox Temporary checkbox Permanent 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 HEALTH DEPARTMENT 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