



100 Central Ave
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County Massage NEW ESTABLISHMENT License Application

The completion of this application is for the intent to operate a Massage Establishment as defined by the Cheyenne-Laramie County Board of Health Regulations. Any establishment engaged in or carrying on or permitting any type of massage for any form or consideration shall be deemed a massage establishment.

Date Submitted: _____ Fee Collected: \$120 Cash/Check # _____

ATTACHMENTS REQUIRED WITH THIS APPLICATION:

- _____ Proof that the applicant(s) is/are of age
- _____ One current photograph of each applicant at least 2 inches by 2 inches (2 x 2). Date _____
- _____ Driver's license for each applicant
- _____ Floor plan of establishment

Business Name: _____

Proposed Business Address: _____

Business Phone: _____ Hours of Operation: _____

Business Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Will any other business be operated on the same premises or on adjoining premises owned or operated by the applicant?
_____ Yes _____ No

If so, provide description of other business(es) that will be conducted: _____

Has the applicant, including any officer, stockholder, partner or proposed manager, ever had a business license or permit of this nature revoked or suspended? If yes, provide date, location and reason for suspension or revocation. Include information such as business/occupation subsequent to the suspension or revocation.

Has the applicant, including any officer, stockholder, partner or proposed manager, ever been convicted of a crime other than a misdemeanor traffic offense? If yes, provide dates, location and nature of conviction.

List the name, address, phone number and Cheyenne-Laramie County Health Therapist ID # of each massage therapist to be employed under this permit. Any therapist practicing at this establishment must be currently licensed with this department.

Therapist 1: _____

Address: _____

Therapist ID: _____ Exp Date: _____ Phone #: _____

Therapist 2: _____

Address: _____

Therapist ID: _____ Exp Date: _____ Phone #: _____

Therapist 3: _____

Address: _____

Therapist ID: _____ Exp Date: _____ Phone #: _____

APPLICANT INFORMATION

Is this an **INDIVIDUAL** applicant? _____ No _____ Yes

Is this a **CORPORATION** applicant? _____ No _____ Yes

Name of Corporation: _____

Corporation Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Is corporation qualified to do business in Wyoming? _____ No _____ Yes

Date of Incorporation (attach proof): _____

Is this a **PARTNERSHIP** applicant? _____ No _____ Yes

Name of partnership: _____

Partnership Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Information for individual, officers, directors, stockholders, and partners

Provide the following information for individual applicant, each officer, director and stockholder owning more than 10% of corporate stock, and each partner including limited partners. Attach additional pages to this application.

Name: _____
First Middle Last

Alias name(s): _____

Height _____ Weight _____ Gender _____ Hair Color _____ Eye Color _____

Driver's License #: _____ State Issued: _____

Social Security #: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

How long at present address: _____ (years)

List 2 previous addresses immediately prior to the current address of the applicant:

Address 1: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employment Record

Provide business, occupation or employment of the applicant for the three (3) years immediately preceding the date of application. List employment in order starting with the most recent employer.

Employer 1: _____

Address: _____

Supervisor: _____ Phone #: _____

Position: _____

Employer 2: _____

Address: _____

Supervisor: _____ Phone #: _____

Position: _____

Employer 3: _____

Address: _____

Supervisor: _____ Phone #: _____

Position: _____

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the Cheyenne-Laramie County Health Officer and his agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with rules and regulations of the Cheyenne-Laramie County Board of Health, governing the permit requested, and further declares that the foregoing information contained in this application is true and correct.

(Signature of Applicant)

Subscribed to before me this _____ day of _____, 20____

Notary Public
My Commission Expires: _____

APPROVALS:

The Cheyenne-Laramie County Board of Health will provide written approval only after all other approvals have been obtained.

LARAMIE COUNTY SHERIFF: _____
1910 Pioneer Ave.

DISTRICT FIRE DEPARTMENT: _____
As assigned

COUNTY PLANNING: _____
3966 Archer Pkwy.

CHEYENNE-LARAMIE COUNTY HEALTH OFFICER or their designee: _____
100 Central Ave.

Status: _____ Approved _____ Denied

Establishment ID: _____

Expiration Date: _____

Certificate Issued: _____