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**County Massage NEW THERAPIST Permit Application**

The completion of this application is for the intent of employment as a Massage Therapist in the business, trade or profession of massage therapy as defined by the Cheyenne-Laramie County Board of Health Regulations.

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

**ATTACHMENTS REQUIRED WITH THIS APPLICATION:**

- \_\_\_\_\_ Proof that the applicant(s) is/are at least the age of majority
- \_\_\_\_\_ Two current photographs of applicant at least 2 inches by 2 inches (2 x 2).  
Date Taken \_\_\_\_\_
- \_\_\_\_\_ Driver's license for each applicant
- \_\_\_\_\_ Copy of Diploma/Certificate of Completion for Distance Learning School or School
- \_\_\_\_\_ Medical certificate signed by a physician, licensed to practice in the State of Wyoming.  
Certificate must state that the applicant was examined by the certifying physician and include results of a tuberculosis skin test. (Must not be more than 14 days prior application)
- \_\_\_\_\_ Proof of high school diploma or equivalent
- \_\_\_\_\_ Proof of not less than one million dollars in individual general liability coverage
- \_\_\_\_\_ Documentation of current membership with national organization associated with  
massage therapy and the organization's code of ethics
- \_\_\_\_\_ Proposed format to be used as an intake form
- \_\_\_\_\_ List of services available and the cost of such services

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Will the applicant's primary purpose of this permit be:

\_\_\_\_\_ In-home services      \_\_\_\_\_ Out-of-home services

If applicant's primary purpose is in-home services, a suitable floor plan delineating the area to be utilized for the administration of in-home services shall be submitted with this application. Written approval from the County Planning department is required.

Provide the location where massage is to be conducted or practiced (if stationary) and any additional phone numbers for the applicant.

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**School Information**

Name of school or distance learning school: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Date of completion: \_\_\_\_\_

Type of degree/certificate: \_\_\_\_\_

Distance learning schools and schools must be licensed, if required, through the applicable state agency in the state in which the school is located. Does the school attended have a valid state license?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

If a state license is not required, has the school’s massage curriculum been reviewed, evaluated and approved by a national or international professional massage therapy organization? If so, provide name of organization on line below.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

-OR-

If a state license is not required, does the school have current accreditation status issued by an accreditation organization recognized by the US Department of Education or does it have current accreditation status issued by a national accreditation organization as approved by the Cheyenne-Laramie County Health Officer? If so, provide name of organization on line below.

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

**Has the applicant 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 ever been convicted of a crime other than a misdemeanor traffic offense?** If yes, provide dates, location and nature of conviction.

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

**Applicant Information**

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

Therapist ID: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Permit Issued: \_\_\_\_\_