



Cheyenne - Laramie County
Health Department
100 Central Ave.
Cheyenne, Wy. 82007
(307) 633-4090

SYSTEMS CONTRACTOR

APPLICATION FOR A LICENSE TO INSTALL SMALL WASTEWATER SYSTEMS

PLEASE PRINT

A) **APPLICATION:** (Please make check payable to "**ENVIRONMENTAL HEALTH**").

Please check appropriate category: New Fee: (\$300.00) ____ Renewal Fee: (\$180.00) ____
Individual ____ Corporation ____ Firm ____

B) NAME OF BUSINESS: _____ PHONE: () _____

BUSINESS ADDRESS: _____
CELL PHONE: () _____

CITY: _____ ST: _____ ZIP: _____

C) If a corporation or firm, give the proper corporation/firm name, agent for service, and corporation/firm officers:

D) NAME OF APPLICANT: _____ PHONE: () _____

CELL PHONE: () _____

APPLICANT HOME ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

E) THE APPLICANT CERTIFIES THAT HE/SHE IS FULLY ACQUAINTED WITH THE LARAMIE COUNTY SMALL WASTEWATER SYSTEMS REGULATIONS, SECTION 16, AND WILL CONDUCT THE BUSINESS IN COMPLIANCE WITH THE REGULATIONS.

DATE: ____/____/____ APPLICANT'S SIGNATURE: _____

ACTION BY HEALTH AUTHORITY: _____

DATE: ____/____/____ AUTHORITY SIGNATURE: _____

NOTE: PLEASE RETURN APPLICATION & CHECK WITHIN TEN (10) WORKING DAYS, THANK YOU.