



GUEST BODY ARTIST PERMIT APPLICATION

MAXIMUM 7 CONSECUTIVE DAYS PER PERMIT. MAXIMUM PERMITS ALLOWED PER YEAR (4)

APPLICATION..... \$25.00

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: _____

START DATE: _____ END DATE: _____

SPECIAL EVENT OR LICENSED ESTABLISHMENT NAME: _____

EVENT OR 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

BODY ARTIST SPECIAL EVENT LETTER

I _____ have employed _____ at
Cheyenne/Laramie County Event Owner Artist

Body Art Event

If this artist leaves my employment I agree to notify the Cheyenne-Laramie County Health Department's
Division of Environmental Health immediately.

Cheyenne/Laramie County Event Owner Signature

Date

BODY ARTIST EMPLOYMENT LETTER

I _____ have employed _____ at
Owner Artist

Body Art Establishment

Owner Signature

Date

HEALTH REQUIREMENTS

I _____ to the best of my knowledge am free of communicable disease.
Artist

I _____ (Check one of the following):
Artist

Have been vaccinated for Hepatitis B (Attach record) ___ **or** Decline vaccination ___

Artist Signature

Date

FOR USE BY CHEYENNE-LARAMIE COUNTY HEALTH DEPARTMENT

DATE FEE PAID: _____

AMOUNT PAID: _____

PAYMENT TYPE: _____

PERMIT #: _____

WRITTEN PROOF OF BBPT: _____ **DATE OF BBPT:** _____

COMMUNICABLE DISEASE AFFIRMATION: _____

HEP B VACCINATION OR LETTER: _____

EMPLOYMENT IN A LICENSED ESTABLISHMENT: _____

DIVISION OF ENVIRONMENTAL HEALTH 100 CENTRAL AVE. CHEYENNE, WY 82007
307-633-4090 www.laramiecountyhealth.com

Modified 05/06/14