

**CHEYENNE-
LARAMIE COUNTY
HEALTH
DEPARTMENT**

BODY ART SPECIAL EVENT APPLICATION

APPLICATION FEE.....\$100.00

SUBMIT APPLICATION 30 DAYS PRIOR TO EVENT. MAXIMUM 7 CONSECUTIVE DAYS PER EVENT.

LICENSED BODY ART ESTABLISHMENT: _____
 ESTABLISHMENT MANAGER'S FULL NAME: _____
 EVENT NAME: _____
 START DATE: _____ END DATE: _____
 EVENT ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 MANAGER'S PHONE NUMBER: _____
 FAX NUMBER/EMAIL: _____
 DRIVER'S LICENSE STATE AND NUMBER: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

LIST FULL NAMES AND PERMIT NUMBERS OF ALL ARTISTS: (attach additional page if needed)



If your event is in the city stop here.
 If your event is in the county continue filling out the rest of this form.

Have you, or any officer, stockholder, shareholder or partner if the applicant is a business entity, ever been convicted of any crime other than a misdemeanor traffic offense?

NO YES If yes, provide name of individual, 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

 Manager's Signature

 Date