Print Form

CITY OF CHEYENNE

BUSINESS LICENSE APPLICATION

BODY ART ESTABLISHMENT AND OPERATIONS

ANNUAL/NONREFUNDABLE LICENSE FEE: $165.00 _____
TEMPORARY (up to 14 Days) LICENSE FEE: $100.00 _____

(As defined by Ordinance No. 3457; City Code Chapter 5.68)

LICENSE # _____

_____ CHANGE OF LOCATION $30

_____ CHANGE OF OWNERSHIP $30

ATTACH THE FOLLOWING:

- ☐ **List names, residence addresses and birth dates of all body artists.**
- ☐ **A medical certificate for each operator signed by a physician, licensed to practice in the State of Wyoming, dated within ninety (90) days of the date of the application. The certificate shall state that the operator providing body art services is free of communicable disease, and include results of a tuberculosis skin test.**
- ☐ **All body artists must show proof of vaccination against Hepatitis B (HBV) or written statement to manager/owner stating operator is declining vaccination.**
- ☐ **Documentation that sterilizer to be used in conjunction with body art operations is able to destroy spores per Section 40 1/2-8(b) of Ordinance No. 3457 (Title 5, Chapter 5.68 of the City Code). (i.e. Monthly Spore Destruction Test conducted by Lab)**

NOTE: Body Artists must show knowledge to Health Officer of universal precautions, disinfection and sterilization techniques, procedures for infection and exposure control, and infectious waste management plan, etc. as stated in Sec. 40 1/2 -4(a) of Ordinance No. 3457 (Title 5, Chapter 5.68 of the City Code).

NAME OF APPLICANT: _____

BUSINESS NAME: _____

BUSINESS ADDRESS/CITY/STATE/ZIP: _____

MAILING ADDRESS (if different from above): _____

BUSINESS PHONE #: _____

PROPOSED BUSINESS WILL BE CONDUCTED AS:

☐ **INDIVIDUAL** ☐ **LIMITED LIABILITY COMPANY** ☐ **PARTNERSHIP** ☐ **CORPORATION**

HAS APPLICANT(S), INCLUDING ANY OFFICER, STOCKHOLDER, PARTNER OR PROPOSED MANAGER, EVER BEEN CONVICTED OF A CRIME OTHER THAN A MISDEMEANOR TRAFFIC OFFENSE? YES ☐ NO ☐
If so, provide dates, location and nature of conviction:

_____

_____

INDIVIDUAL:

NAME: _____
(Last) (First) (Middle)

ALIAS NAMES: _____

RESIDENCE ADDRESS:

_____
(City) (State) (Zip)

HOW LONG AT ABOVE ADDRESS: _____ **TELEPHONE #:** _____

DATE OF BIRTH: _____

PARTNERSHIP:

NAME OF PARTNERSHIP: _____

PARTNERSHIP ADDRESS: _____

_____
(City) (State) (Zip)

PROVIDE THE FOLLOWING INFORMATION PER PARTNER:
NAME: _____
(Last) (First) (Middle)

RESIDENCE ADDRESS: _____

_____
(City) (State) (Zip)

HOW LONG AT ABOVE ADDRESS _____ TELEPHONE #: _____

DATE OF BIRTH: _____

If needed, attach sheet to provide additional information.

CORPORATION:

NAME OF CORPORATION: _____

CORPORATION ADDRESS: _____

_____
(City) (State) (Zip)

IS CORPORATION QUALIFIED TO DO BUSINESS IN WYOMING?: ☐ YES ☐ NO

DATE OF INCORPORATION: _____

PROVIDE THE FOLLOWING INFORMATION PER CORPORATE OFFICER AND/OR STOCKHOLDER:
NAME: _____
(Last) (First) (Middle)

RESIDENCE ADDRESS: _____

_____
(City) (State) (Zip)

HOW LONG AT ABOVE ADDRESS: _____ TELEPHONE #: _____

DATE OF BIRTH: _____

If needed, attach sheet to provide additional information.

LIMITED LIABILITY COMPANY:

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

_____
(City) (State) (Zip)

IS COMPANY QUALIFIED TO DO BUSINESS IN WYOMING?: ☐ YES ☐ NO

DATE OF FILING WITH SECRETARY OF STATE'S OFFICE: _____

PROVIDE THE FOLLOWING INFORMATION PER LIMITED LIABILITY OFFICER:
NAME: _____
(Last) (First) (Middle)

RESIDENCE ADDRESS: _____

_____
(City) (State) (Zip)

HOW LONG AT ABOVE ADDRESS: _____ TELEPHONE #: _____

DATE OF BIRTH: _____

If needed, attach sheet to provide additional information.

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the City of Cheyenne and its 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 the rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

_____
Applicant Signature

_____
Date

STATE OF WYOMING)
) ss.
County of Laramie)

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public

SEAL

My commission expires: _____

This application is available in alternative, accessible formats upon request.

APPROVALS:

The Mayor and City Clerk will provide written approval only after all other approvals have been obtained. The City Clerk's staff will acquire these approvals for applicants.

City/County Environmental Health: _____
(100 Central Avenue/633-4090)

Police Department: _____
(415 W. 18th St./637-6535)

Zoning Department: _____
(2101 O'Neil Ave., Room 202/637-6282)

Mayor: _____
(2101 O'Neil Ave., Room 310/637-6300)

City Clerk: _____
(2101 O'Neil Ave., Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE: BY: _____

M/R # _____ FEE PAID $ _____ DATE PAID: _____ DATE ISSUED: _____

TERM OF LICENSE: _____

COMMENTS: _____

_____

_____

_____