Print Form

CITY OF CHEYENNE

BUSINESS LICENSE APPLICATION

MASSAGE BUSINESS ESTABLISHMENT

ANNUAL/NONREFUNDABLE PERMIT FEE: $135.00

Transfer of Location Fee: $30.00 _____ **LICENSE # _____**

COMPLETE THE FOLLOWING:

____ Written evidence that applicant(s) is at least the age of majority.

____ One (1) front-face photograph (at least 2" x 2") taken by the police department, of each applicant; all officers and managing agents if a corporation or LLC; and each partner and limited partners if a partnership.
Date of photographs: _____

_____ List names, residence addresses and telephone numbers of massage therapists to be employed or who will be providing massage services under this license.

_____ Fingerprints taken by the police department of each applicant, corporate officer and managing agent, and partner and limited partner.
Date of fingerprints: _____

If transferring business location, list new Business Address: _____

Previous Address: _____

BUSINESS NAME: _____

BUSINESS ADDRESS/CITY/STATE/ZIP: _____

_____

MAILING ADDRESS (if different from above): _____

_____

BUSINESS TELEPHONE #: _____

PROPOSED BUSINESS WILL BE CONDUCTED AS:

INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ PARTNERSHIP ☐ CORPORATION ☐

INDIVIDUAL:

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

ALIAS NAMES: _____

RESIDENCE ADDRESS: _____

_____
(City) (State) (Zip)

HOW LONG AT ABOVE ADDRESS: _____ TELEPHONE #: _____

LIST TWO (2) PREVIOUS ADDRESSES IMMEDIATELY PRIOR TO THE PRESENT ADDRESS LISTED ABOVE:

_____

_____

_____

DRIVER'S LICENSE #/STATE ISSUED/EXPIRATION DATE: _____

DATE OF BIRTH: _____ HEIGHT: _____ SEX: _____

HAIR COLOR: _____ EYE COLOR: _____ WEIGHT: _____

BUSINESS OCCUPATION OR EMPLOYMENT HISTORY OF THE APPLICANT FOR THE THREE (3) YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION, INCLUDING ADDRESS AND PHONE NUMBER:

_____

_____

_____

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 #: _____

LIST TWO (2) PREVIOUS ADDRESSES IMMEDIATELY PRIOR TO THE PRESENT ADDRESS LISTED ABOVE:

_____

_____

_____

DRIVER'S LICENSE #/STATE ISSUED/EXPIRATION DATE: _____

DATE OF BIRTH: _____ HEIGHT: _____ SEX: _____

HAIR COLOR: _____ EYE COLOR: _____ WEIGHT: _____

BUSINESS OCCUPATION OR EMPLOYMENT HISTORY OF THE APPLICANT FOR THE THREE (3) YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION, INCLUDING ADDRESS AND PHONE NUMBER:

_____

_____

_____

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 #: _____

LIST TWO (2) PREVIOUS ADDRESSES IMMEDIATELY PRIOR TO THE PRESENT ADDRESS LISTED ABOVE:

_____

_____

_____

DRIVER'S LICENSE #/STATE ISSUED/EXPIRATION DATE: _____

DATE OF BIRTH: _____ HEIGHT: _____ SEX: _____

HAIR COLOR: _____ EYE COLOR: _____ WEIGHT: _____

BUSINESS OCCUPATION OR EMPLOYMENT HISTORY OF THE APPLICANT FOR THE THREE (3) YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION, INCLUDING ADDRESS AND PHONE NUMBER:

_____

_____

_____

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 #: _____

LIST TWO (2) PREVIOUS ADDRESSES IMMEDIATELY PRIOR TO THE PRESENT ADDRESS LISTED ABOVE:

_____

_____

_____

DRIVER'S LICENSE #/STATE ISSUED/EXPIRATION DATE: _____

DATE OF BIRTH: _____ HEIGHT: _____ SEX: _____

HAIR COLOR: _____ EYE COLOR: _____ WEIGHT: _____

BUSINESS OCCUPATION OR EMPLOYMENT HISTORY OF THE APPLICANT FOR THE THREE (3) YEARS IMMEDIATELY PRECEDING THE DATE OF APPLICATION, INCLUDING ADDRESS AND PHONE NUMBER:

_____

_____

_____

If needed, attach sheet to provide additional information.

WILL ANY OTHER TYPE OF BUSINESS BE OWNED OR OPERATED AT THE SAME LOCATION OR ADJOINING PREMISES? ☐ YES ☐ NO If so, what type(s) of business(es) will be conducted?:

_____

_____

HAS APPLICANT(S), INCLUDING ANY OFFICER, STOCKHOLDER, PARTNER OR PROPOSED MANAGER, EVER HAD A BUSINESS LICENSE OR PERMIT OF THIS NATURE REVOKED OR SUSPENDED? ☐ YES ☐ NO

If so, provide date, location and reason for suspension or revocation. Include information as to business activity/occupation subsequent to the suspension or revocation:

_____

_____

_____

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: _____

_____

_____

DOES EACH PROPOSED MASSAGE THERAPIST TO BE EMPLOYED BY THE APPLICANT HAVE A CURRENT BUSINESS PERMIT ON FILE WITH THE CITY CLERK'S OFFICE?

☐ YES ☐ NO

AN EFFECTIVE PERMIT MUST BE ON FILE PRIOR TO EMPLOYEE SERVICES BEING PROVIDED BY THE MASSAGE BUSINESS ESTABLISHMENT LICENSE.

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 two approvals for applicants.

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

Building Department: _____
(2101 O'Neil Ave., Room 202/637-6265)

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

Fire Department: _____
(2101 O'Neil Ave., Room 304/637-6327)

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: _____

_____

_____

INSTRUCTIONS FOR FINGERPRINTING AND BACKGROUND CHECKS FOR SECURITY/DETECTIVE BUSINESSES, MASSAGE THERAPISTS, AND PUBLIC TRANSPORTATION BUSINESSES/DRIVERS (TAXI)

Fingerprinting Fee: $20.00 (Exact cash or check made out to Cheyenne City Treasurer)
Background Investigation Fee: $15.00 (Only money orders, certified and/or cashier's checks accepted; Payable to the Division of Criminal Investigations)

Schedule Appointment: (307) 637-6535
Hours for Fingerprinting: Tuesday - Thursday 8:30 - 11:00 am, 1:00 - 3:00 pm
Location: 415 W. 18th St., Cheyenne Police Department

Process:

1. Obtain application from City Clerk's Office (2101 O'Neil Ave, Room 101) or on-line at www. cheyennecity.org .

2. Schedule appointment for fingerprinting.

3. Required:
   a. Completed application, with exception of signature as this has to be signed in front of a Notary
   b. $20.00 Fingerprinting fee (Pay at Cheyenne Police Dept., 415 W. 18th St.)
   c. Valid/current form of government issued ID (Example: Driver's License, Passport, Military ID).

   Note: Failure to have any of the above requirements, may result in the need to reschedule.

4. Return application to City Clerk's Office (2101 O'Neil Ave., Room 101).

5. After completing the fingerprinting with the Cheyenne Police Department, proceed to the Division of Criminal Investigations (DCI) located at 208 South College Drive (south of Transfer Station) with fingerprint card and $15.00 money order, certified and/or cashier's check for investigation fee.

The City Clerk's Office will notify you following approval of issuance of your business license.