Print Form

CITY OF CHEYENNE

BUSINESS PERMIT APPLICATION

MASSAGE THERAPIST

ANNUAL/NONREFUNDABLE PERMIT FEE: $115.00 **PERMIT #** _____

ATTACH THE FOLLOWING:

_____ Written evidence that applicant is at least the age of majority.

_____ Two (2) front-face portrait photographs (2" x 2") taken within thirty (30) days of date of application. Date of photographs: _____

_____ List of proposed massage therapy services applicant intends to provide and cost of same (describe in understandable terms).

_____ Copy of diploma or certificate of completion for

_____ Distance Learning School - showing not less than 500 hours of in-class, correspondence, or electronic means of instruction, or a combination thereof, with a minimum of 200 hours of in-class hands-on practicum under the supervision of staff instructors, in massage or massage affiliated subjects from a recognized distance learning school as defined in City Code § 5.52.020

OR

_____ School - showing not less than 500 hours of in-class instruction, including in-class hands-on practicum under the supervision of staff instructors, in massage or massage affiliated subjects from a recognized school as defined in City Code § 5.52.020.

_____ Proof of high school diploma or recognized equivalent.

_____ Proof of not less than $1,000,000 in individual general liability coverage in the name of the applicant.

_____ Written documentation pertaining to current membership with an established national organization associated with massage therapy including a copy of the organization's Code of Ethics.

_____ The names, current addresses and written statements of at least three (3) bona fide permanent residents, other than relatives, of the United States that the applicant is of good moral character. If the applicant is able, the statement must first be furnished from residents of the city, then the county, then the State of Wyoming and lastly from the rest of the United States.

_____ A medical certificate signed by a physician, licensed to practice in the State of Wyoming, within fourteen (14) days of the date of the application. The certificate shall state that the applicant was examined by the certifying physician and include results of a tuberculosis skin test. THIS CERTIFICATE IS REQUIRED FOR ANNUAL RENEWAL OF THE PERMIT.

_____ Fingerprints taken by the police department.
Date of fingerprints: _____

_____ If in-home massage therapy services proposed, submit a suitable floor plan delineating the area to be utilized for the administration of in-home services.

_____ If you rent and you plan to have in-home massage therapy services, provide written document from the owner of the property advising they approve of your massage therapy services being conducted on the premises.

_____ Copy of proposed format to be used as a customer service register and intake notes register as approved by City/County Health.

_____ Have you contacted City/County Environmental Health Department for your permit through their office? (100 Central Avenue/633-4090)

APPLICANT'S NAME: _____

ALIAS NAMES: _____

ADDRESS/CITY/STATE/ZIP: _____

_____

HOW LONG AT ADDRESS: _____ TELEPHONE #: _____

LIST TWO PREVIOUS HOME ADDRESSES: _____

_____

_____

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

DATE OF BIRTH: _____ WEIGHT: _____

HEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____ SEX: _____

HAS APPLICANT EVER HAD A BUSINESS LICENSE OR PERMIT OF THIS NATURE REVOKED OR SUSPENDED? 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 EVER BEEN CONVICTED OF A CRIME OTHER THAN A MISDEMEANOR TRAFFIC OFFENSE? If so, provide dates, location and nature of conviction. _____

_____

_____

LIST APPLICANT'S BUSINESS OCCUPATION OR EMPLOYMENT RECORD FOR THE PAST THREE (3) YEARS (title/employer/address/phone number): _____

_____

_____

_____

_____

STATEMENT AS TO PURPOSE OF PERMIT (i.e. out-of-home services, including location if affiliated with an established business site; in-home services; or combination thereof): _____

_____

_____

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QUALIFICATIONS

NAME OF SCHOOL OR DISTANCE LEARNING SCHOOL: _____

ADDRESS: _____

CITY: _____ STATE/ZIP: _____ PHONE #: _____

DATES ATTENDED: _____

DATE OF DEGREE/CERTIFICATE OF COMPLETION: _____

TYPE OF DEGREE/CERTIFICATE: _____

Distance Learning Schools and Schools must be licensed, if required, through the applicable state agency in the state in which the school is located. Does the school attended have a valid state license? ☐ Yes ☐ No ☐ N/A

If a state license is not required, has the school's massage curriculum been reviewed, evaluated and approved by a national or international professional massage therapy organization? ☐ Yes ☐ No

OR

If a state license is not required, does the school have current accreditation status issued by an accreditation organization recognized by the U.S. Department of Education or does it have current accreditation status issued by a national accreditation organization as approved by the city/county health director, city attorney and city clerk? ☐ Yes ☐ No

IF NOT LICENSED BY THE STATE, NAME OF ORGANIZATION THAT EVALUATED MASSAGE CURRICULUM?

_____

RENEWAL APPLICANTS NEED NOT SUBMIT THE FOLLOWING:
FINGERPRINTS, TRAINING SCHOOL DEGREE/HOURS/LOCATION/DATES ATTENDED.

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 permit requested, and further declares that the foregoing information contained in this application is true and correct.

_____
Applicant's Signature

_____
Date

STATE OF WYOMING)
) ss.
County of Laramie)

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

SEAL

_____
Notary Public

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)

Medical Certificate reviewed by Health Unit: _____ Yes _____ No

Risk Manager: _____
(2101 O'Neil Ave., Room 101/637-6333)

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

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

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

IF APPLICANT WILL BE PROVIDING IN-HOME SERVICES, THE FOLLOWING APPROVALS ARE ALSO REQUIRED:

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

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

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

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

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

TERM OF PERMIT: _____

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 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.