CITY OF CASPER – NATRONA COUNTY
DISEASE PREVENTION
PUBLIC HEALTH NURSING
ENVIRONMENTAL HEALTH
HEALTH DEPARTMENT
475 S. Spruce • (307) 235-9340 • Fax (307) 237-2036 • Casper, Wyoming 82601-1759

Instructions: Submit this application to the Casper / Natrona County Health Department. Complete all Sections. If a section is not applicable enter "N/A". If additional space is needed for any item, attach additional sheet.

LICENSE APPLICATION

Tattoo and Body Piercing
Renewed Annually

Type of application:

☐ New ☐ Renew ☐ Other (specify) _____

Name of Applicant: _____ _____
Last **First and Middle initial**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____

Establishment Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address If Different _____

Phone Number: (____) _____

Type of Establishment (please √ applicable boxes)

☐ **Tattoo**

☐ **Other (Specify)** _____

I attest to the accuracy of the information provided above and agree to comply with all rules and regulations as adopted by the City of Casper / Natrona County Health Department pertaining to Tattoo and Body Piercing. I agree to allow the regulatory authority to access my establishment.

_____ _____ _____

SIGNATURE OF APPLICANT **DATE** **APPROVING OFFICIAL**