Casper-Natrona
COUNTY HEALTH DEPARTMENT
Healthy People, Healthy Communities

.

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**