



Environmental Health
100 Central Ave.
Cheyenne, WY 82007
(307)633-4090 Fax: (307)633-4038
Email: envhlth@laramiecounty.com

APPLICATION FOR CAMPGROUND LICENSE

LICENSE: New Facility \$190.00 Renewal \$95.00

MAKE CHECKS PAYABLE TO: Environmental Health

LICENSE ACCOUNT NUMBER _____ ACTIVATION DATE _____

LICENSE APPLICATION INFORMATION (To be completed by applicant.)

Type of Application:

Form of Organization:
[] New [] Change of Owner [] Change of Location [] Other (specify) _____

Form of Organization:

[] Individual [] Association [] Corporation
[] Partnership [] Other Legal Entity (specify) _____

If Corporation/Business Entity Required to be Registered, Name the State where Incorporated/Registered: _____

Date Incorporated/Registered (Month and Year) _____

Establishment Information

Establishment Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code and Phone Number: (____) _____

Applicant Information

Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code and Phone Number: (____) _____

Please Indicate Where to Mail the License: (1 - Establishment or 2 - Owner/manager) _____

Type of Establishment: [] Temporary [] Permanent Number of spaces: _____

I ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AGREE TO COMPLY WITH ALL APPLICABLE CHEYENNE-LARAMIE COUNTY HEALTH DEPARTMENT RULES AND REGULATIONS AND I UNDERSTAND THAT EACH SECTION OF THE RULES AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. I AGREE TO ALLOW THE REGULATORY AUTHORITY ACCESS TO MY FACILITY.

APPLICANT SIGNATURE

DATE

APPROVING OFFICIAL

LARAMIE COUNTY