



City of Casper-Natrona County Health Department
475 S. Spruce Street
Casper, Wyoming 82601
Telephone (307) 235-9340 Fax (307) 237-2036

Temporary Body Art Event Application Form

Establishment: _____

Name of Operator: _____ Telephone: (____) _____ - _____

Street Address: _____

Mailing Address: _____

Location of Event: _____

Date of Event: _____ Time: _____

Type of Service provided: _____ Tattoo _____ Permanent Make-up _____ Body Piercing

Site of Temporary/ Mobile Facility

Include to scale **drawing of facility** showing location of **sinks, restrooms, stations.**

Number of technicians working the event: _____ Number of work stations: _____

Individual stations not less than 80 sq. ft.? Yes _____ No _____

Single use articles only provided? Yes _____ No _____

Toilet facilities available? Yes _____ No _____

Hand sink in room readily accessible for technician? Yes _____ No _____

Hot and cold running water, soap, and disposable towels? Yes _____ No _____

Facility is sufficiently lit, ventilated, and free of pests? Yes _____ No _____

Procedure area is clean and able to be properly cleaned and disinfected? Yes _____ No _____

Lidded, lined waste container provided within reach of each technician? Yes _____ No _____

Sharps container provided within reach of each technician? Yes _____ No _____



CASPER-NATRONA
COUNTY HEALTH DEPARTMENT

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List the names of the technicians that will be working at the event:

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior approval from the Casper-Natrona County Health Department may nullify this document.

Signature(s): _____ Date: _____

Operator(s) or responsible representative(s)