



## **REQUEST FOR EXEMPTION TO CLOSURE**

### **COMPLETION INSTRUCTIONS**

**On March 19, 2020 Governor Mark Gordon, in conjunction with State Health Officer Dr. Alexia Harrist, ordered the closure of all restaurants, bars, theaters, gymnasiums, child care facilities, K-12 schools, colleges, universities, and trade schools in the State of Wyoming. This order is enforceable under SS 35-1-105 and SS 35-1-106 and failure to comply will result in a fine and imprisonment.**

**Section Eight of the order allows for exemptions to the closure based on the ability for businesses to adhere to certain restrictions.**

**Please complete this application if you want to request an exemption permit.**

**\*\*Understand that completion of an application is not a guarantee that an exemption will be issued. Any permit issued is subject to cancellation or revocation at any time for any reason.\*\***

**Failure to comply with guidance issued with exemption permit will result in loss of permit and possible fines.**

**Applications may be submitted electronically, via email, in person, mail, or fax.**

**Converse County Public Health  
255 N. Russell Ave  
Douglas, WY 82633  
johnna.shepherd1@wyo.gov  
Fax: 307-358-3941**



## REQUEST FOR EXEMPTION TO CLOSURE

Name of Business

Date of Request

Complete Address

Contact Name

Phone

Type of Business

Email

Please describe how you will limit customers within your business to no more than 10 people (excluding employees) at any given time. Be as thorough as possible.

Please describe how you will maintain at least 6 feet of space between customers at all times. Be as thorough as possible.

Please describe how you will perform sanitation/cleaning between each customer, including names of products used.

I, the undersigned, understand that completion of this form does not guarantee issue of Exception Permit. All applications are subject to approval by Converse County Health Officer. I also understand that if a Permit is granted, it may be revoked/canceled at any time for any reason.

Signature

Date

Name of Person Completing Form