

New England TATTOO EXPO



2024

Contract Agreement, Registration Form, and Information

Please read the contract terms below carefully. If you are interested in sponsoring, please let us know!

Note: There will be no health fee but you will need to have all paperwork necessary needed!

Dates/Times:

Friday April 12, 2024 (4:00pm – 11:00pm)

Saturday April 13, 2024 (12:00pm – 11:00pm)

Sunday April 14, 2024 (12:00pm – 8:00pm)

Location:

Mohegan Sun Expo Center
1 Mohegan Sun Blvd
Uncasville, CT 06382

Set-Up/Break-Down:

Set-up will be Friday, April 12th (9am -1pm). We must be completely set-up by 1pm for the health department to do their inspection so we can open the doors by 4pm. For your convenience, you may enter through the loading dock located at the back of the building. Vendors with trailers can park in Mohegan Sun's parking lot for FREE.

Included With Your Booth Reservation & Important Info:

- Each booth rented includes: 10'x10' space, (2) vendor passes, (2) tables, and (2) chairs.
- All booth reservations are guaranteed & final on a first come, first serve basis, with payment in FULL.
- Additional 3-day passes are \$30.00ea. if payment is included with contract or \$40.00ea. at door.
- Additional tables must be rented in advance at \$20.00 for (1) 6ft. table.
We cannot provide extra tables the day of so please be sure to reserve now if needed.
- Medical waste removal is provided by Tommy's Supplies.
- **No refunds on payments.**

Important Note: All booth rental payments needs to be made payable to Tommy's Supplies. Each artist also must fill out Health Permit Forms & provide a Blood Bourne Certificate & Photo Id, but only one person fills out the Registration Form per booth. Print out extra health forms for more than 1 artist. Please send in all your paperwork together so there are no mistakes on getting you registered to tattoo at our show.

Registration Form 2024:

Please fill out all information very neatly. If you have 6 people or more write names on the back.

Shop/Vendor Name: _____

Artists #1: _____ #2: _____

#3: _____ #4: _____

#5: _____ #6: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: (____) _____ - _____

Website: _____

Fill Out (NO HEALTH FEES)

How Many Booths

Booth are **\$725** each

Booth: Qty _____ x **\$725** = \$ _____

Corner Booths: Qty: 1 or 2 x **\$75** = \$ _____

Extra Wristbands: Qty: _____ x **\$30** = \$ _____

Extra Tables: Qty: _____ x **\$20** = \$ _____

GRAND TOTAL \$ _____

Important Info

Note: Only 2 passes are included per booth.

Extra 3 Day wristbands can be purchased before event starts

Booth Includes: 10'x10' space, (2) Passes
(2) 6' tables, and (2) chairs

Special Request (**Not Guaranteed**)

Signature: _____ Date: _____

By signing this contract above for New England Tattoo Expo at the Mohegan Sun means you understand & will abide by this contract & agreement.

Payment Info - All checks and money orders can be made payable and sent to:
Tommy's Supplies / 34 Egypt Rd Unit A / Somers, CT 06071

Write in Memo: **NETE 2024**

Credit Card Authorization Form 2024:

If paying by credit card, fill out this form completely & email or mail it to us.

Credit Card & Billing Address must match. Please print neat & clear so we are able to read it correctly

Name as it appears on the card _____

Authorizes credit card charges for New England Tattoo Expo in the amount of \$_____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone Number: (____) _____ - _____

(Credit Card Type) Visa _____ Master _____ Amex _____ Discover _____

Credit Card Number: _____

Exp. Date: _____ Security Code: _____ (3 digit code typically located on back of card)

Signature: _____ Date: _____

Payment Info & Options:

Please return application as soon as possible in order to reserve your booth.

Credit Card & Registration Forms can be sent by:

Mail All Forms: Tommy's Supplies / 34 Egypt Rd, Unit A / Somers, CT 06071

Email All Forms: netattooexpo@gmail.com

Contact Tommy's Supplies with any questions (860) 265-2199



**Mohegan
Tribe**
HEALTH DEPARTMENT

13 Crow Hill Road, Uncasville, CT 06382

Tel: (860) 862-6135

E-mail to: _____

TEMPORARY FOOD & BEVERAGE APPLICATION

Foods and beverages prepared in private homes ARE NOT ALLOWED on the Reservation (including cottage foods)

Application must be received no later than 10 business days prior to the event.

Incomplete Applications WILL NOT be reviewed and returned to vendor.

Name of BUSINESS to appear on permit:

Name and phone number for person responsible for food safety/preparation at this event:

Business Address (Street, Town, State, Zip code):

Contact E-mail address:

Name of Event: _____ Date of Event: _____

List all food and beverage items offered for consumption. (Attach menu if necessary)

Where will food and ingredients be purchased from?

How will food items be cooked?

Will food be cooked ahead and cooled, prepared and/or stored? If yes, where?

Will foods or beverages be prepared by Mohegan Sun culinary staff?

How will food items be kept cold (at or below 41°F) and/or hot food items be kept hot (at or above 135 °F) in transport and at the event?

How will items be served after preparation?

Describe the type of hand washing to be used, if required.

How will food equipment and utensils be cleaned and sanitized?

Businesses wishing to operate on the Mohegan Reservation are not allowed without prior approval of The Mohegan Tribe Health Department (MTHD). Approval is contingent upon phone and/or email communication between the contact person and MTHD and may include: the request for additional information such as copies of local permits/licenses, inspection reports or food safety manager training certificates.

The Mohegan Tribe Food Code is based on the current version of FDA Model Food Code. Anyone utilizing a kitchen or preparing food on the reservation is expected to adhere to all provisions of this Code and may be subject to inspections and/or enforcement actions if necessary.

I have read the enclosed information and understand that the MTHD may inspect my booth and may not issue a permit or suspend my permit to operate at any time if food safety standards are not met.

Applicant Signature: _____ Date: _____

