



Mohegan
Tribe
HEALTH DEPARTMENT

Mohegan Tribal Health Department

13 Crow Hill Road
Uncasville, CT 06382

Telephone: (860) 862-6135 Fax: (860) 862-6189 Email: klavigne@moheganmail.com

Application must be received no later than 30 business days prior to the event.

APPLICATION FOR TEMPORARY TATTOO OR BODY PIERCING LICENSE

CHECK DUTIES **Tattoo/Body Artist** **Body Piercing** **Both**

Applicant Name: _____

Applicant Phone #: _____ Business Phone #: _____

Applicant Address: _____ Town: _____ ST _____

Name of Booth _____

Email: _____ IG/FB for Website: _____

Does your State/ Country require a professional Body Arts License Yes No

The following **must be submitted** with application:

- Copy of Driver's license or photo I.D. License # _____
- Copy of Professional License if your state/country requires one
- Documentation of Hepatitis B Vaccination or check refusal Refused
- Copy of Blood-borne Pathogen's training certificate

**** ALL NEEDLES AND UTENSILS MUST BE SINGLE SERVICE AND DISCARDED AFTER EACH CLIENT.**

Where are needles discarded? _____

How is other infectious waste stored and removed? _____

I certify that all the above information is true and correct, and I understand any falsification of any information is cause for denial to participate in the Temporary tattoo and/or Body Arts Event. I Agree to report any change in my work location or my duties promptly to the Mohegan Tribal Health Department. I understand that I cannot practice my art in Uncasville/Mohegan Sun except at the event and times noted above.

Signature: _____ Date: _____