



**Mohegan Tribal Health Department**

13 Crow Hill Road

Uncasville, CT 06382

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

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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: \_\_\_\_\_