



Mohegan Tribe Health Department
13 Crow Hill Road Uncasville, CT 06382

Email: _____

APPLICATION FOR TEMPORARY HEALTH AND BEAUTY LICENSE
Application must be received no later than 10 business days prior to the event.

Please fill out one form per booth. All names must be provided for everyone performing services at the booth.

Name of Booth/Vendor: _____

Business address: _____

Phone Number: _____ Email: _____

Name of Event: _____ Date(s) of Event: _____

Names of all persons (Legal Name Only) performing services at your Booth: _____

The following **MUST BE SUBMITTED** with application:

- **Copy of Driver's license or photo I.D.**
- **Copy of Professional License (if applicable)**
- **Please check all services that will be performed at the booth:**

___ Barbering ___ Cosmetology/Hairdressing ___ Esthetician
___ Eye Lashes ___ Massage ___ Nails
___ Tattooing ___ Body Piercing ___ Other (Please Specify): _____

- **For Tattoo Professionals ONLY:**

- Documentation of Hepatitis B Vaccination or check refused. Refused
- Copy of Blood-borne Pathogens training certificate.
- Where are needles discarded? _____
 - **NOTE: ALL NEEDLES AND UTENSILS MUST BE SINGLE SERVICE AND DISCARDED AFTER EACH CLIENT.**
- How will biohazard waste be 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 event. I agree to report any change in my application promptly to the Mohegan Tribe Health Department.

Applicant Signature: _____ Date: _____