



Mohegan Tribe 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 10 business days prior to the event.

APPLICATION FOR TEMPORARY HEALTH AND BEAUTY LICENSE

Applicant Name: _____

Applicant Phone #: _____

Applicant Address (Street, Town, State, Zip code): _____

Name of Event: _____ Date of Event: _____

Location of Event on the Reservation: Earth Expo Sky Convention Center Arena Other

Name of Booth/Vendor: _____

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

- **Copy of Driver's license or photo I.D.**
- **Copy of Professional License (if applicable)**
- **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? _____

Please check all services that you are applying for:

- | | |
|--|--|
| <input type="checkbox"/> Barbering | <input type="checkbox"/> Massage/Massage Therapy |
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Nails |
| <input type="checkbox"/> Cosmetology/Hairdressing | <input type="checkbox"/> Tanning |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Eye lashes | |
| <input type="checkbox"/> Other (please specify): _____ | |

How will utensils and other equipment be disinfected (please list type of disinfectant used)?

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: _____

Inspector's Comments:

Inspector's Signature: _____ Date: _____