



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 performing services at your booth:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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:**

<input type="checkbox"/> Barbering	<input type="checkbox"/> Cosmetology/Hairdressing	<input type="checkbox"/> Esthetician
<input type="checkbox"/> Eye Lashes	<input type="checkbox"/> Massage	<input type="checkbox"/> Nails
<input type="checkbox"/> Tattooing	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> 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: \_\_\_\_\_