



Contract Agreement, Registration Form, and Information

Please read the contract terms below carefully. If you are interested in sponsoring, please let us know!

Dates/Times:

Friday October 10th, 2025 (4:00pm – 11:00pm)
Saturday October 11th, 2025 (12:00pm – 11:00pm)
Sunday October 12th, 2025 (12:00pm – 8:00pm)

New Location:

Mohegan Sun Expo Center
1 Mohegan Sun Blvd
Uncasville, CT 06382

Set-Up/Break-Down:

Set-up will be Friday, October 10th (9am -12pm). We must be completely set-up by 12pm for the health department to do their inspection so we can open the doors by 4pm. For your convenience you may drive through the loading dock located at the back of the convention center.

Included With Your Booth Reservation & Important Info:

- Each booth rented includes: 10'x10' space, (2) vendor passes, (2) tables, and (2) chairs.
- All booth reservations are guaranteed & final on a first come, first serve basis, with payment in FULL.
- Additional 3-day passes are \$30.00ea. if payment is included with contract or \$40.00ea. at door.
- Additional tables must be rented in advance at \$45.00 for (1) 6ft. table.
We cannot provide extra tables the day of so please be sure to reserve now if need be.
- Medical waste removal is provided by Tommy's Supplies.
- **No refunds on payments.**

Important Note: All booth rental payments needs to be made payable to Tommy's Supplies. Each artist must fill out & have a Health Permit Form, Blood Bourne, & Photo Id, but only one person fills out the Registration Form per booth. Print out extra health forms for more than 1 artist. Please send in all your paperwork together so there are no mistakes on getting you registered to tattoo at our show.

Registration Form 2025:

Please fill out all information very neatly. If you have 6 people or more write names on the back.

Shop/Vendor Name: _____

Artists #1: _____ #2: _____

#3: _____ #4: _____

#5: _____ #6: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: (____) _____ - _____

Web, IG, or FB: _____

Fill Out (NO HEALTH FEES)

How Many Booths

Booth are **\$750** each

Booth: Qty _____ x **\$750** = \$ _____

Corner Booths: Qty: 1 or 2 x **\$75** = \$ _____

Extra Wristbands: Qty: _____ x **\$30** = \$ _____

Extra Tables: Qty: _____ x **\$45** = \$ _____

GRAND TOTAL \$ _____

Important Info

Note: Only 2 passes are included per booth.

Extra 3 Day wristbands can be purchased before event starts

Booth Includes: 10'x10' space, (2) Passes
(2) 6' tables, and (2) chairs

Special Request (**Not Guaranteed**)

Signature: _____ Date: _____

By signing this contract above for Tommy's Tattoo Convention 2025 at the Mohegan Sun Expo Center means you understand and will abide by this contract and agreement.

Payment Info - All checks or money orders can be made payable and sent to:
Tommy's Supplies / 34 Egypt Rd Unit A / Somers, CT 06071

Write in Memo: **TTC2025**

Credit Card Authorization Form 2025:

If paying by credit card, fill out this form completely & email or mail it to us.

Credit Card & Billing Address must match. Please print neat & clear so we are able to read it correctly

Name as it appears on the card _____

Authorized Credit Card Charge Amount \$ _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone Number: (____) _____ - _____

(Credit Card Type) Visa _____ Master _____ Amex _____ Discover _____

Credit Card Number: _____

Exp. Date: _____ Security Code: _____ (3 digit code typically located on back of card)

Signature: _____ Date: _____

Payment Info & Options:

Please return application as soon as possible in order to reserve your booth.

Credit Card & Registration Forms can be sent by:

Mailing All Forms: Tommy's Supplies / 34 Egypt Rd, Unit A / Somers, CT 06071

Email All Forms: ttconvention@tommyssupplies.com

Contact Tommy's Supplies with any questions (860) 265-2199



**Mohegan
Tribe**
HEALTH DEPARTMENT

Mohegan Tribe Health Department

13 Crow Hill Road
Uncasville, CT 06382

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: _____

Email: _____ Business Phone #: _____

IG/FB for Website: _____

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: _____



Overall Checklist & Information

Checklist To Participate At Our Show:

- ☐ Temporary Body Arts Application (*No Health Fees*)
- ☐ Blood Bourne Pathogen Certificate
- ☐ Copy of your license or photo Id
- ☐ Booth Registration Forms with full payment

Mail or Email All Forms & Payments To:

Tommy's Supplies
34 Egypt Rd Unit A
Somers, CT 06071

Email - ttconvention@tommyssupplies.com

Please contact us with any questions:

Tommy's Supplies
Phone: (860) 265-2199
Email: ttconvention@tommyssupplies.com