



New – Body Art Establishment Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
I-1**

FEE: \$400.00

Name of Establishment: _____

Operator of Establishment: _____

Address: _____

Mailing Address (if different): _____

Phone Number: _____

Body Art Practitioners Working on Site (include copies of licenses) : _____

Manufacturer, model number, model year and serial number of Autoclave used on site:

In addition to the application, the following must be submitted:

- A copy of the proposed floor plan of Body Art Establishment.

I have received, read and understand the requirements of the Acton Board of Health Regulations Article 17 – Regulations for Body Art Establishments.

Signature of Applicant

Date

Corporate Officer (If applicable)

Date