



## Renewal – Body Art Establishment Application

Acton Board of Health  
Health Dept. Phone: 978-929-6632  
[www.acton-ma.gov](http://www.acton-ma.gov)  
health@acton-ma.gov

**Form  
I-2**

**FEE: \$305.00 Annually**

Name of Establishment: \_\_\_\_\_

Operator of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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