

Ayer Board of Health
1 Main Street
Ayer, Ma 01432
978-772-8213

Body Art Establishment Application

Fee of \$150.00 due with the application

Establishment Name _____

Business
Owner/Operator _____

Mailing Address _____

Business Location _____

Phone
Number _____ Fax _____

Email _____

Date of Birth (applicant) _____

****New Applicants must submit a copy of the floor plan of the establishment for review prior to opening.**

Autoclave information

Manufacture _____
Model # _____
Model Year _____
Serial Number _____

Applicant Signature _____

Date _____