

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**  
105 C.M.R. 675.000

**INDOOR ICE SKATING RINK CERTIFICATION/RENEWAL APPLICATION**

Pursuant to 105 C.M.R. 675.000 an indoor ice skating rink operator must file this certification application with the local board of health. Please fill out the following information. Please note that this form must be complete. Failure to provide the appropriate information can result in a delay in certification.

Please fill out the following information:

**Application Status**

Mark one selection

\_\_\_\_\_ New Application

\_\_\_\_\_ Renewal

**Rink Information**

Name of Rink: \_\_\_\_\_

Street: \_\_\_\_\_

State: MA

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Owner Information**

Name of Owner of Rink: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: MA

Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***If Applicable:***

If Owner is a Partnership, list general or other partners and addresses:

\_\_\_\_\_

If Owner is a Corporation, provide the following information:

State & Date of Incorporation: \_\_\_\_\_

Address of Principal Office: \_\_\_\_\_

Name and Address of President: \_\_\_\_\_

**Operator Information**

If the person or entity responsible for the maintenance and operations of the rink is different from the owner, please provide the following information. If not, skip to contact person information.

Name of Operator of Rink: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

***If Applicable:***

If Operator is a Partnership, list general or other partners and addresses:

If Operator is a Corporation, provide the following information:

State and Date of Incorporation:

Address of Principal Office:

Name and Address of President:

Name of Contact Person of:

Rink: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **Dates of Operation of Rink**

Opening Date: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Open Yearlong (circle one): Yes or No

### **Ice Resurfacer Information**

Brand of ice resurfacer: \_\_\_\_\_

Fuel (Circle one): Gasoline Propane Natural Gas

Other: \_\_\_\_\_

Age of Resurfacer (in years): \_\_\_\_\_

Other: \_\_\_\_\_

Catalytic Converter (Circle One): Yes or No

Date of Last Tune Up: \_\_\_\_\_

Exhaust Discharge at (Circle one): Ice Level Above Ice

Name of person/company who did the last tune  
up: \_\_\_\_\_

***I certify under penalties of perjury that I, to my best knowledge and belief that the foregoing information contained in this application is true and correct.***

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

### **Secondary Ice Resurfacer Information (if used)**

Brand of ice resurfacer: \_\_\_\_\_

Fuel (Circle One): Gasoline   Propane   Natural Gas

Other: \_\_\_\_\_

Age of Resurfacer (in years): \_\_\_\_\_

Other: \_\_\_\_\_

Catalytic Converter (Circle One): Yes   or   No

Date of Last Tune Up: \_\_\_\_\_

Exhaust Discharge at (Circle one): Ice Level   Above Ice

Name of person or company who did the last tune

Up: \_\_\_\_\_

### **Edger**

Brand of edger: \_\_\_\_\_

Fuel (Circle one): Gasoline   Propane   Natural Gas

Other: \_\_\_\_\_

Age of Edger (in years) \_\_\_\_\_

Other: \_\_\_\_\_

Catalytic Converter (Circle One): Yes   No

Date of Last Tune Up: \_\_\_\_\_

Exhaust Discharge at (Circle one): Ice Level   Above Ice

Name of person/company who did the tune

Up: \_\_\_\_\_

### **Air Monitoring Equipment**

Type of air monitoring equipment for Carbon  
Monoxide: \_\_\_\_\_

Date of Last calibration: \_\_\_\_\_

Type of air monitoring equipment for nitrogen  
Dioxide: \_\_\_\_\_

Date of Last calibration: \_\_\_\_\_

### **Ventilation:**

Type of mechanical ventilation: \_\_\_\_\_

Maximum airflow capacity (in feet per minute) \_\_\_\_\_

Date of Last Maintenance: \_\_\_\_\_

I hereby certify under the pain and penalties of perjury that I have personally examined and am familiar with the information submitted in this form and that such information is to the best of my knowledge and belief, true, accurate and complete.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_