

BOSTON PUBLIC HEALTH, ENVIRONMENTAL HEALTH OFFICE  
INDOOR ICE SKATING RINK CERTIFICATION/RENEWAL APPLICATION  
105 C.M.R. 675.000

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.

Application type (check one) \_\_\_\_\_ New Application \_\_\_\_\_ Renewal

**Rink Information**

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

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

\_\_\_\_\_

City: \_\_\_\_\_ State: MA ZIP Code: \_\_\_\_\_

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

**Owner Information**

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

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

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

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

Alternate contact info: \_\_\_\_\_

\_\_\_\_\_

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**Partnership/Corporation Information**

**Skip the following questions in this box if not applicable**

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

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If Owner is a Corporation, provide the following information:

Name of Corporation: \_\_\_\_\_

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 address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

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

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**Partnership/Corporation Information**

**Skip the following questions in this box if not applicable**

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

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If Owner is a Corporation, provide the following information:

Name of Corporation: \_\_\_\_\_

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

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

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

Name and title of rink contact person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

**Dates and Hours of Operation of Rink**

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

Open Yearlong (circle one) Yes No

Hours of Operation: \_\_\_\_\_

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**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 No

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

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

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

**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 No

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

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

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

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**Edger Information**

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

Fuel (Circle one): Gasoline    Propane    Natural Gas    Other: \_\_\_\_\_

Catalytic Converter (Circle one): Yes    No

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

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

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

**Air Monitoring Equipment**

Type of monitoring equipment for carbon monoxide: \_\_\_\_\_

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

Type of 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 best of my knowledge and belief, true, accurate and complete.

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

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

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

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