MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
105 CMR 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.

FEE: $135.00 PAYABLE TO: Town of North Andover
LATE FEE AFTER MAY 31ST WILL BE DOUBLED TO $270.00

Please mail application and check to:

Town of North Andover
Health Department
Attn: Ice Rink Permit Renewal
120 Main Street
No. Andover, MA 01845

Application Status
Mark one selection

____ New Application ____ Renewal

Rink Information

Name of Rink: _____
Street: _____
City: _____
State/Zip Code: _____
Telephone Number: _____

Owner Information

Name of Owner of Rink: _____
Street: _____
City: _____
State/Zip Code: _____
Contact: _____
Telephone Number: _____

Skip the following questions in this box if not 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 Number: _____

Skip the following questions in this box if not applicable:
If Operator is a Partnership, list general or other partners and addresses:

_____

_____

_____

If Operator is a Corporation, provide the following information:
State & 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 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 No
Date of Last Tune Up: _____
Exhaust Discharge at (Circle one): Ice Level Above Ice
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
Date of Last Tune Up: _____
Exhaust Discharge at (Circle one): Ice Level Above Ice
Name of person/company who did last tune
up: _____

Edger
Brand of edger:_____
Fuel (Circle one): Gasoline Propane Natural Gas
Other_____

Age of edger (in years):_____
Other_____
Catalytic Convert (Circle One): Yes No
Date of Last Tune Up:_____
Exhaust Discharge at (Circle one): Ice Level Above Ice
Name of person/company who did 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 air flow 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: _____

Form: ice1/1997