

Methuen Health Department
Quinn Building – 90 Hampshire Street
Methuen MA 01844
Telephone: 978-983-8655
Fax: 978-983-8988

Fee:
Late Fee: \$10.00/day
Date Paid:

Expires:
Permit #
Check #

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: _____