



CITY OF MARLBOROUGH

BOARD OF HEALTH

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PLEASE FILL OUT FORM ONLINE, PRINT IT AND SEND ALONG WITH FEE(S) TO BOARD OF HEALTH

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.

Please fill out the following information:

Application Status Mark one selection: _____ New Application _____ Renewal

Rink Information

FEE: \$100/RINK

Name of Rink: _____

Street: _____

City: _____ # of Rinks at location _____

State: _____ MA Zip Code: _____ Telephone Number: _____

Owner Information

Name of Owner of Rink: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Contact: _____

Telephone: _____

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: **Attach Sheet**

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: _____

Rink: _____

Street: _____

City: State: _____ Zip Code: _____

Telephone Number: _____

Dates of Operation of Rink

Opening Date: _____

Closing Date: _____

Open Yearlong (Check one): Yes No

Ice Resurfacer Information

Brand of Ice Resurfacer:

Fuel (Check one): Gasoline Propane Natural Gas

Other (SPECIFY) _____

Age of Resurfacer (in years): _____

Catalytic Converter (Check one): Yes No

Date of Last Tune Up: _____

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

Name of person/company who did last tune up: _____

Secondary Ice Resurfacer Information (if used)

Fuel (Check one): Gasoline Propane Natural Gas

Other (SPECIFY) _____

Age of Resurfacer (in years): _____

Catalytic Converter (Check one): Yes No

Date of Last Tune Up: _____

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

Name of person/company who did last tune up: _____

Edger

Fuel (Check one): Gasoline Propane Natural Gas

Other (SPECIFY) _____

Age of Resurfacer (in years): _____

Catalytic Converter (Check One): Yes No

Date of Last Tune Up: _____

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

Name of person/company who did last 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.

Signature: _____ Date: _____

Printed Name: _____ Title: _____