



Boston Public Health Commission

Indoor Ice Skating Rink Permit Application (105 CMR 675.000)

Instructions: No permit will be issued until the Environmental & Occupational Health Division (EOH) receives a complete application form (with all attachments and permit fee) and until the EOH conducts an inspection verifying that the facility meets all sections of the Massachusetts Department of Public Health's Ice Skating Rink Regulations (105 CMR 675.000). Mail a complete permit application, all attachments, and a check or money order for the permit fee to:

ATTN: Ice Skating Rink Permit Application
Environmental & Occupational Health Division
Boston Public Health Commission
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
617-534-5965

Application Date: _____	
Application Type <input type="checkbox"/> New establishment <input type="checkbox"/> Permit renewal (previous permit number: _____)	Permit Fee: \$500 Payment must be made by Check or Money Order, made payable to Boston Public Health Commission.
Rink Information Rink Name: _____ Rink Phone Number: _____ Rink Address: _____ Is the rink open all year? (circle one) <i>Yes</i> <i>No</i> If no: When is the opening date? _____ When is the closing date? _____ Hours of Operation: _____	
Owner Information Owner Name: _____ Owner Address: _____ Owner Phone Number: _____ Owner E-Mail: _____ <input type="checkbox"/> If ownership is a partnership or corporation, list the name, physical address (no PO Box), and phone number of all partners or corporate officers on a separate attached page and check this box.	
Operator Information Complete this section if the person or entity responsible for the maintenance and operations of the rink is different from the owner. Operator Name: _____ Operator Address: _____ Operator Phone Number: _____ Operator E-Mail: _____ <input type="checkbox"/> If ownership is a partnership or corporation, list the name, physical address (no PO Box), and phone number of all partners or corporate officers on a separate attached page and check this box.	
Contact Person Contact Person Name and Title: _____ Contact Person Address: _____ Contact Person Telephone Number: _____ Contact Person Email: _____	



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Ice Resurfacers Information	
Brand of ice resurfacer: _____	Age of resurfacer (in years): _____
Fuel type (circle one): <i>Gasoline</i> <i>Propane</i> <i>Natural Gas</i> <i>Other:</i> _____	
Catalytic converter (circle one): <i>Yes</i> <i>No</i> Exhaust discharge at (circle one): <i>Ice level</i> <i>Above ice</i>	
Date of last tune-up: _____	Name of company who did last tune-up: _____
Secondary Ice Resurfacers Information (if used)	
Brand of ice resurfacer: _____	Age of resurfacer (in years): _____
Fuel type (circle one): <i>Gasoline</i> <i>Propane</i> <i>Natural Gas</i> <i>Other:</i> _____	
Catalytic converter (circle one): <i>Yes</i> <i>No</i> Exhaust discharge at (circle one): <i>Ice level</i> <i>Above ice</i>	
Date of last tune-up: _____	Name of company who did last tune-up: _____
Edger Information	
Brand of edger: _____	Age of edger (in years): _____
Fuel type (circle one): <i>Gasoline</i> <i>Propane</i> <i>Natural Gas</i> <i>Other:</i> _____	
Catalytic Converter (circle one): <i>Yes</i> <i>No</i> Exhaust discharge at (circle one): <i>Ice Level</i> <i>Above Ice</i>	
Date of last tune-up: _____	Name of company who did last tune-up: _____
Air Monitoring Equipment	
Type of carbon monoxide monitoring equipment: _____	Date of last calibration: _____
Type of nitrogen dioxide monitoring equipment: _____	Date of last calibration: _____
Ventilation	
Type of mechanical ventilation: _____	
Maximum airflow capacity (ft per minute): _____	Date of last maintenance: _____

Applicant Statement of Consent

I understand that this permit is valid only in the City of Boston and expires one year after the date that it is issued. I also understand that any notice to be mailed to be by the Boston Public Health Commission will be mailed to the address of the Skating Rink Facility that I have indicated above, unless otherwise specified.

I have read the Massachusetts Department of Public Health’s regulatory requirements on ice skating rinks (105 CMR 123.000) and understand the obligations and requirements imposed upon a permitted Ice Skating Rink by those regulations. I agree to comply with all regulatory requirements while operating an Ice Skating Rink in Boston. I further understand that it is my responsibility to ensure that employees working in this Ice Skating Rink comply with all applicable health, safety, and work practice regulations as specified in 105 CMR 123.000.

I hereby certify, under penalties and pains of perjury, that to the best of my knowledge, the information provided on this application is complete and accurate and in no way misrepresented.

 Facility Owner Signature

 Date

 Facility Owner Name (printed)