



AMHERST INSPECTION SERVICES
4 BOLTWOOD AVENUE • AMHERST • MA • 01002
 Main Office (413) 259-3030 Fax (413) 259-2402
www.amherstma.gov

ICE SKATING RINK APPLICATION
ANNUAL FEE \$ 350.00

___ **New** ___ **Renewal (Due by December 1)**

Name of Rink _____

Street Address _____

Name of Owner/Applicant _____

Owner's Mailing Address _____

Email _____ Phone _____

Corporation or partnership: Print name, title & home address of each officer or partner. Attach additional paper if needed.

Name	Title	Home Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

State of Incorporation _____ Name of Local Agent _____ Address _____

Emergency Response Person: Name _____ Emergency contact phone(s) _____

Name of Operator/Person responsible for maintenance (if different from owner) _____

Email _____ Phone _____

Name of Person completing application (if different from owner) _____ Title _____

Email _____ Phone _____

Dates of Operation:

___ Open Yearlong

___ Opening date: _____ Closing date: _____

Ice Resurfacers Information

Brand of ice resurfacer: _____

Fuel (Circle one): Gasoline Propane Natural Gas Other: _____

Age of Resurfacer: _____

Catalytic Converter (Circle one): Yes No

Date of last tune up: _____

Name of company: _____

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

Secondary Ice Resurfacers Information

Brand of ice resurfacer: _____

Fuel (Circle one): Gasoline Propane Natural Gas Other: _____

Age of Resurfacer: _____

Catalytic Converter (Circle one): Yes No

Date of last tune up: _____

Name of company: _____

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

Edger

Brand of ice resurfacer: _____

Fuel (Circle one): Gasoline Propane Natural Gas Other: _____

Age of Resurfacer: _____

Catalytic Converter (Circle one): Yes No

Date of last tune up: _____

Name of company: _____

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

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: _____

Pursuant to M.G.L. CH. 62C Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all State Taxes required under law; and that the statements made in this application are true. I agree to abide by the state laws and regulations, as well as the Town of Amherst Regulations.

Signature of Owner/Applicant or agent

Print name/Title

Date Signed

Make Checks Payable to: Town of Amherst

**Return to: Amherst Inspection Services
Attn: License Application
Town Hall 2nd Floor
4 Boltwood Avenue
Amherst, MA 01002**

**Please Note the Following Renewal Application Late Fees Will be Enforced
First 30 Days Overdue \$50.00.....60 Days & Each Month Thereafter \$100.**

Annual Inspection Fees: No Charge for Initial Inspection & First Re-inspection. \$75.00 Each Inspection Thereafter