

MASSACHUSETTS GAMING COMMISSION RACING DIVISION

Massachusetts Gaming Commission C/O Suffolk Downs
 Racing Division 525 McClellan Hwy
 84 State Street, Suite 1040 East Boston, MA 02128
 Boston, MA 02109 FAX # 617-561-0803

Date _____ License # _____
 Cash _____ / Check # _____
 Total Fees _____ Inspector _____
 New Renewal
OFFICE USE ONLY

LICENSE APPLICATION

THOROUGHBRED



Division of Racing

2014

AUTHORIZED AGENT \$30

BADGE \$5

Fee must accompany this application.
 Make check payable to **Commonwealth of Massachusetts**

NAME _____ / _____
 (PRINT) Last First Middle Maiden Name if applicable

Have you ever used an assumed name or been know by another name or licensed under an assumed or different name?

If yes, give names (including nicknames) _____

Yes	No

ADDRESS: Permanent _____
 No. & Street City State Zip Code

Present _____
 No. & Street City State Zip Code

PLACE OF BIRTH _____ / _____ / _____
 City State Country other than U.S.A. Immigration ID number (if applicable)

PHONE: Cell _____ Home _____ Fax _____

SOCIAL SECURITY NUMBER [][][]-[][][]-[][][][] **DATE OF BIRTH** [][]-[][]-[][][][]
 Month Day Year

HEIGHT [] ft. [] ins. **WEIGHT** [] lbs. **HAIR** [] **EYES** [] **GENDER:** M F

If an agent represents more than one owner a separate license application shall be filed for each owner and the fee paid in each case.

TO ACT AS AN AGENT FOR

NAME OF OWNER _____
 (PRINT) Last First Middle

ADDRESS OF OWNER _____
 No. & Street City State Zip Code

Authorized Agent forms in **duplicate** as prescribed by the commission must accompany this application.

1. Have you been licensed previously by the Massachusetts State Racing Commission?

If **yes:** Year(s) and in what capacity? _____

Yes	No

2. Do you have, or have you ever had a license from any other state?

If **yes:** State _____ Year(s) _____ Type of License _____

State _____ Year(s) _____ Type of License _____

Yes	No

3. Are you now or have you been suspended, set down, ruled off or otherwise debarred from participating in racing by any racing organization, association, commission, or other recognized turf authority in the U.S. or elsewhere?

Yes	No

Date	State	Track	Specific Violation(s)

4. Have you ever been **arrested** or **indicted** for any crime?
If yes, give details of each instance (Date, State, Type of Offense, Category, Outcome/Sentence)

Yes	No

5. Have you ever been **convicted** of violating the law?
If yes, give details of each instance _____

Yes	No

6. Have you ever been **convicted** by any court of law for illegal possession or distribution of **narcotics**?
If yes, give details of each instance _____

Yes	No

7. Are you presently on **parole** or **probation**?
If yes, give details of each instance _____

Yes	No

8. Have you ever had any permit or license of any type whatsoever denied, suspended, or revoked by any Federal, State, or City Agency?
If yes, give details of each instance _____

Yes	No

**A FALSE ANSWER TO A QUESTION IN THIS APPLICATION
CONSTITUTES GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE.**

I hereby certify I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and do hereby assent and agree, as a condition precedent to receiving of said license to abide by all the Rules of Racing adopted by the Massachusetts Gaming Commission and to accept the decision of racing officials as final on any matter relating to race or racing and that said license may at any time be summarily revoked, cancelled, suspended, or withdrawn.

NOTICE: In making this application for a license to participate in racing it is understood that an investigative report may be made whereby information is obtained from **any criminal records** and through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

NOTICE: In accordance with G.L. C.66A, Section 2(c), I hereby authorize the release of any and all information contained in this application to any body or authority on racing recognized by the Massachusetts Gaming Commission. In doing so, I waive whatever rights I may have under G.L. C.66A or regulations promulgated under its provisions concerning the release of information contained in the application to any body or authority on racing recognized by the Massachusetts Gaming Commission.

NOTICE: Section 205 CMR 4.00 Rules of Horse Racing Section 4.01. "All licensees and participants are charged with the knowledge of the rules and regulations of this commission."

NOTICE: Pursuant to M.G.L. 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 by law.



License applied for expires December 31 st year of issue	
SIGN UNDER THE PENALTY OF PERJURY	
X _____	Signature of applicant
	Date _____

PHOTO ID IS REQUIRED BY THE STATE POLICE RACING UNIT

**MASSACHUSETTS GAMING COMMISSION
RACING DIVISION**



Division of Racing

C/O Suffolk Downs
111 Waldemar Ave.
East Boston, MA 02128
FAX # 617-561-0803

License # _____

AUTHORIZED AGENT

To whom it may concern:

I have appointed _____,

whose address is _____,
STREET CITY STATE ZIP CODE

as my agent to act for me during the year 20____ in all matters pertaining to racing of horses, other than the collection of purses and moneys due me, under the Rules of Racing as adopted by the Racing Division of the Massachusetts Gaming Commission.

I further authorize _____ to collect all purses and other money due me from the association racing under the jurisdiction of the Racing Division of the Massachusetts Gaming Commission for the year 20____ with authority to endorse checks payable to me.

Signed _____

Print name _____

Legal Address _____
STREET CITY STATE ZIP CODE

Signed and sworn before me this _____ day of _____ 20_____.

Notary Public

(To be signed in duplicate)

**THIS APPLICATION IF ACCOMPANIED BY A POWER OF ATTORNEY FROM THE OWNER
NEED NOT BE SWORN TO.**

Distribution: Yellow- Attached to the Authorized Agent Application

Pink- Horsemen's Bookkeeper