

## HARNESS RACING TEMPORARY OWNER'S FORM

OFFICE USE ONLY					
Date: License Year:					
License No.:					
Cash: / Check No.:					
Credit Card Amount:					
Total Fees Received:					
Reviewer:					
☐ New ☐ Renewal ☐ Complete					

PLEASE PRINT OR TY		MPORTANT ◆ TO THE FOLLOWING QUE	STIONS IN THE SPACES	PROVIDED
		ON THIS APPLICATION O		HFULLY
A. Temporary Owner's Fee (this license fee is non-refundable) - \$30			DA'I	TE OF ISSUANCE
B. Check $()$ the appropriate box	to designate the pu	rpose of this application.	Month	
Attach your payment to the front of your application when it is			Authorized Agent:_	1 for 30 days from Issuance
			License vand	1 for 50 days from Issuance
Trainer ☐ Asst. Trainer ☐	Authorized A	agent ☐ Horseman'	s Bookkeeper □	
A Temporary Owner License may bagent representing their owner.	e issued to a licens	sed trainer acting as an a	gent for their owner or t	o a licensed authorized
Name of Trainer or Authorized Age	nt:			
		Print Name		
Cell Number:		Alternate Phone Nu	mber:	
C. Trainers Responsibilities:				
C. <u>Trainers responsibilities.</u>				
The trainer and/or authorized agent Massachusetts Gaming Commission				ng Division of the
Massachusetts Carriing Commissio	in prior to the expire	anon or the timity (50) day	, period.	
I hereby agree to produce a comple of issue. I understand that I am res	eted owner license	application for the name	d owner and not to excee	ed thirty (30) days from date
further understand that to do so will				
purses earned by the horse(s) owner permanent license. To the bests of	ed by the owner na	med below may be held	by the appropriate party	until the owner receives a
		·		igree to the above statement
(Print Name)		norosy eta	to that Thave road and t	
(Signature)			(1	Date)
OWNER:				
Last Name	First	Middle	N/A □	Maiden Name
ADDRESS:				
Permanent: Number and Street	Apt. No.	City	State	Zip Code
Present: Number and Street	Apt. No.	City	State	Zip Code
Phone: Cell Number:	Home Nur	mber:	Fax Number:	
STABLE NAME: N/A -				
PARTNFRSHIP∙ N/A □				