

**MASSACHUSETTS GAMING COMMISSION
RACING DIVISION**

Massachusetts Gaming Commission C/O Suffolk Downs C/O Plainridge Racecourse
Racing Division 525 McClellan Hwy 301 Washington Street
84 State Street, Suite 1040 East Boston, MA 02128 Plainville, MA 02762
Boston, MA 02109 FAX # 617-561-0803 FAX # 508-643-9624

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

LICENSE APPLICATION HARNESS

2014



Division of Racing

OWNER \$30 O - T \$60
 TRAINER \$30 O - D \$60
 DRIVER \$30 T - D \$60
 BADGE \$5 O - T - D \$90

Fee must accompany this application.

Make check payable to **Commonwealth of Massachusetts**

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

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

1. Current U.S.T.A. License Number **Trainer, circle** type of license (G) General (L) Limited (CD) Conditional **Driver, circle** type of license (A) Full (P) Provisional (CD) Conditional (QU) Qualifying

2. **Owners:** List all horses owned, wholly or in part by you and all persons holding any interest.
Trainers: List all persons holding interest in horses in your care.

Name of Horses	Name of Person and Address	Share %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **Owners:** Name of your Trainer _____

4. Where are your horses stabled? _____

5. Do you race under a **Stable Name**? If yes, state Stable Name _____
If you race under a Stable Name you are also required to submit a **Stable Name application**.

Yes	No

6. Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?
If **yes:** Year(s) and in what capacity? _____

Yes	No

7. 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

8. 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)

9. Have you ever been **arrested** or **indicted** for any crime?
If yes, give details of each instance _____

Yes	No

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

Yes	No

11. 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

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

Yes	No

13. 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

NOTICE TO TRAINERS: Do you have employees?

All employers are required by the Commonwealth of Massachusetts to carry **Workman's Compensation Insurance** on their employees per the Workers' Compensation Act, M.G.L. c.152.

Yes	No

Name of Company _____
Policy Number _____ Expiration Date _____

**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: 205 CMR 4.00 Rules of Horse Racing Section 4.01./3.00 Rules of Harness Racing, Section 3.01, "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 31st year of issue	
SIGN UNDER THE PENALTY OF PERJURY	
X _____	Signature of applicant
	Date _____