

**MASSACHUSETTS GAMING COMMISSION
RACING DIVISION**

Massachusetts Gaming Commission
Racing Division
84 State Street, Suite 1040
Boston, MA 02109

C/O Suffolk Downs
525 McClellan Hwy
East Boston, MA 02128
FAX # 617-561-0803

C/O Plainridge Racecourse
301 Washington Street
Plainville, MA 02762
FAX # 508-643-9624

Date _____	License # _____
Cash ___ / Check # _____	
Total Fees _____	Inspector _____
New <input type="checkbox"/>	Renewal <input type="checkbox"/>
OFFICE USE ONLY	

LICENSE APPLICATION THOROUGHBRED

2014



OPEN CLAIMING AUTHORIZATION

- OWNER \$30** **Standard Owners status upon successful claim**
- BADGE \$ 5** **Badge issued upon successful claim**

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) _____

<input type="checkbox"/>	<input type="checkbox"/>
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 - -
Month Day Year

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

- Where are your horses stabled? _____
- Name of your trainer _____
- Name of horse that makes you eligible for licensing _____
Date of last start _____ Track _____ Age _____ Sex _____
- 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**. _____
- Do any persons, corporations or any legal entities hold any interest in the above named horse?
If yes, you are also required to submit a **Partnership application**. _____
- Do you have the ability to pay bills incurred within the Commonwealth of Massachusetts in the care and maintenance of horses owned by you as required by 205 CMR 4.12 (5)? _____
- Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?
If yes: Year(s) and in what capacity? _____

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

8. 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

9. 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)

10. 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

11. Have you ever been **convicted** of violating the law?

If yes, give details of each instance _____

Yes	No

12. 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

13. Are you presently on **parole** or **probation**?

If yes, give details of each instance _____

Yes	No

14. 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.

Name of Company _____
Policy Number _____ Expiration Date _____

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: 205 CMR 4.00 Rules of Horse Racing Section 4.01./3.00 Rules of Harness Racing,, "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.



<input checked="" type="checkbox"/> _____ Date _____ Trainer's Signature

License applied for expires December 31st year of issue
SIGN UNDER THE PENALTY OF PERJURY
<input checked="" type="checkbox"/> _____ Date _____ Signature of applicant



For Stewards use only

CLAIMING AUTHORIZATION

Date of issue: _____ (Certificate is valid through calendar year of issue.)

This is to certify that _____
has been granted permission to claim one horse as provided for in CMR 4.06 (31),
per CRM 4.44 (1).

Name of Trainer _____.

