

**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

2014



PARTNERSHIP REGISTRATION \$50

Fee must accompany this application. Make check payable to:
Commonwealth of Massachusetts
All the parties below must currently be Mass. licensed owners.

To the Massachusetts Gaming Commission, Racing Division:
 We hereby declare a Partnership

Date _____

LIST OF PARTNERS

Names of the owners represented by the above Partnership are as follows:

NAME (Include middle initial)	PERMANENT ADDRESS (Street, City, State, Zip Code)	SHARE
_____	_____	% _____
_____	_____	% _____
_____	_____	% _____
_____	_____	% _____
_____	_____	% _____
_____	_____	% _____

Name of **managing partner** (if applicable) _____ Phone _____

Our horses are to run in the name of _____

If a name other than the above partners is used, a **Stable Name** must be filed with the Licensing office.

Name of our Trainer _____

- All entries and declarations of forfeits are to be made by _____
- State terms of any contingency or lease or other arrangement _____

We request that this partnership may be registered in accordance with the Rules of Racing.

LIST OF HORSES REGISTERED

NAME	SEX	AGE	NAME	SEX	AGE
_____	_____	/ _____	_____	_____	/ _____
_____	_____	/ _____	_____	_____	/ _____
_____	_____	/ _____	_____	_____	/ _____



SIGNATURES OF APPLICANTS

SIGNED UNDER THE PENALTY OF PERJURY		Date
X _____	/	_____
X _____	/	_____
X _____	/	_____
X _____	/	_____
X _____	/	_____
X _____	/	_____

License applied for expires December 31st year of issue