

**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**

THOROUGHBRED

HARNESS

**2014**



**STABLE NAME REGISTRATION \$60**

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

Date \_\_\_\_\_

To the Massachusetts Gaming Commission Racing Division,  
 I hereby apply for registration of the following Stable Name:

**STABLE NAME** \_\_\_\_\_

**PARTIES OF THE STABLE**

**Name of Owner(s)** represented by the above Stable Name are as follows:

(A person cannot register more than one Stable Name at the same time.)

**NAME** (Include middle initial)

**PERMANENT ADDRESS** (Street, City, State, Zip Code)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Changes in identities must be report to and approval obtained from the Commission.

Name of **Managing Partner** (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Have you registered this Stable Name with any other State Racing Commission?

If yes, in which State or States? \_\_\_\_\_

Yes	No

**LIST OF HORSES REGISTERED**

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

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

**NOTICE:** Section 205 CMR 4.00 Rules of Horse Racing Section 4.01 / 3.00 Rules of Harness Racing, Section 3.00  
 "All Licensees and participants are charged with the knowledge of the rule and regulations of the commission".

**NOTICE:** Pursuant to M.G.L. 62C, sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief,  
 have filed all state tax returns and paid all state taxes required under law.



FORM - SRC (T/H) SN 12/12

SIGNED UNDER THE PENALTY OF PERJURY	
X _____ / _____ Signature of applicant	_____ Date
License applied for expires December 31 <sup>st</sup> year of issue	

**PHOTO ID IS REQUIRED BY THE STATE POLICE RACING UNIT**