

THOROUGHBRED RACING STABLE NAME FORM (ITEM 2) & PARTNERSHIP REGISTRATION FORM (ITEM 3)

OFFICE USE ONLY
Date: License Year:
License No.:
Check No.:
Credit Card Amount:
Total Fees Received:
Reviewer:

				P	ARTNERSHIP)	Credit Card Amo	unt:	
				I	RATION FORM		Total Fees Receiv	red:	
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					THE ANSWERS TO THE FO ANY QUESTION ON THIS A				
				MAYI	RESULT IN THE DENIAL OF	YOUR LICENSE APPI	LICATION		
					TYPE OF AP	PLICATION			
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1.					gnate the purpose of this a yable to Commonwealth o		ur payment to the	front of your	application
				eligible for a license unit with this application	up to three consecutive yearn.	ars. Select the appro	priate box or boxe	es for the num	ber of years
	A.	☐ Stal	ble Na	ame License	☐ 1 year fee (\$60)	☐ 2 year fee (\$1	20) □ 3 y€	ear fee (\$180)	
	В.	☐ Par	tners	hip Registration	☐ 1 year fee (\$50)	☐ 2 year fee (\$1	00) □ 3 ye	ear fee (\$150)	
					STABLE NAME LI	CENSE SECTION			
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	me o	f Owne	r repr	esented by the above	ve Stable Name:	than one Stable Name	at the same time.	mission.	ZIP CODE
		f Owner	r repr	esented by the above	ve Stable Name: A person cannot register more the Stable Name must be rep	than one Stable Name	at the same time. btained by the Com		ZIP CODE
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STABLE NAME LICENSE / PARTNERSHIP REGISTRATION SECTION

NAME OF HORSE(S) REGISTERED	SEX	Y.O.B.	NAME OF TRAINER

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to ITEM 2 & 3.

PARTNERSHIP REGISTRATION SECTION

LIST OF PARTNERS: the name and address of person having an interest in the horse or horses involved.

 $\textbf{Important:} \ \textbf{All parties must be } \underline{\textbf{Massachusetts licensed owners}}, \ \textbf{unless they have less than 20\% interest.}$

When an ownership is in the name of both husband and wife, both shall be Mass. Licensed owners and no partnership registration fee shall be required.

NAME OF PARTNER	STREET ADDRESS	CITY	STATE	ZIP CODE	PERCENTAGE OF SHARES
					%
					%
					%
					%
					%
					%
					%
					%

					,,
	Note: Should you require	additional space, attach a separate sheet of paper in	the same format and label it attachment	to Item 3.	
2B.	Name of Managing Partner:	NAME	CONTACT PHONE		
	(If applicable) N/A □				
			·		
3B.	Name of ownership that will a (In whose name the horse o				_
4B.	All Entries and declarations of (With whom the power of en	-			
5B.	To whom the winnings are pay	yable:			
6B.	State terms of any contingence	y or lease or other arrangement:			
	Note: Should you require additional sp	pace, attach a separate sheet of paper in the same for	ormat and label it attachment to Item 3 qu	uestion B6.	

Initials/Date:

STATEMENT OF TRUTH and CONSENT

I hereby state under the pains and penalties of perjury that:

- 1. The information contained herein and accompanies this application is true and accurate to the best of my knowledge and understanding.
- 2. I personally supplied and/or reviewed the information contained in this form.
- 3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
- 4. Any document accompanying this application that is not an original document is a true copy of the original document.
- 5. I am aware that if any of the foregoing statements made by me are false or misleading this application may be denied.
- 6. I hereby consent to fingerprinting, photographing and the supplying of handwriting exemplars as authorized by 205 CMR 134.07.

I understand if I have questions regarding this form, I should ask an employee of the Commission's Division of Licensing.

NOTICE TO APPLICANT:

The Bureau or Commission may decline to issue, deny suspend or revoke a license or registration if the individual has been convicted of a felony or other crime involving embezzlement, theft, fraud or perjury; submitted an application under M.G.L. c. 268, sec. 9A and 205 CMR 3.00, that contains false or misleading information; or committed prior acts which form a pattern of misconduct that makes the applicant unsuitable. In determining whether an applicant is suitable, the Bureau or Commission will evaluate and consider the overall reputation of the applicant including, without limitation, the individual's integrity, honesty, good character and reputation, and whether the applicant has been convicted of a crime of moral turpitude.

SIGNED BY OWNER	SIGN UNDER THE PAINS AND PENALTIES OF PERJURY License applied for Expires December 31st year of Issuance				
REPRESENTED BY THE STABLE NAME (If more than one sign below)	Print Name of Applicant	XSignature of Applicant			

SIGNED BY PARTIES OF THE PARTNERSHIP	Print Name of Applicant	Print Name of Applicant
SIGN UNDER THE PAINS AND PENALTIES OF PERJURY	X	X
License applied for Expires December 31 st year of Issuance	Signature of Applicant	Signature of Applicant
	Date of Signature	Date of Signature
Print Name of Applicant	Print Name of Applicant	Print Name of Applicant
Signature of Applicant	Signature of Applicant	Signature of Applicant
Date of Signature	 Date of Signature	 Date of Signature
Print Name of Applicant	Print Name of Applicant	Print Name of Applicant
Signature of Applicant	Signature of Applicant	Signature of Applicant
Date of Signature	Date of Signature	 Date of Signature

			APPROVAL PAGE
☐ Approved	☐ Denied	☐ Approved	☐ Denied
ignature of Steward / Judge	Date	Mass. State Police Reviewing Officer:	
Print Name of Steward / Judge			
☐ Approved	☐ Denied		
ignature of Steward / Judge	Date	_	
Print Name of Steward / Judge		-	
☐ Approved	☐ Denied		
Signature of Steward / Judge	Date	_	
Print Name of Steward / Judge		-	
Comments:			