



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

-----OFFICE USE ONLY-----

Date: _____ License Year: _____
 License No.: _____
 Cash: _____ / Check No.: _____
 Credit Card Amount: _____
 Total Fees Received: _____
 Reviewer: _____
 New Renewal Complete

← **IMPORTANT** →

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED

FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY
MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION

TYPE OF APPLICATION

1. Check (✓) the appropriate box to designate the purpose of this application. Attach your payment to the front of your application when it is completed. Make check payable to **Commonwealth of Massachusetts**

The applicant is eligible for a license up to three consecutive years. Select the appropriate box or boxes for the number of years desired and submit with this application.

- A. **Stable Name License** 1 year fee (\$60) 2 year fee (\$120) 3 year fee (\$180)
 B. **Partnership Registration** 1 year fee (\$50) 2 year fee (\$100) 3 year fee (\$150)

ITEM 2 STABLE NAME LICENSE: Do you race under a stable name? Yes No

Stable Name: _____

Name of Owner represented by the above Stable Name:

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

Important: A person cannot register more than one Stable Name at the same time. Changes in identities must be reported to and approval obtained by the Commission.

If there is more than one owner, list all the parties of the stable in the **Partnership Registration** chart below.

ITEM 3 PARTNERSHIP REGISTRATION: LIST OF PARTNERS

Important: All the parties listed must be Mass. licensed owners, unless they have 20% or less interest.

NAME	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.**

Initials/Date: _____

1. **Name of Managing Partner:** (If applicable) N/A

NAME	CONTACT PHONE

2. **Name of your Trainer(s)**

PRINT THE NAMES OF TRAINERS WHOM CURRENTLY WORK FOR YOU	
1.	4.
2.	5.
3.	6.

3. **LIST OF HORSES REGISTERED**

Complete the following chart:

NAME	SEX	AGE	NAME	SEX	AGE
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

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

THE HORSE(S) ARE TO RUN IN THE NAME OF:

4. **All Entries and declarations of forfeits are to be made by:**

5. **State terms of any contingency or lease or other arrangement:**

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to Item 3 question 5.**

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

Yes No If you checked yes, list which State(s):

NAME OF STATE(S)					

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question A3.**

Initials/Date: _____

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.

License applied for Expires December 31st year of Issuance

I hereby employ the above named applicant as of the date of this application. To the best of my knowledge, the applicant is legally in the United States and has complied with the Immigration Reform Act and Control Act of 1986 by completing a Form 1-9, I acknowledge the workmen's compensation insurance requirements established by the Worker's Compensation Act, M.G.L. c. 1542 as they appear in the "Notice to Trainer's" section of my current Massachusetts Thoroughbred trainer license application

SIGN UNDER THE PAINS AND PENALTIES OF PERJURY

Signature of Applicant

Print Name of Applicant

Date of Signature

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SIGN UNDER THE PAINS AND PENALTIES OF PERJURY

Signature of Applicant

Print Name of Applicant

Date of Signature

STATEMENT OF TRUTH and CONSENT

I, _____, hereby state under the pains and penalties of perjury that:
(Print Name)

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
(Print Name)
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.

(Signature)

(Type, Stamp or Print Name)

(Date)

APPROVAL PAGE

Approved

Denied

Signature of Steward / Judge

Date

Print Name of Steward / Judge

Approved

Denied

Mass. State Police
Reviewing Officer:

Date:

Approved

Denied

Signature of Steward / Judge

Date

Print Name of Steward / Judge

Approved

Denied

Signature of Steward / Judge

Date

Print Name of Steward / Judge

Comments: