



# THOROUGHBRED RACING VENDOR LICENSE FORM

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

Date: \_\_\_\_\_ License Year: \_\_\_\_\_

License No.: \_\_\_\_\_

Cash: \_\_\_\_\_ / Check No.: \_\_\_\_\_

Credit Card Amount: \_\_\_\_\_

Total Fees Received: \_\_\_\_\_

Reviewer: \_\_\_\_\_

New     Renewal     Complete

NAME OF APPLICANT: \_\_\_\_\_

**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 or boxes to designate the purpose of this application. Attach your payment to the front of your application when it is completed.

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. <input type="checkbox"/> Veterinarian License | <input type="checkbox"/> 1 year fee (\$60) | <input type="checkbox"/> 2 year fee (\$120) | <input type="checkbox"/> 3 year fee (\$180) |
| B. <input type="checkbox"/> Blacksmith License   | <input type="checkbox"/> 1 year fee (\$25) | <input type="checkbox"/> 2 year fee (\$50)  | <input type="checkbox"/> 3 year fee (\$75)  |
| C. <input type="checkbox"/> Other License        | <input type="checkbox"/> 1 year fee (\$10) | <input type="checkbox"/> 2 year fee (\$20)  | <input type="checkbox"/> 3 year fee (\$30)  |
| Type: _____                                      |  |   |   |
| D. <input type="checkbox"/> Badge                | <input type="checkbox"/> 1 year fee (\$10) | <input type="checkbox"/> 2 year fee (\$20)  | <input type="checkbox"/> 3 year fee (\$30)  |

## NAME AND ADDRESS

NAME: LAST - INCLUDE SR., JR., ETC., IF APPLICABLE			FIRST	MIDDLE
MAILING ADDRESS: NUMBER AND STREET	APT#	CITY	STATE	ZIP CODE
HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS	APT#	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	CELL TELEPHONE NUMBER	WORK TELEPHONE NUMBER	EMAIL ADDRESS	

## DESCRIPTIVE INFORMATION

DATE OF BIRTH:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HEIGHT:	<input type="text"/> FT	<input type="text"/> IN	WEIGHT:	<input type="text"/> LBS
	(M M) (D D) (YYYY)					
SOCIAL SECURITY NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
IMMIGRATION ID NUMBER (if applicable)	<input type="text"/>		DRIVER LICENSE / STATE IDENTIFICATION NUMBER		STATE	

Initials/Date: \_\_\_\_\_



## CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow:

**DEFINITIONS:** For purposes of this question:

- A. **Arrest** means being taken into custody by any police or other law enforcement authority.
- B. **Charge** includes any indictment, complaint, information or other notice of the alleged commission of any "offense."
- C. **Conviction** includes the finding of guilty of any "offense" upon a trial or a plea of guilty. An adjudication of delinquency shall not be considered a conviction. Such a finding may, however, be considered for purposes of determining the suitability of an applicant.
- D. **Crime or Offense** includes all felonies and misdemeanors.
- E. **Disposition** the way the case was resolved: guilty, not guilty, continued without a finding, dismissed, pending,

**INSTRUCTIONS:**

- A. Please note, this is not an application for employment. Accordingly, you must answer all questions completely and may not omit information. Answer "yes" and provide all information to the best of your ability **EVEN IF**:
  - 1. You did not commit the offense charged;
  - 2. The charges were dismissed or subsequently downgraded to a lesser charge;
  - 3. You completed a diversionary program or the equivalent thereof;
  - 4. You were not convicted;
  - 5. You did not serve any time in prison or jail;
  - 6. The charges or offenses happened a long time ago.
- B. Answer "no" **IF**:
  - 1. You have never been arrested or charged with any crime or offense.
  - 2. Records of criminal appearances, criminal dispositions, and/or any information concerning acts of delinquency that have been sealed.

7. Have you ever been arrested, charged and/or convicted of **any crime or offense in any jurisdiction (including Massachusetts)**?

Yes  No  If you checked yes, complete the following chart:

NATURE OF CHARGE OR OFFENSE	DATE CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT OR COURT INVOLVED	DISPOSITION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 7.**

8. **A. Are you presently on parole or probation?**

Yes  No

**B. Have you ever had any permit or license of any type whatsoever denied, suspended, or revoked by any Federal, State, or City Agency?**

Yes  No  If you checked yes to any of above questions, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (IF APPLICABLE)	DATE OF DISPOSITION (IF APPLICABLE)

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8.**

Initials/Date: \_\_\_\_\_

## LICENSING HISTORY

**9. Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?**

Yes  No  If you checked yes, complete the following chart:

YEAR OF LICENSURE	TYPE OF LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 9.**

**10. Do you have, or have you ever had a racing license in any other state?**

Yes  No  If you checked yes, complete the following chart:

NAME STATE	TYPE OF LICENSE	YEAR(S)

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 10.**

**11. Are you now or have you ever been found ineligible for licensure, denied a license, had a license revoked or suspended, or been set down, ruled off or otherwise barred from participating in racing by any racing organization, association, commission or other recognized turf authority in the U.S. or elsewhere?**

Yes  No  If you checked yes, complete the following chart:

DATE	STATE	TRACK	SPECIFIC VIOLATION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 11.**

**12. Have you ever been assessed a fine of \$500 or greater by any racing organization, association, commission or other recognized turf authority in the U.S. or elsewhere?**

Yes  No  If you checked yes, complete the following chart:

DATE	STATE	TRACK	SPECIFIC VIOLATION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 12.**

Initials/Date: \_\_\_\_\_

**NOTICE TO APPLICANT:** All Veterinarians must be registered in Massachusetts as well as with DEA to qualify for licensing by MGC. Certificates subject to inspection upon reasonable demand.

**DEA CONTROLLED SUBSTANCE**

CERTIFICATE NO.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**6. The following information must be completed by Veterinarian:**

A. Name of Veterinary school attended: \_\_\_\_\_

B. Year of Graduation: \_\_\_\_\_

C. Year admitted to Veterinary practice: \_\_\_\_\_

D. Are you currently licensed in the state of Massachusetts? Yes  No

E. Do you hold a license in any other state? Yes  No

If yes, provide the State where license is held: \_\_\_\_\_

F. Was your license ever suspended? Yes  No

If yes, provide the details of each instance:

DATE	STATE	SPECIFY VIOLATION

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6-F.**

**G. Name of your employees:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6-G.**

**NOTICE TO APPLICANT:** All employers are required by the Commonwealth of Massachusetts to carry Workman's Compensation Insurance on their employees per the Workman's Compensation Act, M.G.L. c.152

Name of Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 31<sup>st</sup> 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  
\_\_\_\_\_

**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 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)

**RELEASE AUTHORIZATION - INDIVIDUAL**

To: Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the "issuing entity").

I, \_\_\_\_\_, authorize the  
(Print Name)  
Massachusetts Gaming Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with my application filed with the Commission.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or person required to be qualified.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

**This release shall be valid from the date of signature and, once issued, for the duration of the license.**

A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Type, Stamp or Print Name)

\_\_\_\_\_  
(Date)

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory

evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(Signature of Notary)

(Notary Stamp)



**APPROVAL PAGE**

**Approved**                       **Denied**

\_\_\_\_\_  
Signature of Steward / Judge                      Date

\_\_\_\_\_  
Print Name of Steward / Judge

**Approved**                       **Denied**

\_\_\_\_\_  
MASSACHUSETTS GAMING COMMISSION VETERINARIAN

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**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

**Comments:**