MASSGAMING **** OMMISSION	VE	BRED RACING NDOR SE FORM	Date: License No.: Ch Credit Card A Total Fees Rec	FFICE USE ONLY         License Year:         eck No.:         Amount:         reived:         Renewal         Complete
PLI	EASE PRINT OR TYPE THE ANS	► IMPORTANT WERS TO THE FOLLOWING Q	UESTIONS IN THE SPAC	ES PROVIDED
	FAILURE TO ANSWER ANY QUE MAY RESULT II	ESTION ON THIS APPLICATION N THE DENIAL OF YOUR LICE		UTHFULLY
		TYPE OF APPLICATIO	N	
	opriate box or boxes to designate to check payable to <b>Commonwealth</b>		Attach your payment to the	front of your application when it is
The applicant is eli submit with this ap		, , , , , , , , , , , , , , , , , , , ,		
		lain view on outer clothing		
	arian License	□ 1 year fee (\$60)	□ 2 year fee (\$120)	
_	nith License	□ 1 year fee (\$25)	□ 2 year fee (\$50)	
	Security License	□ 1 year fee (\$10)	□ 2 year fee (\$20)	
		□ 1 year fee (\$10)	□ 2 year fee (\$20)	□ 3 year fee (\$30)
☐ Badge		□ 1 year fee (\$10)	□ 2 year fee (\$20)	□ 3 year fee (\$30)
		NAME AND ADDRESS	6	
MAILING ADDRESS: NUM	SR., JR., ETC., IF APPLICABLE BER AND STREET ERENT THAN MAILING ADDRESS	FIRST APT# CITY APT# CITY	STAT	
HOME ADDICESS. II DIT				
HOME TELEPHONE NUM	BER CELL TELEPHONE	NUMBER WORK TE	LEPHONE NUMBER	EMAIL ADDRESS
	D	ESCRIPTIVE INFORMAT	ION	
DATE OF BIRTH: (M N (M N SOCIAL SECURITY NUME			T IN WE	
	hbred Racing Vendor License 03-24	17		Page 1

Page 1

HAIR COLOR	EYE COLOR		<u>SEX</u>	RACE
BLACK BROWN	□ BLACK	BROWN		
	🗆 HAZEL			HISPANIC ASIAN / PACIFIC ISLANDER
	□ GRAY	GREEN		BLACK / AFRICAN AMERICAN
BALD				□ OTHER
HAVE YOU EVER BEEN KNOW and specify dates of use for each	-	_		No If yes, list the additional names below $\int_{0}^{1}$
PLACE OF BIRTH:				
CITY/I	ſOWN		STATE/PI	ROVINCE COUNTRY (other than US)
		TAKEN WITI 6 MO (IF ELECTRONIC F YOUR CREDENTIA	DTOGRAPH HN THE PAST INTHS. ILING APPLICATION IL PICTURE WILL BE FOR AFFIXING)	
		CITIZ	ENSHIP	
2. Are you a citizen of the Uni	ted States?	Ye	s No	
3. If you are a naturalized citize attachment to question 3.	n of the United	States, attach a c	opy of your certifi	cate of naturalization to this form labeled as
NOTICE TO APPLICANT:	If you answer	ed "YES" to Que	estion 2 and prov	rided the attachment for Question 3, please
	continue on to			
4. If you are not a citizen of th	e United State	s, please indicat	te:	
A. The country of which you	u are a citizen: <u>.</u>			
B. Your place of birth:				
				STATE COUNTRY
	_			
D. Marne and address of yo	iai sponsoi upo	n your annval		
employed in the United State	s, please provio y of your USCIS	de your USCIS "A 6 identification car	" number or other	nt resident alien or you are authorized to be USCIS authorization in the space provided below, or USCIS document that conditions or restricts your
USCIS "A" number				
				Initials/Date:

		VENDOR			
			5001		
NAME OF BUSINESS			POSH	ION	
Principle location of business	SStreet	City	State	Zip Code	Phone Number
		VETERINARIA	N		
	All Veterinarians must be regis Certificates subject to inspectio			as with DEA to	qualify for licensing by MGC.
DEA CONTROLLED SUBS	TANCE CERTIFICATE NO.:			Expirat	ion Date:
6. The following informat	tion must be completed by V	eterinarian:			
A. Name of Veterinar	y school attended:				
B. Year of Graduation	n:				
C. Year admitted to V	/eterinary practice:				
	licenced in the state of Mass		Vee 🗆		
D. Are you currently	licensed in the state of Mass	sachusetts ?	Yes 🗆	No 🗆	
E. Do you hold a lice	nse in any other state?		Yes 🗆	No 🗆	
If yes, provide the S	State where license is held:				
F. Was your license	ever suspended?		Yes 🗆	No 🗆	
If yes, provide the d	letails of each instance:				
DATE	STATE			SPECIFY VIOL	ATION
Note: Should you	require additional space, attach a sepa	arate sheet of paper ir	the same format a	nd label it attachm	ent to question 6-F.
0					
G. Name of your emp	-				
	require additional space, attach a sepa				
	ployers are required by the Commo yees per the Workman's Compensa			rkman's Compens	ation Insurance on their
Name of Company:	Policy Number:			Expiratio	on Date:
				Initials	/Date:
Form No, HR-5: Thoroughbred Ra	acing Vendor License 03-24-17				Page 3

## 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. <u>Arrest</u> 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. <u>Conviction</u> 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. <u>Crime or Offense</u> includes all felonies and misdemeanors.
- E. Disposition the way the case was resolved: guilty, not guilty, continued without a finding, dismissed, pending,

#### **INSTRUCTIONS:**

7.

- 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.
  - 3.

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

Yes D 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:

Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?         Yes       No         Yes       No         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 if attachment to question 9.         Note: Should you require additional space, attach a separate sheet of paper in the same format and label if attachment to question 9.         Note: Should you require additional space, attach a separate sheet of paper in the same format and label if attachment to question 10.         Note: Should you require additional space, attach a separate sheet of paper in the same format and label if attachment to question 10.         Note: Should you require additional space, attach a separate sheet of paper in the same format and label if attachment to question 10.         Attact       YEAR(S)         or you now or have you ever been found inaligible for licensure, denied a license, had a license revoked or susper or been set down, ruled off or otherwise barred from participating in racing by any racing organization, associonnmission 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         Mete: Should you require additional space, attach a separate sheet of paper in the same format and label if attachment to question 11.       Have you e						
YEAR OF LICENSURE       TYPE OF LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATI         Note:       Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 9.         Do you have, or have you ever had a racing license in any other state?       Yes         Yes       No         If you checked yes, complete the following chart:       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.         Note:       Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 10.         Are you now or have you ever been found ineligible for licensure, denied a license, had a license revoked or susper or been set down, ruled off or otherwise barred from participating in racing by any racing organization, assoc 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.         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 c	Have you beer	licensed previ	ously by the Massachusetts Stat	e Racing or Gami	ng Commission?	
Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 9.         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         VER       VERN(S)         Note: Should you require additional space, attach a separate sheet of paper in the same format and label it attachment to question 10.         Are you now or have you ever been found ineligible for licensure, denied a license, had a license revoked or susper or been set down, ruled off or otherwise barred from participating in racing by any racing organization, assoc commission or other recognized turf authority in the U.S. or elsewhere?         Yes       No         Yes       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.         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         Tree No       If	Yes 🗌 No	If you che	ecked yes, complete the following c	hart:		
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## READ THE FOLLOWING STATEMENTS AND SIGN BELOW

#### **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.

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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.

SI	<b>GN UNDER</b>	THE PAINS	AND PENA	ALTIES OF	F PERJURY	

License applied for Expires December 31<sup>st</sup> year of Issuance

Print Name of Applicant

Signature of Applicant

Date of Signature

# **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 Massachusetts Gaming Commission (Commission) and (Print Name)

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.

v	
^	

(Signature of Applicant)

(Type, Stamp or Print Name)

(Date)

Form No, HR-5: Thoroughbred Racing Vendor License 03-24-17

			APPROVAL PAGE
Approved	Denied		Denied
Signature of Steward / Judge	Date	Mass. State Police Reviewing Officer:	
Print Name of Steward / Judge		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:**