

THOROUGHBRED RACING STABLE EMPLOYEE

OFFICE USE ONLY Date: License Year:						
License No.:						
Check No.: Credit Card Amount:						
Total Fees Received:						
☐ New ☐ Renewal ☐ Complete						

	COM	* * * MISS	*	LIC	CENSE FOR	RM			ck No.:	
								Credit Card Ar	nount:	
								Total Fees Rec	eived:	
								Reviewer:		
Nar	Name of Applicant: New Renewal Complete									
PLE/	I M P O R T A N T ← 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				
	. 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.							r application		
				eligible for a license up mit with this application		years. Select the	approp	riate box or b	oxes for the nu	mber of years
				Badges must be w	orn in plain view on	outer clothing in	all rest	tricted areas	at all times.	
	A.		Groom	Hot Walker License	☐ 1 year fee (\$5)	☐ 2 year fe	ee (\$10	D) 🗆 3	3 year fee (\$15))
	В.		Exercis	e Rider License	☐ 1 year fee (\$5)	☐ 2 year fe	ee (\$10	0) 🗆 3	year fee (\$15))
	C.		Pony P	erson License	☐ 1 year fee (\$5)	☐ 2 year fe	ee (\$10	D) 🗆 3	3 year fee (\$15)	1
	D.		Badge		☐ 1 year fee (\$10)	☐ 2 year fe	ee (\$20	0) 🗆 3	3 year fee (\$30)	1
					NAME A	ND ADDRESS				
NAME	: L/	AST	- INCLUDE	SR., JR., ETC., IF APPLICAE	BLE FI	RST			MIDDLE	
MAILI	NG /	ADD	RESS: NUM	IBER AND STREET	APT#	CITY		STAT	E Z	IP CODE
HOME	AD.	DRE	ESS: IF DIFF	ERENT THAN MAILING ADI	DRESS APT#	CITY		STAT	E Z	IP CODE
HOME	TE	LEP	HONE NUM	BER CELL TE	LEPHONE NUMBER	WORK TELEP	HONE N	IUMBER	EMAIL ADDF	RESS
					DESCRIPTIV	E INFORMATIO	N			
DATE	OF	BIR				EIGHT: FT		IN WE	IGHT:	LBS
			(M I	M) (D D)	(YYYY)					
SOCI	AL S	ECU	URITY NUM	BER:						
IMMIC	BRA'	TIOI	N ID NUMBE	R (if applicable)				RIVER LICENSE FATE IDENTIFIC	/ ATION NUMBER	STATE

HAIR COLOR	EYE COLOR		<u>SEX</u>	RACE				
☐ BLACK ☐ BROWN	□ BLACK □	BROWN	☐ MALE	☐ AMERICAN INDIAN / ALASKAN NATIVE ☐ WHITE				
☐ BLONDE ☐ RED	□ HAZEL □	BLUE	☐ FEMALE	☐ HISPANIC ☐ ASIAN / PACIFIC ISLANDER				
☐ GRAY ☐ WHITE	☐ GRAY ☐	GREEN		☐ BLACK / AFRICAN AMERICAN				
☐ BALD				☐ OTHER				
HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? Yes□ No□ If yes, list the additional names below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other name)								
PLACE OF BIRTH:								
CITY/T	NWC		STATE/PF	ROVINCE COUNTRY (other than US)				
MANUALLY AFFIX A COLOR 2" X 2" WITH A FULL-FACE, FRONT VIEW PHOTOGRAPH TAKEN WITHN THE PAST 6 MONTHS. (IF ELECTRONIC FILING APPLICATION YOUR CREDENTIAL PICTURE WILL BE SUFFICIENT FOR AFFIXING)								
	. 1.04.4.4.2		ENSHIP					
			s□ No□ opy of your certific	cate of naturalization to this form labeled as				
attachment to question 3.								
	If you answered "Y continue on to Que		stion 2 and prov	ided the attachment for Question 3, please				
4. If you are not a citizen of the	- United States Inle	ease indicat	۵.					
•	•							
B. Your place of birth:								
				STATE COUNTRY				
D. Name and address of you	ar sponsor upon you	ır arrıvar						
5. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your USCIS "A" number or other USCIS authorization in the space provided below, and attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment labeled as attachment to question 5.								
USCIS "A" number								
OSCIS A Hullibel								

DATES						
FROM TO (MO\YR)	(NUMBER, STREE	ADDRESS T, APARTMENT, CITY, STA	ATE, COUNTRY AND ZIP CODE	≣)	TELEPHOI	NE NUMBER
<u> </u>	Note: Should you require addit	tional space, attach a separ	ate sheet of paper in the same fo	ormat and lab	el it attachment to qu	estion 6.
		BUSINESS	DESCRIPTION			
Name of Trainer	:				_	
	PRINT NAM	IES OF TRAINER WHOM Y	OU CURRENTLY WORK FOR			
NOTICE TO TRAIL	NED: All amplayers	are required by the (Commonwealth of Massac	abusatta t	o carry Warkman	's Componer
NOTICE TO TRAIL	NER: All employers a Insurance on th	are required by the C heir employees per the	Commonwealth of Massac Workers' Compensation A	chusetts t act, M.G.L.	o carry Workman c.152	's Compensa
Name of Company	Insurance on th	heir employees per the	Workers' Compensation A	ct, M.G.L.	c.152	
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Form No. TR-8: Thoroughbred Stable Employee 03-17-2017

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

INSTRUCTIONS:

10.

- 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:

11. A. Are you presently on parole or probation?

- 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.

Massachusetts)? Yes	□ No□ If	you checked yes, complete the following chart:	
NATURE OF CHARGE OR OFFENSE	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT OR COURT INVOLVED	DISPOSITION
·			

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

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

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 either question, 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 req	uire additional sp	ace, attach a separate s	sheet of paper in the san	ne format and label it attachment t	o question 11.			

Yes□

Initials/Date:

LICENSING HISTORY							
2. Have vou beer	licensed prev	viously by the Ma	ssachusetts State Racing o	Gaming Commission?			
	<u>-</u>		plete the following chart:				
NAME AND ADDRE	SS OF LICENSING		/PE OF LICENSE, PERMIT, REGISTR CERTIFICATION, OR OTHER AURTHORIZATION	ATION, LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION NUMBER			
Note:	Should you require	additional space, attac	ch a separate sheet of paper in the sam	e format and label it attachment to question 12.			
-	r have you eve	er had a license f	rom any other state?				
Yes □ No	☐ If yo	ou checked yes, c	omplete the following chart:				
N.	AME STATE		TYPE OF LICENSE	YEAR(S)			
Note:	Should you require	additional space, attac	ch a separate sheet of paper in the sam	e format and label it attachment to question 13.			
			participation in racing by an				
	turf authority i	n the U.S. or else	participation in racing by an				
other recognized	turf authority i	n the U.S. or else	participation in racing by an ewhere?				
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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.

	DER THE PAINS AND PEN						
XSignature of Applicant	I hereby employ the above named applicant as of the date of this application. To the best of knowledge, the applicant is legally in the United States and has complied with the Immigrative Reform Act and Control Act of 1986 by completing a Form 1-9, I acknowledge the workment compensation insurance requirements established by the Worker's Compensation Act, M.G. 1542 as they appear I the "Notice to Trainer's" section of my current Massachusetts Thorough trainer license application.						
Print Name of Applicant	.,						
Date of Signature	Signature of Trainer	Print Name of Trainer	Date of Signature				
RE	LEASE AUTHORIZATION	I - INDIVIDUAL					
To: Law Enforcement Agencies, Courts, Educational Institutions, Banks, Financia Agencies – federal, state and local, with I, (Print Name) Investigations and Enforcement Bureau I acknowledge that the Commission and conducting due diligence suitability investiled with the Commission. I authorize the release of any and all inforcement of the Commission or Bureau, pro Commission or that I am presently a lice I release any issuing entity, the Commis collectively, from any and all liability for authorization for release of information. I acknowledge that this authorization share Commission and/or Bureau. This release shall be valid from the day A photocopy of this	al and Other Such Institutions, A out exception, both foreign and, authorize the, authorize the common formation pertaining to me, documented that he or she certifies to ensee or person required to be quite to be quite to be quite the damages of whatever kind, which all supersede and replace any parts of signature and, once issue the control of the contro	Il Gaming Regulatory Agencies, and domestic (the "issuing entity"). Massachusetts Gaming Commiss stigation into my background and at have contracted with third parties nission and/or Bureau in connection mentary or otherwise, as requested you that I have an application pendualified. Its, representatives and employees h may at any time result because the rior release authorization executed.	ion (Commission) and activities. for the purpose of on with my application and by any employee or ding before the application, both individually and of compliance with this aby me for the				
X(Signature of Applicant)	(Type, Stamp of	or Print Name)	(Date)				
Form No. TR-8: Thoroughbred Stable Employee 03-17-20	017		Page 6				

		APPROVAL PAGE
☐ Approved ☐ Denied	☐ Approved	☐ Denied
Signature of Steward / Judge Date		
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:		