



# THOROUGHBRED RACING OWNER / TRAINER LICENSE FORM

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

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

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

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. 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. <input type="checkbox"/> Individual Owner License         | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60)  | <input type="checkbox"/> 3 year fee (\$90)  |
| B. <input type="checkbox"/> Trainer License                  | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60)  | <input type="checkbox"/> 3 year fee (\$90)  |
| C. <input type="checkbox"/> Assistant Trainer License        | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60)  | <input type="checkbox"/> 3 year fee (\$90)  |
| D. <input type="checkbox"/> Individual Owner/Trainer License | <input type="checkbox"/> 1 year fee (\$60) | <input type="checkbox"/> 2 year fee (\$120) | <input type="checkbox"/> 3 year fee (\$180) |

**Badges must be worn in plain view on outer clothing in all restricted areas at all times.**

- |                                   |  |  |  |
|-----------------------------------|--|--|--|
| E. <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:            HEIGHT:  FT       IN      WEIGHT:  LBS  
(M M)      (D D)      (YYYY)

SOCIAL SECURITY NUMBER:                      STATE

IMMIGRATION ID NUMBER (if applicable)       DRIVER LICENSE / STATE IDENTIFICATION NUMBER



6. 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. 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:

**BUSINESS DESCRIPTION**

**OWNERS**

7. Provide the information below that makes you eligible for licensing: Provide a list of horses owned, solely or in part by you, which will be entered to race.

NAME OF HORSE	Y.O.B.	SEX	DATE OF LAST START	TRACK	TRAINER
SOLE OWNER OR PARTNERSHIP? (CIRCLE ONE OF THE ABOVE)	_____				
TRAINER'S NAME ENTERED AT SUFFOLK DOWNS	NAME OF PARTNERS				

NAME OF HORSE	Y.O.B.	SEX	DATE OF LAST START	TRACK	TRAINER
SOLE OWNER OR PARTNERSHIP? (CIRCLE ONE OF THE ABOVE)	_____				
TRAINER'S NAME ENTERED AT SUFFOLK DOWNS	NAME OF PARTNERS				

NAME OF HORSE	Y.O.B.	SEX	DATE OF LAST START	TRACK	TRAINER
SOLE OWNER OR PARTNERSHIP? (CIRCLE ONE OF THE ABOVE)	_____				
TRAINER'S NAME ENTERED AT SUFFOLK DOWNS	NAME OF PARTNERS				

NAME OF HORSE	Y.O.B.	SEX	DATE OF LAST START	TRACK	TRAINER
SOLE OWNER OR PARTNERSHIP? (CIRCLE ONE OF THE ABOVE)	_____				
TRAINER'S NAME ENTERED AT SUFFOLK DOWNS	NAME OF PARTNERS				

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

8. Does any legal entities holding any interest in the above named horse(s): Yes  No   
If answered "yes" you will need to complete a Partnership application (item 3). An addition fee is required.

9. Does any legal entities holding any interest in the above named horse: Yes  No

- S-Corporation       Partnership       Limited Partnership       LLC  
 C-Corporation       Trust       Sole Proprietorship  
 Other (describe): \_\_\_\_\_

**NOTICE TO APPLICANT:** If you answered "YES" to the above question "Does any legal entities holding any interest in the above named horse you will need to complete the attached document identified as "ITEM 2" Partnership. Additional fee required.

10. Do you race under a stable name: Yes  No

NAME OF STABLE

**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.

**NOTICE TO APPLICANT:** If you answered "YES" to the above question "Do you race under a Stable Name" you will need to complete the document identified as "ITEM 2" Stable Name. An additional fee is required.

### TRAINERS AND ASSISTANT TRAINERS

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

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**A COPY OF YOUR WORKERS' CERTIFICATE OF INSURANCE MUST BE ATTACHED AND SUBMITTED WITH THIS APPLICATION.**  
All employees are required by Commonwealth of Massachusetts to carry Workman's Compensation Insurance on their employees per the Workers's Compensation Act, M.G.L. c.152.

NAME OF POLICY HOLDER      NAME OF INSURANCE COMPANY      POLICY NO.      EXPIRATION DATE

Name of your employees on the grounds \_\_\_\_\_  
\_\_\_\_\_

### ASSISTANT TRAINER ONLY

Provide the name of your Trainer: \_\_\_\_\_ Phone No. \_\_\_\_\_

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.

**11. 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 OF 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 11.**

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

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

**LICENSING HISTORY**

**13. 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 13.**

**14. Do you have, or have you ever had a license from 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 14.**

**15. Are you now or ever have been found ineligible for licensure, denied a license, had a license revoked or suspended, or been set down, ruled off or otherwise barred from participation 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 16.**

**16. 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 16.**

**17. Do you have the ability to pay bills incurred within the Commonwealth of Massachusetts in the care and maintenance of horses owned by you as required by 205 CMR 4.12(5):** Yes  No

**NOTICE TO APPLICANT:** You must have the ability to pay bills incurred within the Commonwealth of Massachusetts for the care and maintenance of horses owned by you as required by 205 CMR 3.10(7).

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

**READ THE FOLLOWING STATEMENTS AND SIGN BELOW**

**SIGNATURE SECTION**

**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.

**SIGN UNDER THE PAINS AND PENALTIES OF PERJURY**

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

**X**

\_\_\_\_\_   
 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 Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.   
 (Print Name)

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.

**X** \_\_\_\_\_   
 (Signature of Applicant)

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

\_\_\_\_\_   
 (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

**Approved**                       **Denied**

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

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

**Comments:**