



2. Place of Birth: \_\_\_\_\_  
CITY/TOWN STATE/ PROVINCE COUNTRY (OTHER THAN U.S.)

3. Are you a citizen of the United States? Yes  No  If no, Country of which you are a citizen: \_\_\_\_\_

4. 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.

USCIS "A" number:

5. 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

6. Where are your horses are stabled: \_\_\_\_\_ Where did your horses ship in from: \_\_\_\_\_

**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)	NAME OF PARTNERS _____				
TRAINER'S NAME ENTERED AT SUFFOLK DOWNS					

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

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SOLE OWNER OR PARTNERSHIP? (CIRCLE ONE OF THE ABOVE)	NAME OF PARTNERS _____				
TRAINER'S NAME ENTERED AT SUFFOLK DOWNS					

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SOLE OWNER OR PARTNERSHIP? (CIRCLE ONE OF THE ABOVE)	NAME OF PARTNERS _____				
TRAINER'S NAME ENTERED AT SUFFOLK DOWNS					

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. Do you race under a stable name: Yes  No  NAME OF STABLE \_\_\_\_\_  
If answered "yes" you will need to complete a Stable Name application (item 2). An addition fee is required.

**TRAINERS AND ASSISTANT TRAINERS**

10. Do you have employees? Yes  No  Name of your employees on the grounds:

FULL NAME	EMPLOYED AS

Employees on the grounds must be properly licensed.

**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 \_\_\_\_\_

Assistant Trainer: The name of your Trainer \_\_\_\_\_ Phone No. \_\_\_\_\_

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

**CIVIL, CRIMINAL AND INVESTIGATORY PROCEEDINGS**

Have any of the following matters occurred since your last license application (in the past 3 years):

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

Yes  No

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

Yes  No

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

Yes  No

If you answered "yes" to any of these questions, provide full details (date, matter, location) in the space below. Label your answer with the corresponding question number. If there isn't enough space use a supplemental page.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

**LICENSING HISTORY**

13. Do you have a license from any other state? Yes  No

Table with 3 columns: STATE \_\_\_\_ TYPE OF LICENSE \_\_\_\_

14. 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

15. Have you 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 answered "yes" to any of these questions, provide full details (date, matter, location) in the space below. Label your answer with the corresponding question number. If there isn't enough space use a supplemental page.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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)

**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:**