

**MASSACHUSETTS GAMING COMMISSION  
RACING DIVISION**

Massachusetts Gaming Commission C/O Suffolk Downs  
Racing Division 111 Waldemar Ave.  
84 State Street, Suite 720 East Boston, MA 02128  
Boston, MA 02109 FAX # 617-561-0803

Date \_\_\_\_\_ License # \_\_\_\_\_  
Cash \_\_\_\_\_ / Check # \_\_\_\_\_  
Total Fees \_\_\_\_\_ Inspector \_\_\_\_\_  
New  Renewal   
**OFFICE USE ONLY**

**LICENSE APPLICATION**

THOROUGHBRED

**2013**



- OWNER \$30
- OWNER & TRAINER \$60
- TRAINER \$30
- ASSISTANT TRAINER \$30
- BADGE \$5

Fee must accompany this application.  
Make check payable to **Commonwealth of Massachusetts**

**NAME** \_\_\_\_\_ / \_\_\_\_\_  
(PRINT) Last First Middle Maiden Name if applicable

Have you ever used an assumed name or been know by another name or licensed under an assumed or different name?  
If yes, give names ( including nicknames) \_\_\_\_\_

Yes	No

**ADDRESS: Permanent** \_\_\_\_\_  
No. & Street City State Zip Code

**Present** \_\_\_\_\_  
No. & Street City State Zip Code

**PLACE OF BIRTH** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City State Country other than U.S.A. Immigration ID number ( if applicable)

**PHONE:** Cell \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

**SOCIAL SECURITY NUMBER** [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ] **DATE OF BIRTH** [ ][ ]-[ ][ ]-[ ][ ][ ][ ]  
Month Day Year

**HEIGHT** [ ] ft. [ ] ins. **WEIGHT** [ ] lbs. **HAIR** [ ] **EYES** [ ] **GENDER:** M  F

1. Where are your horses stabled? \_\_\_\_\_

2. Name of your trainer \_\_\_\_\_

3. Name of horse that makes you eligible for licensing. \_\_\_\_\_  
Date of last start \_\_\_\_\_ Track \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

4. Do you race under a **stable name**? If yes, state stable name \_\_\_\_\_  
If you race under a stable name you are also required to submit a **Stable Name application**. .....

Yes	No

5. Does any persons, corporations or any legal entities holding any interest in the above named horse?  
If yes, you are also required to submit a **Partnership application**. .....

Yes	No

6. 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

7. Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?  
If yes: Year(s) and in what capacity? \_\_\_\_\_

Yes	No

8. Do you have, or have you ever had a license from any other state?  
If yes: State \_\_\_\_\_ Year(s) \_\_\_\_\_ Type of License \_\_\_\_\_  
State \_\_\_\_\_ Year(s) \_\_\_\_\_ Type of License \_\_\_\_\_

Yes	No

9. Are you now or have you been suspended, set down, ruled off or otherwise debarred from participating in racing by any racing organization, association, commission, or other recognized turf authority in the U.S. or elsewhere?

Yes	No

Date	State	Track	Specific Violation(s)

10. Have you ever been **arrested** or **indicted** for any crime?

If yes, give details of each instance (Date, State, Type of Offense, Category, Outcome/Sentence)

Yes	No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Have you ever been **convicted** of violating the law?

If yes, give details of each instance \_\_\_\_\_

Yes	No

\_\_\_\_\_

\_\_\_\_\_

12. Have you ever been **convicted** by any court of law for illegal possession or distribution of **narcotics**?

If yes, give details of each instance \_\_\_\_\_

Yes	No

\_\_\_\_\_

\_\_\_\_\_

13. Are you presently on **parole** or **probation**?

If yes, give details of each instance \_\_\_\_\_

Yes	No

\_\_\_\_\_

\_\_\_\_\_

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

If yes, give details of each instance \_\_\_\_\_

Yes	No

\_\_\_\_\_

\_\_\_\_\_

**NOTICE TO TRAINERS:**

Do you have employees? 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.

Yes	No

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

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

**A FALSE ANSWER TO A QUESTION IN THIS APPLICATION  
CONSTITUTES GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE.**

I hereby certify I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and do hereby assent and agree, as a condition precedent to receiving of said license to abide by all the Rules of Racing adopted by the Massachusetts Gaming Commission and to accept the decision of racing officials as final on any matter relating to race or racing and that said license may at any time be summarily revoked, cancelled, suspended, or withdrawn.

**NOTICE:** In making this application for a license to participate in racing it is understood that an investigative report may be made whereby information is obtained from **any criminal records** and through personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, which may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

**NOTICE:** In accordance with G.L. C.66A, Section 2(c), I hereby authorize the release of any and all information contained in this application to any body or authority on racing recognized by the Massachusetts Gaming Commission. In doing so, I waive whatever rights I may have under G.L. C.66A or regulations promulgated under its provisions concerning the release of information contained in the application to any body or authority on racing recognized by the Massachusetts Gaming Commission.

**NOTICE:** 205 CMR 4.00 Rules of Horse Racing Section 4.01./3.00 Rules of Harness Racing, Section 3.01, "All licensees and participants are charged with the knowledge of the rules and regulations of this commission."

**NOTICE:** Pursuant to M.G.L. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.



License applied for expires December 31st year of issue	
SIGN UNDER THE PENALTY OF PERJURY	
<b>X</b> _____	_____
Signature of <b>applicant</b>	Date _____

**PHOTO ID IS REQUIRED BY THE STATE POLICE RACING UNIT**