

**MASSACHUSETTS GAMING COMMISSION
RACING DIVISION**

Massachusetts Gaming Commission C/O Suffolk Downs C/O Plainridge Racecourse
 Racing Division 525 McClellan Hwy 301 Washington Street
 84 State Street, Suite 1040 East Boston, MA 02128 Plainville, MA 02762
 Boston, MA 02109 FAX # 617-561-0803 FAX # 508-643-9624

Date _____ License # _____
 Cash _____ / Check # _____
 Total Fees _____ Inspector _____
 New Renewal
OFFICE USE ONLY

LICENSE APPLICATION THOROUGHBRED HARNESS

VENDOR AND EMPLOYEE



- VETERINARIAN \$60** **BLACKSMITH \$25**
 OTHER (SPECIFY) _____ \$10
 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 known by another name or licensed under an assumed or different name?
 If yes, give names (including nicknames) _____

Yes	No
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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. Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?
 If yes: Year(s) and in what capacity? _____

Yes	No
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2. 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
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3. 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
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Date	State	Track	Specific Violation(s)

4. 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
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5. Have you ever been **convicted** of violating the law?
 If yes, give details of each instance _____

Yes	No
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6. 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

7. Are you presently on **parole** or **probation**?
 If yes, give details of each instance _____

Yes	No

8. 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 APPLICANT: 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 _____

VENDORS	This section applies to all VENDORS		CHECK ONE:			
			<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Organization	
	Official or corporate name of business _____		Position _____			
	Principle location of business _____		/ _____			
		Street	City	State	Zip Code	Phone Number

NOTE: The issuance of a license by MGC does not entitle the holder to any rights or privileges on the premises of any licensed track. All Vendor applications must also be approved by Plainridge Racecourse or Suffolk Downs. No exceptions.

VETERINARIANS	This section applies to all VETERINARIANS		
	Name of Veterinarian School attended _____		
	Year of graduation _____ Year admitted to Veterinarian practice _____		
	Are you currently licensed in Massachusetts?		
	Elsewhere? _____		
		Was your license ever suspended ? If yes, give details of each instance _____	

Yes	No
Yes	No

Name of your **employees** _____ / _____ / _____

Email Address: _____ MGC plans to e-mail important updates regarding medication rules to licensed veterinarians

All Veterinarians must be registered in Mass. With DEA to qualify for licensing by MGC. Certificates subject to inspection upon reasonable demand.

DEA CONTROLLED SUBSTANCE	
CERTIFICATE # _____	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: Section 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 31 st year of issue	
SIGN UNDER THE PENALTY OF PERJURY	
X _____	Signature of applicant
	Date _____

PHOTO ID IS REQUIRED BY THE STATE POLICE RACING UNIT

Vendors of Horse Feed or Medication Please Fill Out Attached Form

