



# HARNESS RACING STABLE NAME REGISTRATION FORM

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

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

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

Cash: \_\_\_\_\_ / Check No.: \_\_\_\_\_

Credit Card Amount: \_\_\_\_\_

Total Fees Received: \_\_\_\_\_

Reviewer: \_\_\_\_\_

New       Renewal       Complete

**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

**STABLE NAME:** \_\_\_\_\_

A.  **Stable Name License**                       1 year fee (\$60)                       2 year fee (\$120)                       3 year fee (\$180)

**B. Parties of the Stable**

1. **Name of Owner(s) represented by the above Stable Name:**

Important: A person cannot register more than one Stable Name at the same time.

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question B1.**

2. **Name of Managing Partner:** Is one of the Owners listed above the Managing Partner?    Yes     No

NAME OF MANAGING PARTNER	CONTACT PHONE

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question B2.**

3. **Have you registered this Stable Name with any other State Racing Commission?**

Yes     No  If you checked yes, provide which State(s):

NAME OF STATE(S)				
1.	3.	5.	7.	9.
2.	4.	6.	8.	10.

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question B3.**

**C. List of Horses Registered**

4. Complete the following chart:

NAME	SEX	AGE	NAME	SEX	AGE
1.			4.		
2.			5.		
3.			6.		

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question C4.**

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

\_\_\_\_\_   
 Print Name of Applicant

\_\_\_\_\_   
 Signature of Applicant

\_\_\_\_\_   
 Date of Signature

**APPROVAL SECTION**

**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

**Comments:**

**Approved**

**Denied**

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

\_\_\_\_\_  
Date

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