



HARNESS RACING VENDOR LICENSE FORM

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

Date: _____ License Year: _____

License No.: _____

Cash: _____ / 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.

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Veterinarian License | <input type="checkbox"/> 1 year fee (\$60) | <input type="checkbox"/> 2 year fee (\$120) | <input type="checkbox"/> 3 year fee (\$180) |
| <input type="checkbox"/> Blacksmith License | <input type="checkbox"/> 1 year fee (\$25) | <input type="checkbox"/> 2 year fee (\$50) | <input type="checkbox"/> 3 year fee (\$75) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 1 year fee (\$10) | <input type="checkbox"/> 2 year fee (\$20) | <input type="checkbox"/> 3 year fee (\$30) |
| <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:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HEIGHT:	<input type="text"/> FT	<input type="text"/> IN	WEIGHT:	<input type="text"/> LBS
	(M M) (D D) (YYYY)					
SOCIAL SECURITY NUMBER:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>		<input type="text"/>		
IMMIGRATION ID NUMBER (if applicable)	<input type="text"/>		DRIVER LICENSE / STATE IDENTIFICATION NUMBER		STATE	

<p>HAIR COLOR</p> <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> GRAY <input type="checkbox"/> WHITE <input type="checkbox"/> BALD	<p>EYE COLOR</p> <input type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> HAZEL <input type="checkbox"/> BLUE <input type="checkbox"/> GRAY <input type="checkbox"/> GREEN	<p>SEX</p> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<p>RACE</p> <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN / PACIFIC ISLANDER <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> OTHER _____
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HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? Yes No If yes, list the additional names below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other name)

PLACE OF BIRTH: _____

CITY/TOWN

STATE/PROVINCE

COUNTRY (other than US)



CITIZENSHIP

2. Are you a citizen of the United States? Yes No

3. If you are a naturalized citizen of the United States, attach a copy of your certificate of naturalization to this form labeled as **attachment to question 3.**

NOTICE TO APPLICANT: If you answered "YES" to Question 2 and provided the attachment for Question 3, please continue on to Question 6.

4. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: _____

B. Your place of birth: _____

CITY

STATE

COUNTRY

C. Your port of entry to the United States: _____

D. Name and address of your sponsor upon your arrival: _____

5. 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, and 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

Initials/Date: _____

NOTICE TO APPLICANT: All Veterinarians must be registered in Massachusetts as well as with DEA to qualify for licensing by MGC. Certificates subject to inspection upon reasonable demand.

DEA CONTROLLED SUBSTANCE

CERTIFICATE NO.: _____ Expiration Date: _____

6.. The following information must be completed by Veterinarian:

A. Name of Veterinary school attended: _____

B. Year of Graduation: _____

C. Year admitted to Veterinary practice: _____

D. Are you currently licensed in the state of Massachusetts? Yes No

E. Do you hold a license in any other state? Yes No

If yes, provide the State where license is held: _____

F. Was your license ever suspended? Yes No

If yes, provide the details of each instance:

DATE	STATE	SPECIFY VIOLATION

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6-F.**

G. Name of your employees:

1. _____ 2. _____ 3. _____

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 6-G.**

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.

7. 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 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 7.**

8. **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 any of above questions, 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 8.**

Initials/Date: _____

LICENSING HISTORY

9. 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 9.**

10. Do you have, or have you ever had a racing license in 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 10.**

11. Are you now or have you ever been found ineligible for licensure, denied a license, had a license revoked or suspended, or been set down, ruled off or otherwise barred from participating 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 11.**

12. 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 12.**

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

Name of Company: _____ Policy Number: _____ Expiration Date: _____

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 31st year of Issuance

 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.

 (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: