

AUTHORIZED AGENT FORM

OFFICE USE ONLY					
Date:License Year:	-				
License No:	_				

TO WHOM IT MAY CONCERN:

I have appointed(Print Name of Individual)					
Whose address i	s				
	(Street)	(City)	(State)	(Zip Code)	
As my agent to a	ct for me during the year 20	in all matters pertaining to	racing of horses, other tha	an the collection of	
ourses and mone	eys due me, under the Rules o	f Racing as adopted by the R	acing Division of the Mass	achusetts Gaming	
Commission.					
I further	authorize		to collect	all purses and othe	
Money due me fr	om the association racing und	er the jurisdiction of the Racin	ng Division of the Massach	usetts Gaming	
Commission for t	the year 20 with authority	to endorse checks payable to	o me.		
Authorized Signa	ature:				
Print Authorized	Name:				
Print Legal Addre	ess:				
<u></u>	ess: (Street)	(City)	(State)	(Zip Code)	
On this	day of (name of		, the undersigned notary public,	personally appeared	
	, to be the person whose r	document signer), proved to me thron name is signed on the preceding or a	ough satisfactory evidence of idea attached document, and acknowle	edged to me that (he)	
she) signed it volunt	arily for its stated purpose.				
			NOTARY STAMP		
	(Signature of Notary)				

NOTICE TO APPLICANT: If an agent represents more than one owner, a separate license application must be filed for each owner and the fee paid for each.

 $\textbf{IF THIS FORM IS ACCOMPANIED BY A POWER OF ATTORNEY FROM THE OWNER, THIS FORM WILL NOT NEED NOT BE SWORN TO. \\$

THIS FORM MUST BE COMPLETED IN DUPLICATE:

ATTACH ONE SIGNED ORIGINGALTO THE AUTHORIZED AGENT FORM AND GIVE A COPY OF THE SIGNED FORM TO THE HORSEMEN'S BOOKKEEPER.