



THOROUGHBRED RACING OWNER / TRAINER 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.

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.

- | | | | |
|--|--|---|---|
| A. <input type="checkbox"/> Individual Owner License | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60) | <input type="checkbox"/> 3 year fee (\$90) |
| B. <input type="checkbox"/> Trainer License | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60) | <input type="checkbox"/> 3 year fee (\$90) |
| C. <input type="checkbox"/> Assistant Trainer License | <input type="checkbox"/> 1 year fee (\$30) | <input type="checkbox"/> 2 year fee (\$60) | <input type="checkbox"/> 3 year fee (\$90) |
| D. <input type="checkbox"/> Individual Owner/Trainer License | <input type="checkbox"/> 1 year fee (\$60) | <input type="checkbox"/> 2 year fee (\$120) | <input type="checkbox"/> 3 year fee (\$180) |
| E. <input type="checkbox"/> Stable Name License | <input type="checkbox"/> 1 year fee (\$60) | <input type="checkbox"/> 2 year fee (\$120) | <input type="checkbox"/> 3 year fee (\$180) |
| F. <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: HEIGHT: FT IN WEIGHT: LBS
(M M) (D D) (YYYY)SOCIAL SECURITY NUMBER: IMMIGRATION ID NUMBER (if applicable)

Initials/Date: _____

<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)

**MANUALLY AFFIX A
COLOR 2" X 2" WITH
A FULL-FACE, FRONT
VIEW PHOTOGRAPH
TAKEN WITHIN THE PAST
6 MONTHS.**
*(IF ELECTRONIC FILING APPLICATION
YOUR CREDENTIAL PICTURE WILL BE
SUFFICIENT FOR AFFIXING)*

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: _____
- 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. 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: _____

6. Beginning with your current residence and working backwards provide the following information with respect to each place where you have lived during the past five years.

DATES		ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, COUNTRY AND ZIP CODE)	TELEPHONE NUMBER
FROM (MO\YR)	TO (MO\YR)		

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

BUSINESS DESCRIPTION

7. If you are an Owner provide the name(s) of your Trainer(s) : N/A

PRINT NAMES OF TRAINERS WHO CURRENTLY WORK FOR YOU	
1.	5.
2.	6.
3.	7.
4.	8.

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 7.**

8. Provide the place where your horses are stabled:

1.	5.
2.	6.
3.	7.
4.	8.

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 8.**

9. Do you race under a stable name: Yes No

If you checked yes, provide the stable names below:

1.	5.
2.	6.
3.	7.
4.	8.

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 9.**

Initials/Date: _____

ASSISTANT TRAINER ONLY

10. Provide the name of your Trainer:

NOTICE TO APPLICANT: If you answered "YES" to the above question "Do you race under a Stable Name" you will need to complete the attached document identified as "ITEM 1" Stable Name.

11. Provide the information below that makes you eligible for licensing:

NAME OF HORSE	AGE	SEX	DATE OF LAST START	TRACK

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 11.**

12. Does any legal entities holding any interest in the above named horse: Yes No

- S-Corporation Partnership Limited Partnership LLC
 C-Corporation Trust Sole Proprietorship
 Other (describe): _____

NOTICE TO APPLICANT: If you answered "YES" to the above question "Does any legal entities holding any interest in the above named horse you will need to complete the attached document identified as "ITEM 2" Partnership.

13. 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

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;

Initials/Date: _____

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.

14. 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 OF 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 14.**

15. 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 either question, 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 15.**

LICENSING HISTORY

16. Have you been licensed previously by the Massachusetts State Racing or Gaming Commission?

Yes No

If you checked yes, complete the following chart:

NAME AND ADDRESS OF LICENSING AGENCY	TYPE OF LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION	LICENSE, PERMIT, REGISTRATION, CERTIFICATION, OR OTHER AUTHORIZATION NUMBER

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 16.**

17. Do you have, or have you ever had a license from any other state?

Yes No

Initials/Date: _____

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 17.**

18. Are you now or ever have been found ineligible for licensure, denied a license, had a license revoked or suspended, or been set down, ruled off or otherwise barred from participation 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 18.**

19. 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 19.**

NOTICE TO TRAINER: 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: _____

Initials/Date: _____

ITEM 1 – STABLE NAME

Stable Name: _____

A. 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 A1.**

2. Name of Managing Partner: N/A

NAME	CONTACT PHONE

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question A2.**

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.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question A3.**

B. List of Horses Registered

4. Complete the following chart:

Name	Sex	Age	Name	Sex	Age
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

Note: Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question B4.**

Initials/Date: _____

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.

License applied for Expires December 31st year of Issuance

I hereby employ the above named applicant as of the date of this application. To the best of my knowledge, the applicant is legally in the United States and has complied with the Immigration Reform Act and Control Act of 1986 by completing a Form 1-9, I acknowledge the workmen's compensation insurance requirements established by the Worker's Compensation Act, M.G.L. c. 1542 as they appear in the "Notice to Trainer's" section of my current Massachusetts Thoroughbred trainer license application

SIGN UNDER THE PAINS AND PENALTIES OF PERJURY

Signature of Applicant

Print Name of Applicant

Date of Signature

Signature of Trainer

Print Name of Trainer

Date of Signature

APPROVAL PAGE

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:

STATEMENT OF TRUTH and CONSENT

Statement of Truth

I, _____, hereby state under the pains and penalties of perjury that:
(Print Name)

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.

Consent

I, _____, hereby consent to fingerprinting, photographing and the supplying of
(Print Name)
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.

(Signature)

(Type, Stamp or Print Name)

(Date)

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
(Print Name)

Massachusetts Gaming Commission (Commission) and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

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)

On this _____ day of _____ 20_____, before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

(Signature of Notary)

(Notary Stamp)