



# THOROUGHBRED RACING PARTNERSHIP 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

Partnership Name: \_\_\_\_\_

**A. Partnership Registration Fee - \$50**

**A. List of Partners**

1. Name of Owner(s) represented by the above Partnership are:

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	Percentage of Shares
					%
					%
					%
					%
					%

**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:    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 B2.**

3. The horse(s) are to run in the name of:

\_\_\_\_\_

4. If a name other than the above partners is used, **Item 1, Stable Name** must be completed.

5. Name of your Trainer:

\_\_\_\_\_

6. All Entries and declarations of forfeits are to be made by:

\_\_\_\_\_

Initials/Date: \_\_\_\_\_

7. State terms of any contingency or lease or other arrangement:

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question B7.**

B. List of Horses Registered

1. Complete the following chart:

Name	Sex	Age	Name	Sex	Age
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 B1.**

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 31<sup>st</sup> year of Issuance

**SIGN UNDER THE PAINS AND PENALTIES OF PERJURY**

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

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

\_\_\_\_\_  
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)