

MASSACHUSETTS STATE RACING COMMISSION



c/o Suffolk Downs
111 Waldermar Ave
East Boston, MA 02128
FAX # (617) 561-0803

c/o Plainridge Racecourse
301 Washington Street
Plainville, MA 02762
FAX # (508) 643-9624

License	
Receipt No. _____	Inspector _____
___ Cash / Check _____	Date _____
FOR OFFICIAL USE	

2008	STABLE NAME \$60	<input type="checkbox"/> THOROUGHBRED <input type="checkbox"/> HARNESS <input type="checkbox"/> LICENSE APPLICATION
	All the below parties must be currently licensed owners.	Fee must accompany this application. Make check payable to M.S.R.C.

	DATE _____
To the Massachusetts State Racing Commission:	
Dear Sirs:	
I hereby register the following Stable name:	
STABLE NAME _____	
PARTIES OF THE STABLE	
NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**A FALSE ANSWER TO AN QUESTION IN THIS APPLICATION
CONSTITUTES GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE.**

NOTICE:
Section 205 CMR 4.00 Rules of Horse Racing Section 4.01/ 3.00 Rules of Harness Racing, Section 3.01
"All licensees are participants are charged with the knowledge of the rules and regulations of this commission".

NOTICE:
Pursuant to M.G.L. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief,
Have filed all state tax returns and paid all state taxes required under law.

STEWARDS/JUDGES RECOMMENDATIONS



License applied for expires December 31st year of issue
SIGNED UNDER THE PENALTY OF PERJURY
X _____
Signature of applicant
Permanent Address _____
