HARNESS RACING TEMPORARY OWNER'S 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

---------DATE OF ISSUANCE---------

Date: _____

Month Date Year

Authorized Agent:_____

License valid for 30 days from Issuance

A. Temporary Owner's Fee (*this license fee is non-refundable*) - $30

B. Check (√) the appropriate box to designate the purpose of this application. Attach your payment to the front of your application when it is completed.

Trainer ☐ Asst. Trainer ☐ Authorized Agent ☐ Horseman's Bookkeeper ☐

A Temporary Owner License may be issued to a licensed trainer acting as an agent for their owner or to a licensed authorized agent representing their owner.

Name of Trainer or Authorized Agent:

_____

Print Name

Cell Number:_____ Alternate Phone Number:_____

C. <u>Trainers Responsibilities:</u>

The trainer and/or authorized agent will be responsible for the owner filling an application with the Racing Division of the Massachusetts Gaming Commission prior to the expiration of the thirty (30) day period.

I hereby agree to produce a completed owner license application for the named owner and not to exceed thirty (30) days from date of issue. I understand that I am responsible for ensuring that said owner obtains a license prior to the above specified date and further understand that to do so will result in the imposition of penalties (fine and/or suspension) against me. I hereby agree that all purses earned by the horse(s) owned by the owner named below may be held by the appropriate party until the owner receives a permanent license. To the bests of my knowledge, the owner is not disqualified or not licensable for any reason.

I, _____ hereby state that I have read and agree to the above statement
(Print Name)

_____ _____
(Signature) (Date)

OWNER:_____ / _____

Last Name **First** **Middle** **N/A** ☐ **Maiden Name**

ADDRESS:

Permanent: Number and Street Apt. No. City State Zip Code

Present: Number and Street Apt. No. City State Zip Code

Phone: Cell Number: _____ Home Number: _____ Fax Number: _____

STABLE NAME: N/A ☐_____

PARTNERSHIP: N/A ☐