

# State of Montana

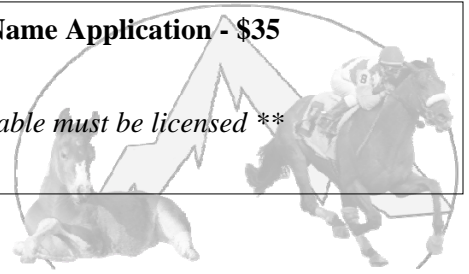
Montana Board of Horse Racing  
P.O. Box 551  
Corvallis, MT 59828  
(406) 961-5422  
[www.commerce.mt.gov/horseracing](http://www.commerce.mt.gov/horseracing)

License #: \_\_\_\_\_

Check# or Cash: \_\_\_\_\_

## Registered Stable Name Application - \$35

**\*\* Each Owner in stable must be licensed \*\***



**Incomplete or inaccurate applications will not be processed! Please fill in all required information.**

1. I hereby make application to register the following STABLE NAME, in accordance with the Rules and Regulations of the Montana Board of Horse Racing: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street Address City State Zip Code

3. Mailing Address: \_\_\_\_\_  
(Only if different) Street Address City State Zip Code

4. Tax ID#: \_\_\_\_\_ 5. Telephone: \_\_\_\_\_

6. Has the STABLE NAME been registered elsewhere for the life or the current year?  Yes or  No. If 'Yes', give place and date of registration: \_\_\_\_\_

7. List the names and addresses of all individuals, corporations or partnerships using the above STABLE NAME.

Name	Street Address	City	State	Zip Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Use the back if needed)

8. At the time of this application, are any of the above listed in # 7 under suspension, set down, ruled off, or otherwise debarred from racing by any racing authority in the United States or elsewhere?  Yes or  No. If 'Yes', give details: \_\_\_\_\_

9. At the time of this application, are any of the above listed in # 7 currently on probation or parole in Montana or anywhere?  
 Yes or  No. If 'Yes', give details: \_\_\_\_\_

By the acceptance of any license pursuant to this application, I agree to abide by the Rules and Regulations of the Montana Board of Horse Racing. I hereby certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth. I do hereby agree as a condition precedent to the receiving of said license that the same may at any time be summarily revoked, cancelled, temporarily suspended or withdrawn by said Montana Board of Horse Racing, and said license may be revoked at any time for misstatements or omissions in the foregoing application.

10. Print Name: \_\_\_\_\_ 11. Email Address: \_\_\_\_\_

12. Signature: \_\_\_\_\_ 13. Date: \_\_\_\_\_